REPORT OF THE

OFFICE OF THE AUDITOR GENERAL

TO THE

JOINT LEGISLATIVE AUDIT COMMITTEE

273

VETERANS HOME OF CALIFORNIA, YOUNTVILLE
REPORT ON REVIEW OF OPERATIONS

MAY 1976

Joint Legislative Audit Committee

OFFICE OF THE AUDITOR GENERAL

California Legislature

May 24, 1976

The Honorable Speaker of the Assembly
The Honorable President pro Tempore of
the Senate
The Honorable Members of the Senate and the
Assembly of the Legislature of California

Members of the Legislature:

Your Joint Committee respectfully submits the Auditor General's report on the Veterans Home of California.

The Director of Veterans Affairs has advised that full attention will be given to the recommendations of this audit report as well as several recommendations in the 1972 report.

The auditors are Phillips Baker, Audit Manager, and William Batt.

Respectfully submitted,

MIKE CULLEN, Chairman
Joint Legislative Audit Committee

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SUMMARY

This review was conducted in response to a legislative request generated by numerous allegations that the Veterans Home at Yountville is not providing proper care and treatment for Home members.

We reviewed the allegations which have been made. Some of the allegations date to 1970, and others are current. While some allegations are valid, some are due to misunderstanding and some have no merit. Most of the valid allegations have been acted on, and the current Home administration is working to alleviate the conditions which have led to these allegations.

The following findings, conclusions and recommendations have been developed during this review. In addition, the section of this report entitled "Other Pertinent Information" contains recommendations from our 1972 audit which have not been acted on by the Veterans Home at Yountville.

INTRODUCTION

In response to a legislative request, we reviewed the management of the Veterans Home of California. This request stemmed from numerous allegations by the Veterans Grievance Committee that the Veterans Home of California is not providing proper care and treatment for the Home members.

The allegations of the Veterans Grievance Committee stirred a great deal of controversy at the Home and in the press, and caused unrest among the Home members and staff. The allegations relate to the level and adequacy of care and treatment of the Home members, and encompass all areas of Home administration. Some of the allegations date to early 1970 when a physician on the Home staff charged that the care and treatment at the Home was inadequate.

We have thoroughly reviewed the allegations and found that some are valid, some are based on a misunderstanding of the actual situation, some have no merit, and some could not be substantiated for lack of specifics. Charges of constitutional rights violations cannot be commented on in this report as there is a civil case pending. Most of the valid allegations have been acted on, and the current Home Administrator is working to alleviate conditions which led to these allegations. A listing of the valid allegations and their disposition is included in the section of this report entitled "Other Pertinent Information".

Home members were interviewed to determine if allegations regarding care and treatment of members and living conditions at the Home were valid. Home members overall expressed general satisfaction, but were apprehensive about the Home being closed.

Complaints generally were minor such as: (1) would like big meal of the day at noon, (2) don't like cold cuts, (3) shower in section not working for over one week now, only one shower for 28 men, (4) no watercoolers in sections, get hot water when you want a drink, (5) prices too high in post exchange and coffee shop, (6) too many civil service employees. No serious allegations were made by any of the members interviewed.

Reports in the press of plans to phase out the Home have had an effect on Home members and employees. Members fear losing their home and employees their job. Morale of both is affected.

During our review, we contacted the Napa County Sheriff-Coroner, Napa County District Attorney, United States Department of Veterans Affairs, Napa Council on Alcoholism Problems, Home administrators, Home employees, and Home members.

We reviewed reports prepared by the United States Department of Veterans Affairs, Department of Health Education and Welfare, California Department of Finance, Department of Health, Legislative Analyst, and

Fire Marshal. We also reviewed investigation reports prepared by the Napa County District Attorney's Office and the United States Postal Service.

Earlier studies of the Office of the Auditor General include a Financial Audit Report, Veterans Home of California Post Fund, Yountville, California, as of June 30, 1975 and a Report on Review of Operations of the Veterans Home, dated August 1972. Recommendations from the August 1972 report which have not been implemented are included in "Other Pertinent Information" of this report.

FINDINGS

FUNCTIONS CURRENTLY ASSIGNED TO THE MANAGER OF PROGRAM SERVICES DO NOT JUSTIFY THE POSITION.

There are three program manager level positions at Yountville Veterans Home. These are the Chief Medical Officer, Manager of Program Services, and Manager of Support Services. A reorganization effective on April 1, 1976 reduced the number of personnel under the jurisdiction of the Manager of Program Services from 490 to 215.

In 1973, the Veterans Home reorganized administratively creating these three program divisions. Prior to this, the organization consisted of two program divisions: Administrative Services and Medical Services. The Nursing Services, Pharmacy Services, Social Services, Volunteer Services, Food and Dietary Services, and Domiciliary Services were under the administrative jurisdiction of a newly created position, Manager of Program Services, to "...consolidate under a single program the provision of those services furnished directly to the patient, with the exception of the Professional Medical and Dental Services."

As a result of the reorganization, the class of Business Manager was revised, the salary reduced, and the title changed to Manager of Support Services; the class of Manager of Program Services was established to properly classify the head of the new Program Services Division.

On April 1, 1976, the administrative supervision of Nursing Services was transferred from Program Services to Professional Services reporting to the Chief Medical Officer, and Post Fund Services supervision was transferred from Support Services to Program Services. See Appendix B for current organization structure. The transfer of administrative jurisdiction of Nursing Services and Post Fund Services decreased the personnel reporting to the Manager of Program Services from 490 to 215, or approximately 56 percent.

Social Services, Chaplaincy Services and Volunteer Services now reporting to the Manager of Program Services should also be transferred to Professional Services and report to the head of Rehabilitation Services. This would result in the entire rehabilitation team reporting to one supervisor, and communication between the various disciplines would improve. At the same time, Pharmacy Services should be transferred to Professional Services and report to the Chief of Medicine, to ensure professional supervision and a closer working relationship with the other professional services.

The remaining functions under Program Services (Domiciliary, Dietary and Food, and Post Fund) should be transferred to the Manager of Support Services. Prior to the 1973 reorganization, the Business Manager, now the Manager of Support Services, had administrative jurisdiction over these functions, as well as those functions now under Support Services, except for Patient Records which has 12 employees.

The class of Manager of Support Services should be revised to include administrative jurisdiction over the above-named functions now under Program Services. The salary should be increased and the title changed to Business Manager, Veterans Home and Medical Center.

CONCLUSION

The decreased responsibility of the Manager of Program Services indicates a need to transfer the remaining Program Services functions to the Division of Professional Services and Support Services and eliminate the position of Manager of Program Services.

RECOMMENDATIONS

We recommend that the class of Manager of Program Services, Veterans Home and Medical Center be abolished and the functions now under Program Services be transferred to Professional Services and Administrative Support Services.

We recommend that the class of Manager of Support Services, Veterans Home and Medical Center be revised, the salary increased, and the title changed to Business Manager, Veterans Home and Medical Center.

BENEFIT

Implementation of these recommendations will result in both savings in administrative costs at the Home and improved communication.

ALCOHOLISM IS A SERIOUS PROBLEM AT THE VETERANS HOME. THE PROBLEM DRINKERS PROGRAM, AS IT IS PRESENTLY CONCEIVED, DOES NOT PROVIDE FOR THE TOTAL CARE AND TREATMENT OF ALL ALCOHOLIC HOME MEMBERS.

The Problem Drinkers Program is in the preliminary stages with the Program draft not yet approved by the Home Administrator. At the present time, the Program is concentrating on the younger Home members who have potential for successful rehabilitation. Program staffing consists of a Medical Director, a Clinical Psychologist, and a Medical Social Worker.

Facilities for the Problem Drinkers Program are located on the second floor of Section B, which effectively eliminates wheelchair members and other members with ambulatory problems from Program participation. We were informed that additional facilities will be made available as the Program progresses. This section is "home" for identified problem drinkers. The Home Administrator has tried to place all problem drinkers together to eliminate as many problems in other sections as possible.

The Problem Drinkers Program, as presently constituted, does not have an established and operating detoxification unit. Members in need of detoxification are sent to a hospital ward, which was a locked ward in the past, but which has had the locks removed recently. There is no provision in the program to handle the physically disabled geriatric alcoholic whose potential for successful rehabilitation is not great.

The federal Veterans Administration facility at Palo Alto, California has an alcohol treatment program for younger veterans who have some potential for successful rehabilitation. In this respect, the Home Alcohol Program is a duplication of a program already established and available to Home members who meet the criteria for the Palo Alto program.

The average age of the Home member at the Veterans Home in Yountville is 74. Therefore, the Problem Drinkers Program at the Veterans Home should treat the physically disabled geriatric alcoholic as well as the younger Home members. It should cover the entire spectrum of the alcohol problem from detoxification to followup after successful completion of the Program; it should not be necessary to send a Home member to another facility solely for alcohol treatment.

A "Proposed Alcoholism Treatment Program" was prepared by one of the Home medical social workers and submitted to the Home Administrator in July 1974. This proposal was developed after visits to the federal Veterans Administration Alcohol Treatment Programs at Palo Alto, California and White City, Oregon. It proposes a detoxification unit staffed on a 24-hour basis, seven days a week and a multi-faceted recovery program including psychological testing, alcohol educational programs, occupational therapy, group therapy, individual counseling, physical therapy, recreational therapy, and vocational rehabilitation when possible. The "Proposed Alcohol Treatment Program" is Appendix A of this report.

Estimated cost of the Program in 1974 was in excess of $200,000 per year, which is comparable to the cost of the federal Veterans Administration Alcohol Program at White City, Oregon.

CONCLUSION

Alcoholism is a serious problem at the Veterans Home and the Problem Drinkers Program is one of the most important and needed programs at the Home. However, as presently conceived, the Program does not provide a complete program for all members of the Home who are problem drinkers, and other programs available in the area are not equipped to handle physically disabled geriatric alcoholics.

RECOMMENDATION

We recommend that the Veterans Home budget for, and establish, an alcohol treatment program patterned after the alcohol programs at the federal Veterans Administration facilities at White City, Oregon and Palo Alto, California so as to effectively deal with the alcohol problem at the Veterans Home.

BENEFIT

A more comprehensive program for the treatment of alcoholism will provide a much needed service for a large segment of the population at the Home.

THE VETERANS HOME NEEDS A THERAPEUTIC PLANNING BOARD.

During 1973, the Veterans Home established a Rehabilitation Program which was recommended by the Rehabilitation Committee. The philosophy of the Program was "to provide mental, physical, social, psychological and vocational programs and activities to improve and/or maintain the general well-being of the members of the Veterans Home." Under this Program, each member was to be evaluated as to his rehabilitation potential. After several months' operation, however, the Program was dropped and has not been revived or replaced by a new program.

Currently, there is a Planned Activities Program at the Veterans Home, whose purpose, as stated in a memorandum dated April 12, 1976, is to assign

> ...members, within their physical limitations, to specific duties dealing with housing, sanitation, administration, and general welfare of the members. Although the duties performed are important to the operation of the Home, the primary purpose of such assignments is to assist the members in maintaining an active physical condition.

New members are evaluated by a physician from the standpoint of their physical and mental capacity for assignment to activities, and are assigned to one of the following classifications:

1.	FULL ACTIVITIES:	Physically capable of performing any activity assignment such as groundsman (heavy yard work), janitor (mopping, heavy lifting, etc.), laundry distributor, Hospital (moving heavy linen trucks between wards and basement), Pot and Pan Washer, etc.
2.	LIMITED ACTIVITIES:	Physical limitations preclude full activities. Performs such duties as office worker (typing, filing, sorting mail, etc.), Messenger (walking, carrying packages, etc.), Wheelchair pusher, Litter collector (outside paper & rubbish), Sweeper (porches, walks, etc.), Gardener (prune shrubs, hedges, etc.), Vegetable room helper (prepared fruits & vegetables), Laundry Worker (shakes & sorts sheets, towels, etc.), Maintenance Shop Helper (cleans tools, assists mechanics, electrician, etc.).
3.	THERAPEUTIC ACTIVITIES:	Physical limitations preclude higher classification. Performs assigned tasks such as participating in arts and crafts workshop, walking, riding a bicycle or attending specified social events.
4.	NO ACTIVITIES:	Members in this classification are placed under medical treatment until physical classification is changed by a physician.

The Domiciliary Supervisor, who is in charge of the Planned Activities Program, assigns the new member to one of the available jobs within the classification established for the individual by the physician. The Home member is then in this classification until there is a change by the physician during the member's annual physical examination, or when a member has a physical or mental problem which is brought to the attention of a physician by the member himself, Domiciliary Supervisor, or other employees of the Home.

The Planned Activity Program at the Veterans Home lacked an overall evaluation of the members' needs. Recently, however, a Physical Medicine and Rehabilitation Evaluation Team, which is composed of the various disciplines on the rehabilitation team, has been established and is similar to the Therapeutic Planning Board at the United States Veterans Administration facility at White City, Oregon.

The United States Veterans Administration facility at White City, Oregon has a Therapeutic Planning Board composed of the Chief of Rehabilitation (an M.D.), the Chief Domiciliary Officer, the Chief Social Worker, a psychologist, and a chaplain. The Board meets twice a week and serves the following functions:

1. Interview new members to discuss problem areas and needs for referral to physical therapy, occupational therapy, social work, further medical evaluation or treatment, and to set realistic goals for the member.

2. Review each member at six-month intervals to evaluate progress and make changes when necessary.

3. Review members who have consistently violated domiciliary rules and have been referred to the Board by the Chief Domiciliary Officer. The Board can recommend eligibility to remain or discharge.

The facility at White City also has two special boards to review (1) members who are physically handicapped, and (2) members over

60 years old who are not potential candidates for vocational rehabilitation. These older members are seen as long-term members needing help to meaningfully structure their time.

The Home has instituted the concepts embodied in the Therapeutic Planning Board for all new admissions and is in the process of reviewing all members.

CONCLUSION

In the past, the Home has lacked procedures to adequately evaluate and plan therapeutic needs of each member. Recently, a Physical Medicine and Rehabilitation Team has been formed to provide these functions.

RECOMMENDATION

We recommend that the Physical Medicine and Rehabilitation Team be strengthened and every effort made to reevaluate all Home members on a continuing basis.

BENEFIT

Implementation of this recommendation will provide an integrated therapeutic program for Home members.

SECTION LEADERS AT THE VETERANS HOME HAVE NOT BEEN TRAINED IN BEHAVIORAL COUNSELING OR THE HANDLING OF DISTURBED MEMBERS, ALTHOUGH THESE ARE FUNCTIONS WHICH THEY MUST PERFORM.

Section Leaders at the Veterans Home are appointed from the Civil Service Clerk II classification. They are the first line of civil service employees that the domiciliary Home member encounters. Their responsibilities include the orientation of new members as to domiciliary rules and regulations, section cleanliness, reporting disciplinary problems, preparation of required reports, and general day-to-day operation of the section.

The Section Leaders report administratively to the Domiciliary Supervisor who has responsibility for assignment of quarters, housekeeping maintenance, member counseling, and general supervision of the domiciliary population.

Section leaders have not received any training in behavioral counseling or handling of disturbed members. This is, however, a part of their job. They are required to deal with problem members without benefit of any formal training, or written instructions in dealing with minor infractions of Home rules. Actions are based on the individual judgment of the Section Leader.

State hospitals employ Psychiatric Technicians who are required to have knowledge of the fundamentals of nursing care, general and

psychiatric procedures, patient behavior, mental hygiene principles and techniques, current first-aid methods, medical terminology, and pharmacology. Personal qualifications include the ability to learn and apply general and psychiatric knowledge, skills, and attitudes; to carry out occupational, recreational, and industrial therapy programs for patients; and to analyze situations accurately and take effective action.

CONCLUSION

Section Leaders cannot effectively carry out their responsibilities without training in behavioral disorders and the handling of disturbed members.

RECOMMENDATION

We recommend that the Section Leader classification be changed from Clerk II to Psychiatric Technician.

BENEFIT

The use of Psychiatric Technicians as Section Leaders would provide staff with the training and experience to analyze the members' needs and special problems at an early stage, effectively deal with many recurring problems at the Section Leader level, and immediately bring to the attention of the Domiciliary Supervisor those problems which require more expertise or treatment.

THE SOCIAL SERVICES DEPARTMENT DOES NOT HAVE A FORMAL SUPERVISOR RESPONSIBLE FOR THE DEPARTMENT.

The Social Services Department is staffed by three social workers with graduate degrees in social work and one clerk who report administratively to the Manager of Program Services. The responsibility of the Department as stated in the Policy and Procedures Manual is as follows:

> The Social Work Services will strive to help each patient-member to achieve his maximum potential. Each must be treated as an individual and be able to live a meaningful life and be treated with dignity and respect. The Social Workers are able to identify the social and emotional needs of patient-members and their relationship to the medical needs and physical disabilities of members. Interpretation of these needs to others who have contact with the patient-members will facilitate a total therapeutic approach. Appropriate services will be available to each individual to allow him to adjust to long-term residence here or to prepare him to resume a meaningful life outside the institution.

The monthly workload of the Department includes approximately 22 admission interviews, 500 interviews with members, 35 contacts with members' relatives and friends, 250 contacts by letter or telephone on behalf of members, and 50 social work summaries. In addition, the Department is represented on several Veterans Home Committees.

The Department has no formal supervisor. A Social Service Coordinator was appointed by the Manager of Program Services for a six-month period, and the Coordinator position is rotated among the three social workers.

A report prepared by the United States Veterans Administration in November 1975 states:

> Administrative supervision is provided the service by the Assistant Administrator[1/] for Program Services. This arrangement leaves much to be desired. Professional expectations and performance standards will be difficult to establish, as well as service accountability. Service goal setting to meet the agency's mission will be haphazard at best. Lacking will be a mechanism to re-direct service efforts on a timely basis. Effectively [sic] negotiation with management for resources and appropriate social work role will be dampened.

Prior to the reorganization in 1973, the Social Services Department reported directly to the Chief of Medical Services, and a Chief Social Worker classification existed. After the reorganization, the current Department organizational structure was adopted.

The position of Supervising Social Worker I should be established for the Social Service Department at the Home so that responsibility for Department goals and performance can be identified. One of the social workers at the Home is number three on the statewide Supervising Social Worker I list, and if appointed to this position it would require the upgrading of an existing position and not the creation of a new one.

1/ Manager of Program Services per 1976-77 Governor's Budget Salaries and Wages Supplement.

CONCLUSION

Accountability for the performance of the Social Service Department cannot be identified with the rotating responsibility that exists now.

RECOMMENDATION

We recommend that the position of Supervising Social Worker I be established at the Veterans Home.

BENEFIT

Implementation of this recommendation will result in fixed responsibility for the Social Services Department at the Home.

THE NURSING SERVICE WORK SCHEDULE CONTRIBUTES TO THE ABSENTEEISM AND MORALE PROBLEMS OF THE NURSING STAFF.

The nursing staff at the Home work six days on two days off, except every fifth and sixth week when they have a three-day weekend. Schedule of days off follows:

Nursing Service
Schedule of Days Off

Week	Days Off
1	Monday - Tuesday
2	Tuesday - Wednesday
3	Wednesday - Thursday
4	Thursday - Friday
5	Friday - Saturday - Sunday
6	Saturday - Sunday - Monday

Nursing service personnel are physically lifting and caring for patients eight hours per day, and find this schedule to be physically and emotionally exhausting. Several suggestions for breaking up the work week have been suggested at nurses' meetings but a workable schedule has not been found.

Four major acute care hospitals in the Sacramento area schedule their nursing staff with every other weekend off to break up their work week. The Home has not tried this schedule as yet.

The Home Administrator has indicated a willingness to see if every other weekend off can be scheduled for nurses at the Home to cut absenteeism and build staff morale.

CONCLUSION

Major acute care hospitals in the Sacramento area have successfully scheduled their nursing staffs with every other weekend off, and it appears that a change may be successfully implemented at the Home to improve the work schedule for nursing personnel.

RECOMMENDATION

We recommend that the Home attempt to prepare a schedule providing for every other weekend off or some other improved schedule for nursing staff and present this schedule to the nurses for approval.

BENEFIT

These actions may increase staff morale and reduce absenteeism among nursing service personnel.

OTHER PERTINENT INFORMATION

PRIOR AUDIT RECOMMENDATION

The following recommendations from our report -- Veterans Home of California, Report on Review of Operations, August 1972 -- were not implemented. We reiterate the following recommendations:

RECOMMENDATION

- The Legislature give consideration to the need for a change in the provisions of Section 1047 of the Military and Veterans Code:
  - To determine whether the uses of the resources of the Post Fund should be as unlimited as they are under the language stating "To provide for the general welfare of the home and its members," or whether restrictions should be placed on the use of these resources.
  - To determine whether the broad discretionary use of the resources of the Post Fund should remain with a single individual, the manager, subject to the approval of the Director of Veterans Affairs, or whether additional authority over the use of these resources should be established.

RECOMMENDATION

- Place the planned activities program under the control of the person charged with the responsibility for directing and administering the rehabilitation program.

RECOMMENDATION

- Establish an orientation program to familiarize personnel with established practices and procedures and which emphasizes the care and treatment of the members of the home.

RECOMMENDATION

- Establish procedures for the discipline of home members; inform members regularly of these procedures; and, once established, apply them in a consistent manner.

RECOMMENDATION

- Convert the remaining domiciliaries which are to be used for housing members not requiring extended nursing care from open bay barracks to roomettes.

RECOMMENDATIONS

- Limit the duties of the manager of the Post Fund enterprises to the management of those enterprises.

- Establish a committee to set operational policy, to prepare budgets, and to act upon recommendations made for expenditures of Post Fund monies.

POSSIBLE LOSS OF MEDICARE FUNDS

During the preliminary survey preceding this review, a recently issued HEW letter indicated a possible loss of federal funds. Certain facilities at the Home do not meet requirements for participation in the Medicare program.

A more detailed review disclosed that the letter dealt with the Home's attempt to reclassify the hospital facilities and thereby increase Medicare reimbursements. The structural deficiencies reported were being planned and corrected at the time of the HEW inspection and may eventually result in increased federal funding.

SUMMARY OF VALID GRIEVANCE COMMITTEE ALLEGATIONS AND THEIR DISPOSITION

1. Beating of a Home member in the hospital by an employee.

   This allegation was investigated by the Napa County District Attorney's Office. The member was hit by an employee who is

no longer working at the Home. No criminal action was recommended by the District Attorney's Office.

2. Abusive and derogatory language used by Home employees.

Individuals involved do use abusive and derogatory language and are still working at the Home.

3. Administrator never at Home.

Individual referred to is no longer at the Home. While Administrator he traveled frequently on Home business.

4. Substandard wiring and plumbing.

A facility the age of the Home will have some substandard conditions. However, the facility is being upgraded as funds become available.

5. Pass policy at Home is contingent upon payment of fees and charges.

Recently changed so that this is no longer policy.

6. Social worker ordered not to talk to Grievance Committee member.

During a meeting a social worker was requested not to answer questions asked by a Grievance Committee member. The social workers were instructed not to talk to Grievance Committee members about other Home members.

7. Home members are locked up without a trial or hearing.

In the past, the Home had a locked ward in the hospital and a holding cell in the security center. The locks have recently been removed from both.

8. Outdated insulin given to a Home member.

This resulted due to human error on the part of the pharmacist and disciplinary action has been taken.

9. Food thefts by employees.

There is no evidence, but the Home is conducting a study of food services which should result in improved food service management and reduce the possibility of losses.

10. Veterans are discharged with little or no money.

We have been assured by the Department of Veterans Affairs that at the present time the Home does have a planned discharge policy, i.e., offering the discharged member alternatives such as placement in another facility, his family's home, or referral to other agency which could help in his placement.

11. Sour milk served.

Sour milk has been served on several occasions but was immediately removed when discovered. It was delivered by a supplier and the supplier was notified on each occasion.

12. Geriatric nursing assistants are not needed in the sections.

The Home is studying the situation at the present time.

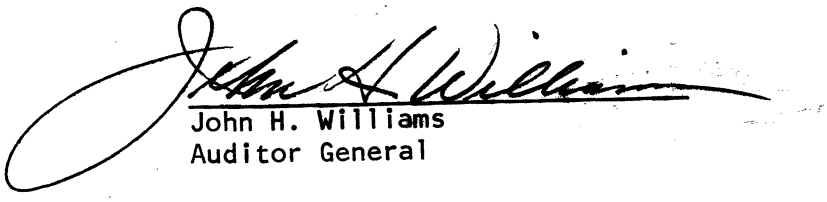
13. Theft of members' property.

Few instances of minor thefts at Home but nothing of great value stolen.

14. Veterans' money used for civil servants benefit.

Legal expenditures of Post Fund monies have been made in the past which have benefitted civil service employees. We recommended in a prior audit report that the Legislature give consideration to the need for a change in the statute pertaining to the use of the Post Fund monies.

Respectfully submitted,



John H. Williams
Auditor General

May 21, 1975

Staff: Phillips Baker
William Batt

State of California

MEMORANDUM

To : John H. Williams
Auditor General

Date : May 22, 1976

From : Department of Veterans Affairs

Subject : Response to the Report of the Auditor General, Veterans Home of California May 1976

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Findings

We feel that the functions currently assigned to the Manager of Program Services do justify the position.

We agree that alcohol is a serious problem at the Home and that the program as presently constituted does not provide total care and treatment of all alcoholic Home members; however, we have only the nucleus of a program which is intended to provide total care and treatment.

The Veterans Home Physical Medicine and Rehabilitation team presently fulfills the needs that a Therapeutic Planning Board would address.

We agree with the findings regarding Section Leaders but recommend that they be group supervisors or group counselors similar to those classified by Youth Authority rather than Psychiatric Technicians.

We agree with the findings and recommendations of the Social Services Department.

We agree that the nursing services work schedule may contribute to absenteeism and morale problems and that an improved schedule for time off should be prepared and presented to the nursing staff.

SUMMARY - Page i

The "numerous allegations" referred to were made mostly by one group to a multitude of public officials.

Refer to our comments on findings and recommendations in the Table of Contents.

INTRODUCTION - Page 1

We would like to point out that the Veterans Grievance Committee referred to in the Introduction had only 6 - 12 discernible members and no evidence of the large group that it alleged to represent has not been produced or discovered. Many investigation into the same complaints have been made by a series of agencies including the Napa County District Attorney, U.S. Postal Inspectors, Veterans Administration eleven person team, Agriculture and Services Agency and the Department of Veterans Affairs. It is hoped that there will be no need to expend any further taxpayers money on future investigations of these same complaints which prior investigations have found to be substantially without basis.

We emphasize that the current Home administration is making every effort to correct the conditions which have led to these allegations, however, changes in the various laws and regulations governing the Home and the multitude of federal and state agencies required to approve plans for compliance for construction have greatly contributed to the compliance delays that give rise to some of the valid allegations.

With regard to the minor complaints outlined on page 2 we point out that a study was conducted by the Department of Veterans Affairs of Post Exchange and Coffee Shop prices whichshowed reasonable differences with some prices slightly higher and some slightly lower than competitors in the area.

With regard to the complaints of too many civil service employees we note that these stem mainly from a belief by older members that members should hold some of these jobs but the fact is that they are not physically able to do so.

With regard to the concerns of press reports of plans to phase out the Home, the reports were first generated by rumors regarding the recent audit by the Department of Finance and by ambiguous language of a legislative study request. These rumors and misunderstandings continue to plague the Department and we continue to receive concerned inquiries from many people.

FUNCTIONS CURRENTLY ASSIGNED TO THE MANAGER OF PROGRAM SERVICES DO NOT JUSTIFY THE POSITION - Page 4

The functions currently assigned to the Manager of Program Services do justify the position. The April 1, 1976 reorganization was a result of a Department review of the functions and workload of the program divisions at the Veterans Home. The purpose of the reorganization was to recognize that the functions are best classified by a division into categories relating to medical, social welfare and support functions. The workload of the program managers were also considered and while the number of personnel presently under the superivison of the manager of Program Services has decreased, the number of Department Head reported to and supervised by the Program Services has not changed.

The suggestion that Social Services, Chaplaincy Services and Volunteer Services report to the head of Rehabilitation Services is unacceptable. The head of Rehabilitation Services is a physician and we feel that it would be a wasteful use of a physician position to make it a supervisorial job. In order not to do so, we would have to create a new classification for Head of Rehabilitation which would be an added expense. Whether we utilize the

the physician position as a supervisor or created a new classification not all of the disciplines involved in rehabilitation would be reporting to one supervisor, because for instance, nursing would still report to the Chief Medical Officer. We do not feel that the change is needed to improve communication between the various disciplines.

To transfer the function of Program Services to the Division of Professional Services and Support Services and go back to the old system fails to recognize the administrative work load which would over burden the Chief of Medicine and Support Services Manager. The Home has 75% of the Department's employees and a large concentration of veterans to whom services are being provided on a daily basis. The increased attention to patients and employees rights requires much attention to be given employees and members and makes the administrative tasks greater than they have been in the past. We feel that it would be a backward step and severely hamper our attempts to encourage employees and members to freely communicate with program administrations.

ALCOHOLISM IS A SERIOUS PROBLEM AT THE VETERANS HOME ..... Page 8

The concept of the present alcohol program at the Home is to provide total care and treatment of all alcoholic home members but the program is presently a nucleus of what is planned and is unable to provide total care and treatment at this time. At the present time interest in the program has been exhibited by members in their late fifties who have a high potential for successful rehabilitation. At this initial stage the participants are volenteers and plans are to develop a core group from these participants to assist in later counseling. Since the review of the program by the Auditor General's office physically disabled geriatric alcoholics have been recruited to the program. Plans are being developed to designate a portion of Annex 2 to house these and other volunteers necessitating this type of facility.

With regard to the discussion of the Palo Alto facility on page 9 of the report, we disgree that the Home's Alcohol Program is a duplication of a program already established and available to Home members. While there may be some overlap in programs, our plan is to develop a full program as recommended in the report and age factors makes it unlikely that even our youngest participants would qualify for the Palo Alto program.

We will continue to request funding for a full and complete program.

THE VETERANS HOME NEEDS A THERAPEUTIC PLANNING BOARD - Page 12

The concept of a Therapeutic Planning Board is presently in operation at the Veterans Home and Medical Center. This program was recommended by the Home's Patient Care Policy Committee in November 1975. This function is presently done by the Physical Medicine and Rehabilitation Team consisting of staff from nursing, physical therapy, occupational therapy, recreational therapy, medical, alcoholism program and social services. The team makes an evaluation of each member upon admission to the home and a determination is made of the members' physical social psychological and vocational needs. This process is also being done with all existing Home members. It should be noted that because of the clientele at the Home, the concept of rehabilitation is geared toward meeting the individual's needs and keeping them at the lowest possible level of care.

SECTION LEADERS AT THE VETERANS HOME .....Page 16

We agree with the findings but recommend that they be group supervisors or group counselors similar to those classified by Youth Authority rather than Psychiatric Technicians.

PRIOR AUDIT RECOMMENDATION - Page 24

With regard to the recommendation on planned activities, we believe that the supervisor of the planned activity is appropriately placed in the organizational structure. We see a definite distinction between the planned activities program and the physical medicine and rehabilitation team functions.

With regard to the recommendation to establish an orientation program - beginning in October 1974, a pilot employee orientation program was put into effect. The first session lasted two days and consisted of presentations by administrative staff on subjects of general interest including employee benefits, health and safety precautions and introduction to the purpose and history of the Home and a tour of the hospital and grounds. The success of this pilot program occasioned the issuance of a standing order in the personnel office which generates an orientation session whenever 15 or more new employees are hired. Current employees are also invited to participate. Thus far, over 100 employees have participated in four sessions. There has not been a session for the past six months due to a lack of hiring activity. As a result of recent hiring, another session is anticipated shortly.

Regarding procedures for discipline, a new revision of disciplinary procedures has been under way for some time and is almost completed. They will be distributed to all current members, and new members as they are admitted. As changes are made in the future, every member will be informed. It is and will continue to be the policy of the Home that these rules will be applied to all members consistently, although there will always be individual cases which should be considered separately.

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Regarding domiciliary being converted to roomettes,we agree that all domiciliaries not yet containing roomettes should be remodeled to provide roomettes for members. Although the current funding now available is for the nursing care area in Section F, additional funds are being requested for FY 1977-78 to provide such roomettes in other domiciliary buildings.

Regarding Post Fund - the total area of Post Fund activities is currently under study, including the duties of the Post Fund Manager and his relationship to the enterprises he manages. We believe that the study should result in a more positive definition of the duties of the manager and the limitations placed on his activities. The Deputy Director of the Department of Veterans Affairs has been requested to establish an appropriate committee, including members of the Home.

Page 25 - Loss of Medicare Funds

The final drawings for the project to correct all remaining structural deficiencies in the hospital building are nearing completion at OAS and all interested agencies (HEW, State Fire Marshal, Dept. of Health, VA) will review these plans before the project is finally initiated. Upon completion, the Home will meet HEW requirements. In the meantime, however, efforts are being made to obtain a waiver which would permit the Home to qualify for these additional funds at an earlier date.

July 5, 1974

PROPOSED ALCOHOLISM TREATMENT PROGRAM

Statement of Problem

"Notwithstanding California Veteran's Board regulations against admitting alcoholics to the State Veterans Home, veterans with serious drinking problems occasionally have been admitted and drinking problems are developed by some veterans after admission to the Home. Estimates of the number of members who have an alcohol problem range from 200 to 500. An additional 40 to 50 members are estimated to be actual alcoholics."*

The California State Veterans Home is not unique in this respect. Other V.A. facilities in California, (Los Angeles and Palo Alto), Oregon, (Domiciliary, White City, Oregon) and Washington, (domiciliary, Retsil, Washington), quote similar statistics of approximately 60% having alcoholic problems of all those admitted to the domiciliary sections. World War II veterans have one of the highest percentages of alcoholics as noted by the V.A. facility in Retsil who estimate 80% of the World War II Veterans entering in the last couple of years to have a diagnosis of alcoholism. This is a significant statistic as we can expect an ever increasing number of this category of veteran.

At the current time there is no alcohol treatment program at the Home and the ever increasing problem is putting both staff and other members under an undue strain. Staff and members alike are asking that a formalized program be developed to cope with this problem.

Lack of Existing Resources

The existing programs within a 100 mile radius that treat alcoholics are few and inadequate for the needs of the Home members. Although several programs are being developed in nearby communities, they are not equipped to handle the physically disabled, geriatric age alcoholics whose probabilities of leaving the residential setting and assuming a responsible position in society are highly unlikely. Most other treatment programs are oriented towards younger, bread-winning alcoholics. Many will not accept older disabled persons because they operate within a limited time schedule and they recognize that older alcoholics respond more slowly to treatment and consequently require a longer term approach. This is the problem with the federal Veterans Administration programs also, the nearest one with alcohol treatment programs being Palo Alto.

Goals

It is felt that our primary goal should be the members' happy, sober existence within the structured environs of the Home. Rehabilitation of alcoholic members should mean either return to a more constructive life in the outside community or return to a more sober, constructive and mutually satisfactory life in a section of the Veterans Home depending on the individual's potential.

*Semi-quote from the May 1974 Supplemental Report on the California Veterans Home to the California State Legislature.

Goals (Contd)

It follows that the Home needs to provide long-term care and follow-up for alcoholic persons whose prognosis for full recover is doubtful.

Philosophy*

In our view, the disease model is appropriate in the sense that some individuals who drink are not able to control their drinking behaviour. Even after years of sobriety, re-exposure to alcohol will return some alcoholics to the addictive drinking cycle.

However, the course of the disease, whether progressive or arrested, does not depend solely upon what happens inside the victim of the disease, the alcoholic individual, but depends largely upon the personal and social surroundings within which he lives. If continually exposed to alcohol and to persons who drink, his disease is likely to take a malignant course, and alcoholism, if untreated, is a terminal illness.

Therefore, there is more to recovery of the individual than an enforced abstinence. Surrounded by sober people and provided with social settings free of alcohol, the disease is likely to be arrested, allowing the alcoholic to lead a meaningful and productive life. Treatment is an ongoing process aimed not only at helping individual alcoholics, but also at creating and sustaining for them a compatible social system. In the process of learning to adapt to this social system, the alcoholic must learn to develop new coping mechanisms, without which he would soon return to his most "successful" technique - drinking. As the successful rehabilitation of the alcoholic involves an orderly progression of treatment beginning with detoxification in the somatic states and progressing to the social and psychological treatment of the addiction, so too, there is a logical progression of treatments from a medical focus to a social focus. As the patient improves, the circumstances that influenced his drinking, (the whole social context), must also become a traget for intervention. Unless treatment is directed beyond the individual at one point in time, the efforts and resources invested in the rehabilitation of the individual alcoholic will fail. Thus, the object of treatment is not only to restore the patient to physical and psychological health but to help him remain sober by changing the social context and social networks into which he is returned. Given the above, we believe the most successful treatment of alcoholism in gerontology requires a multi-facet and longer term approach in order to deal with the complexities of the problem. While no single treatment approach has proven totally successful for any age group, we believe the "multi-treatment" approach utilizing medical, social, psychological, occupational, physical and recreational therapies to be the most effective.

*Based largely on the views expressed by Robert O'Briant, M.D. and Henry L. Lennard PhD, San Francisco, 1973.

ALCOHOLISM TREATMENT PROGRAM

The program proposed requires three separate, but inter-related, components: Detoxification; Recovery Program; Staff education and In-Service training.

1. Detoxification: Until recently, detoxification was handled only in special detoxification wards at general hospitals. Programs have now developed an alternative in the residential detoxification center.

   Here an intoxicated individual is evaluated by a Registered Nurse who has special training in working with alcoholics. He will evaluate the individual being admitted to determine which of the four stages of acute alcoholic withdrawal is manifested.*

   (If he is in one of the first two stages he can probably be detoxified without the necessity of calling in a physician. If in Stages 3 or 4, the R.N. will call a physician who will provide medical back-up in case of medical complication. At the doctor's discretion, the patient can be transferred to the hospital for further medical treatment. This is expected to be a very small percentage of those going through detoxification. (The experience in Stockton, California and Toronto, Canada has been that about 5% required special medical intervention).

   Recovery is facilitated by person-to-person contact. Nurses aides can keep the patient under observation and carry out the directives of the nurse in charge; help the man shower, shave, go to meals, etc. as necessary to make him as confortable as possible while going through detoxification. "Detox Aides", (Members who are themselves recovering alcoholics), are expected to be an integral part of this program as they have been found to be an indispensable part of all successful programs thus far encountered. These "Detox Aides" would sit with the person going through detoxification simply providing assurance that someone will be with him the whole time; providing the supportive climate so very important to a detoxification without panic and unnecessary complication. Expected length of stay is three to five days (more if needed).

   The detoxification unit should be able to house at least 15 patients at a time.**

   Staffing

   Staffing for the detoxification unit mentioned include an R.N. and two nurses aides (trained in alcohol treatment), on a 24 hour basis; on-call doctor coverage, also 24 hour. "Detox aides" who could be assigned round-the-clock in work assignments paid by Post Fund monies.

*As defined in the Detox. Program at the Camp White, V.A. facility in Oregon.

**(See also physical building requirements noted below)

II. Recovery Program. The multi-faceted recovery program envisioned will include the following:

a) Psychological testing and evaluation to determine whether organic brain syndrome is a significant factor, and what, if any psychological problems may require attention in order for him to fully participate in an alcohol treatment program. Psychotherapy as needed should be available through the psychologist.

b) Educational classes, movies, visiting lecturers, discussion groups, for the purpose of making the alcoholic aware of the symptoms and chronic, progressive aspects of alcoholism; to clarify facts and fantasy. These education sessions could best be conducted by alcohol counselors who are specifically trained in this area.

c) Occupational therapy enabling the individual to learn to structure his time more constructively, develop his skills and broaden his interests through both individual and group projects and activities. Since the alcoholic at the Home typically complains of not knowing what to do with leisure time and since he frequently has developed few skills in leisure time activities, this is a too often neglected area of focus. A full or even half-time occupational therapist could set up this aspect of the program.

d) Group Therapy would focus on developing better communication skills learning new coping mechanisms for dealing with anxiety and frustration, problem solving sessions, learning how to relate more meaningfully in social relationships, dealing with "life" problems such as aging, retirement, living with physical disabilities, etc. It is anticipated that the social workers assigned to the Alcohol Program would become involved in carrying out this part of the program either individually or as co-therapists.

e) Individual Counseling to focus on the individual's personal progress through the recovery program, giving him the support needed to prevent unnecessary back-sliding, giving him an opportunity to see his life in a new perspective which could free him from unnecessary guilt and unrealistic expectations so that new, attainable goals can be set. Particular individual plans, needs, fears could best be dealt with in this way.

Depending on the particular person and situation, individual counseling could be done by the social workers, psychologist, or alcohol counselors.

f) Physical Therapy and physical conditioning should be a required part of this program due to the physically debilitating effect that long-term use of alcohol has on the body. This often-neglected aspect causes many alcoholics to become quite run-down, muscles start to atrophy and physical condition is poor whether or not specific physical disabilities are significant. (This area is one especially emphasized as important in the "Camp White" Oregon Alcohol Program as important to recovery of the whole person). Both a physical therapist and a dietitian should be involved in setting up a program of physical conditioning. (Medical advice should be sought where specific physical disabilities are a factor).

II. Recovery Program (Contd)

g) Recreational Therapy as an important part of the program providing an outlet for physical and emotional tensions, social outlets such as dances, bridge groups, ball games, picnics, etc. which can help foster new attitudes towards fun with sobriety. Recreation hours within the institution could be coordinated with community recreational activities to help bridge the gap between members and outside community. A recreation therapist should be utilized here.

h) Vocational Referral for training and placement for those individuals who could benefit from further training and who have potential for returning to the community as productive members of society. This could be arranged through the social workers in cooperation with the State Rehabilitation Counselors in the community.

Staffing

Staffing as required for the above outlined program inclues a full-time coordinator - administrator - possibly the doctor who works with the program could be its Coordinator. (In view of the past experiences of "Camp White" Oregon, V.A. at Palo Alto, V A. at Retsil, Washington, Alcohol Program at Stockton, and other similar residential programs, it is vital that the position of coordinator be a full time position. It is also vital that there be one main physician for the alcohol program - not several physicians on a rotating or on-call basis except for the detoxification area.)

Staffing includes round-the-clock R.N. coverage (4 trained R.N.'s total), 24 hr. nurses aid coverage, (2 on each shift or 8 total), 24 hr. coverage of alcohol counselors, (3 total), 2 social workers, 1 physical therapist, 1 psychologist, 1 occupational therapist, and 1 recreational therapist.

As plans are to use already existing secretarial, janitor and maintenance positions, there would not need to be any additional staff in these areas with the possible exception of one secretarial position.

Member participation, as with the "detox aides", is expected to be an important part of the Recovery Program with work assignments on a one to one "buddy system" basis.

The physical area for the Recovery Program should be able to house at least 60 members total in the program at any one time. However, an additional 30 bed area should be available as a restricted living area where those members from annex or domiciliary could be housed who have a significant degree of organic brain damage or who, for other reasons are unable to benefit from participation in the alcohol program but do require some outside controls of their chronic drinking for their own safety and the benefit of their fellow members. Please see further information on physical area requirements below. (The sad alternative to this currently has been to discharge all who could not "fit in" or who could not help control their own drinking to any extent).

Staffing (Contd)

After detoxification a person could be placed in this restricted area if a longer time is needed by the individual to help him over the difficult period (usually a week or two), immediately following detoxification, when impulsive drinking is most likely to take place.

While time spent in the restricted living area would be indefinite as needed, time in the alcohol recovery program is expected to be from six months minimum to a year with individual extensions of time to an additional year if needed.

III. Staff Education and In-Service Training

A necessary ingredient of any successful program is the provision of educational opportunities for personnel who are involved in providing alcoholism services to increase their knowledge and skills in this area. Such tranining may range from general orientation to continuous in-service training in treatment modalities and service delivery methods. Interdisciplinary training sould be included and provided on a planned, organized, and ongoing basis. Such in-service training upgrades professional and non-professional skills of both employees and volunteers to assure a team approach in overall program as well as in each component of the program.

Through coordination with other community agencies, the expertise of these agencies can be shared with Veterans Home staff to the mutual benefit of both. Involvement of the outside community into our alcohol program to the extent possible is considered an important factor in the recovery of our alcoholics.

Follow-Up Evaluation

Research and evaluation of the effectiveness of the program is expected to be an ongoing part of this program. This should provide the program with a system for self-evaluation that will indicate which treatment methods are most effective and which should be revised or eliminated.

TOTAL STAFFING REQUIREMENTS AND COSTS OF STAFFING

1.	Full time Coordinator - Doctor for the program	$ 35,000
2.	Four trained R.N.'s	48,000
3.	Eight Nurses Aides	56,000
4.	Three Alcohol Counselors	27,000
5.	Two Social Workers	24,000
6.	One Physical Therapist	10,000
7.	One Occupational Therapist	10,000
8.	One Psychologist	15,000
9.	One Recreational Therapist	10,000
	Total Staff Costs	$200,000

Mary Mitchell
Social Worker

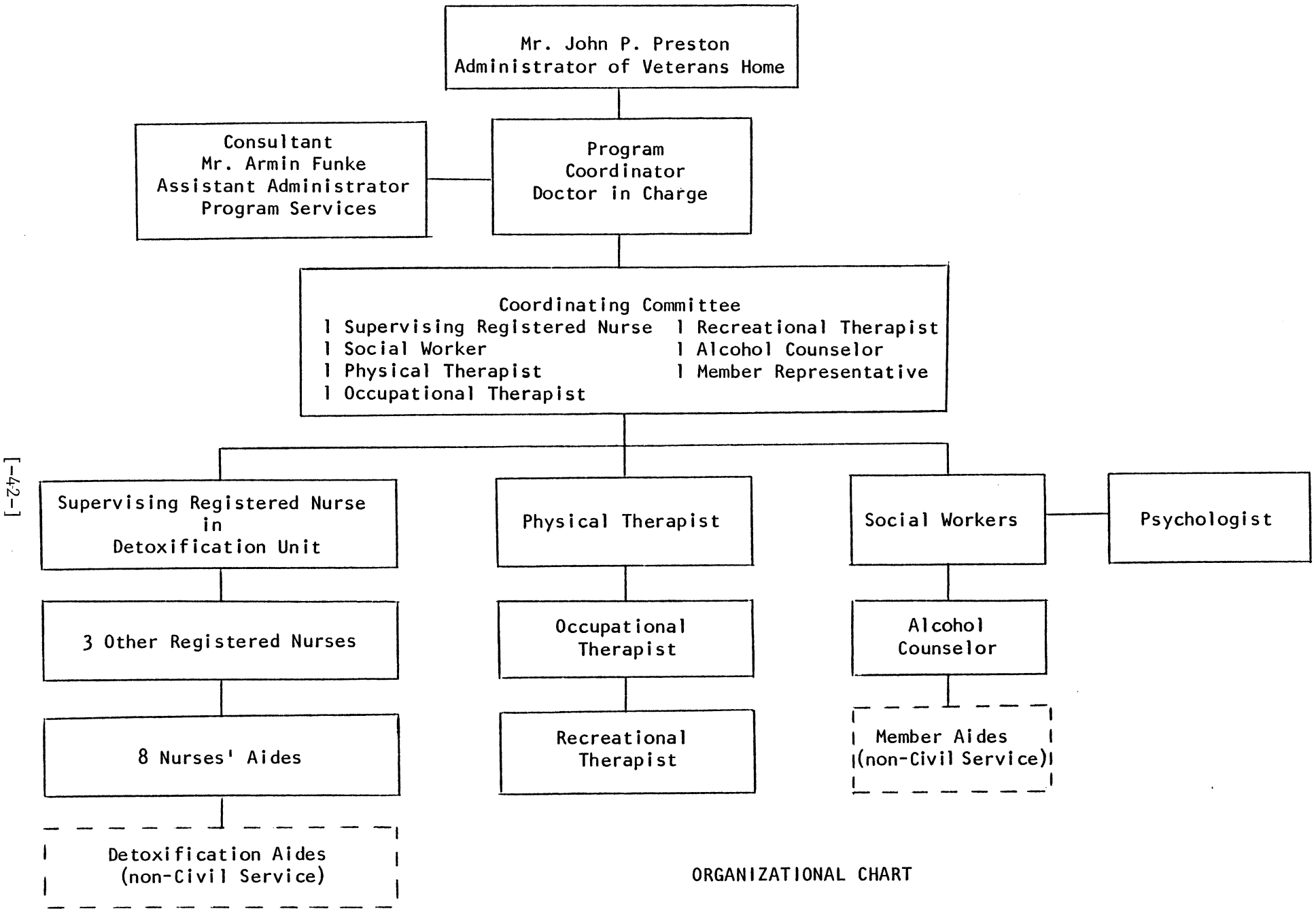
PROPOSED LOCATION FOR THE ALCOHOL PROGRAM

The most desirable location would be Section F where one-half of the ground floor could be used for Annex III wheelchair patients. The other half and the top floor could be used for the alcohol control program, allowing both for wheelchairs and ambulatory patients.

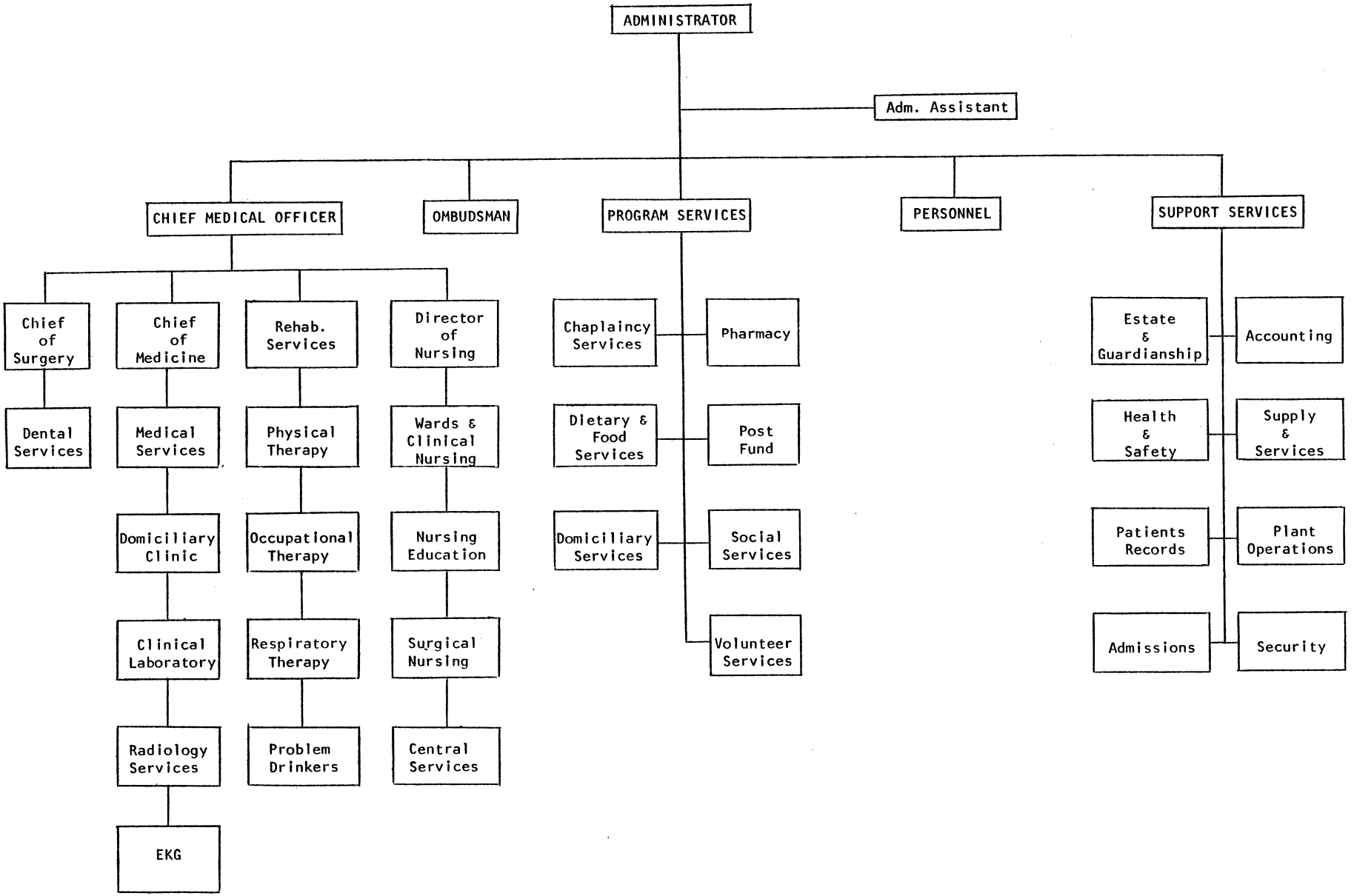
Since Section F has electric doors, covered wheelchair ramps, and wide doors to showers and toilets, there would be very little renovation required.

There are many other factors that are favorable such as food availability, room for a recreation area outside the building, nearness to the Recreation Center, ramps for wheelchairs at several locations and the fact that Section F is in relatively good condition maintenance-wise, including the fact that it is now being repainted. The entire alcohol program including detox unit and control areas could be all in one building under one roof. There is enough space here for the 10 - 15 beds for Detox Unit, 30 beds for the restricted "control" area and 60 beds for the Alcohol Recovery Program.

Larry Breed
Chairman
Alcohol Control Committee



ORGANIZATIONAL CHART



VETERANS HOME AND MEDICAL CENTER (4/1/76)

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Office of the Lieutenant Governor
Secretary of State
State Controller
State Treasurer
Legislative Analyst
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