

VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS



Veterans Health Administration

*Audit of
The National Call Center
for Homeless Veterans*

December 3, 2014
13-01859-42

ACRONYMS

FY	Fiscal Year
HOMES	VA Homeless Operations Management and Evaluation System
OIG	Office of Inspector General
POC	Point of Contact
VA	Department of Veterans Affairs
VHA	Veterans Health Administration

To Report Suspected Wrongdoing in VA Programs and Operations:

Telephone: 1-800-488-8244

Email: vaoighotline@va.gov

(Hotline Information: www.va.gov/oig/hotline)



Report Highlights: Audit of VHA's National Call Center for Homeless Veterans

Why We Did This Audit

The audit assessed the effectiveness of the Veterans Health Administration's (VHA) National Call Center for Homeless Veterans (the Call Center) in helping veterans obtain needed homeless services. We did this audit because the Call Center is VA's primary vehicle for communicating the availability of VA homeless programs and services to veterans and community providers.

What We Found

Homeless and at-risk veterans (Homeless Veterans) who contacted the Call Center often experienced problems either accessing a counselor and/or receiving a referral after completing the Call Center's intake process. Of the estimated 79,500 Homeless Veterans who contacted the Call Center in fiscal year (FY) 2013:

- Just under 21,200 (27 percent) could only leave messages on an answering machine—counselors were unavailable to take calls.
- Just under 13,000 (16 percent) could not be referred to VA medical facilities—their messages were inaudible or lacked contact information.
- Approximately 3,300 (4 percent) were not referred to VA medical facilities—despite having provided all the necessary information.

Referred Homeless Veterans did not always receive the services needed because the Call Center did not follow up on referrals to medical facilities. Of the approximately 51,500 referrals made in FY 2013, the Call

Center provided no feedback or improvements to ensure the quality of the homeless services.

We noted that 85 percent of the 60 veterans' records we reviewed lacked documentation to prove the veterans had received needed support services. Finally, the Call Center closed just under 24,200 (47 percent) referrals even though the VA medical facilities had not provided the Homeless Veterans any support services. In total, we identified 40,500 missed opportunities where the Call Center either did not refer the Homeless Veterans' calls to medical facilities or it closed referrals without ensuring Homeless Veterans had received needed services from VA medical facilities.

What We Recommended

We recommended the Interim Under Secretary for Health stop the use of the answering machine; implement effective Call Center performance metrics to ensure Homeless Veterans receive needed services; and establish controls to ensure the proper use of Call Center special purpose funds.

Agency Comments

The Interim Under Secretary for Health concurred with our recommendations and provided responsive action plans. We will follow up on these actions.

Handwritten signature of Linda A. Halliday in black ink.

LINDA A. HALLIDAY
Assistant Inspector General
for Audits and Evaluations

TABLE OF CONTENTS

Introduction.....	1
Results and Recommendations	2
Finding	
Veterans Did Not Always Receive Access to Needed Homeless Support Services	2
Recommendations	14
Appendix A	
Background	16
Appendix B	
Scope and Methodology.....	18
Appendix C	
Statistical Sampling Methodology	20
Appendix D	
Potential Monetary Benefits in Accordance With Inspector General Act Amendments	22
Appendix E	
Interim Under Secretary for Health Comments	23
Appendix F	
Office of Inspector General Contact and Staff Acknowledgments.....	30
Appendix G	
Report Distribution	31

INTRODUCTION

Objective	The audit's objective was to determine the effectiveness of the Veterans Health Administration's (VHA) National Homeless Call Center (the Call Center) in helping homeless and at-risk veterans (Homeless Veterans) gain timely access to needed homeless support services.
VA's Mission To End Veteran Homelessness	In November 2009, then-VA Secretary Eric Shinseki announced the Zero Homelessness Initiative to end veteran homelessness by 2015. In 2013, the Department of Housing and Urban Development estimated the United States had just under 58,000 homeless veterans. This estimate does not include the at-risk homeless veteran population that VA and the Call Center also seek to serve.
National Homeless Call Center	In March 2012, VA established the Call Center and collocated it with the VA Veterans Crisis Line in Canandaigua, NY. The Call Center is VA's primary vehicle for communicating the availability of homeless programs and services, such as the Department of Housing and Urban Development VA Supportive Housing Program, and VA's Grant and Per Diem Program, to veterans and community providers.
Call Center Operations and Responsibilities	The Call Center operates 24 hours a day, 7 days a week to connect veterans with needed homelessness services and to provide callers with information on homelessness assistance and other VA services and benefits. Calls are received by counselors or forwarded to an answering machine when counselors are unavailable. The counselors document information from the calls and refer calls to VA medical facilities. The Call Center is required to monitor the VA medical facilities' handling of the referrals and to recommend any needed corrections or improvements to the homeless services extended to veterans before it closes the referrals.
Call Center Budget Call Workload	Congress budgeted \$3.2 million in special purpose funds for the Call Center's fiscal year (FY) 2013 operations. Due to the lack of complete historical workload data, we developed an estimate of the Call Center's annual workload using 8 months of available call data. We estimated the Call Center received just over 126,500 calls, including an estimated 79,500 homeless veteran calls, in FY 2013. ¹
Other Information	<ul style="list-style-type: none">• Appendix A provides pertinent background information.• Appendix B provides details on our scope and methodology.• Appendix C provides details on the statistical sampling methodology.

¹ Approximately 84,300 calls received from February through September 2013 ÷ 8 months x 12 months = 126,500 estimated FY 2013 calls. Approximately 53,000 homeless veteran calls from February through September 2013 ÷ 8 months x 12 months = 79,500 estimated FY 2013 homeless veteran calls.

RESULTS AND RECOMMENDATIONS

Finding **Veterans Did Not Always Receive Access to Needed Homeless Support Services**

Call Center staff did not consistently ensure that Homeless Veterans who contacted the Call Center for assistance received access to needed VA homeless support services. The Call Center's mission is to provide veterans around-the-clock access to counselors and to connect Homeless Veterans with local VA medical facility resources that provide homeless support services. However, problems in the Call Center's intake and monitoring processes significantly hampered its effectiveness.

Intake Process Problems

Homeless Veterans who contacted the Call Center often experienced problems either accessing a counselor and/or receiving a referral after completing the Call Center's intake process. Of the estimated 79,500 Homeless Veterans who contacted the Call Center in FY 2013:²

- Just under 21,200 (27 percent) had to leave messages on the Call Center's answering machine because counselors were unavailable to take their calls.
- Just under 13,000 (16 percent) could not be referred to a VA medical facility because their voicemail messages were inaudible or lacked contact information.
- Approximately 3,300 (4 percent) were not referred to VA medical facilities even though they had provided the necessary information.

Inadequate Monitoring

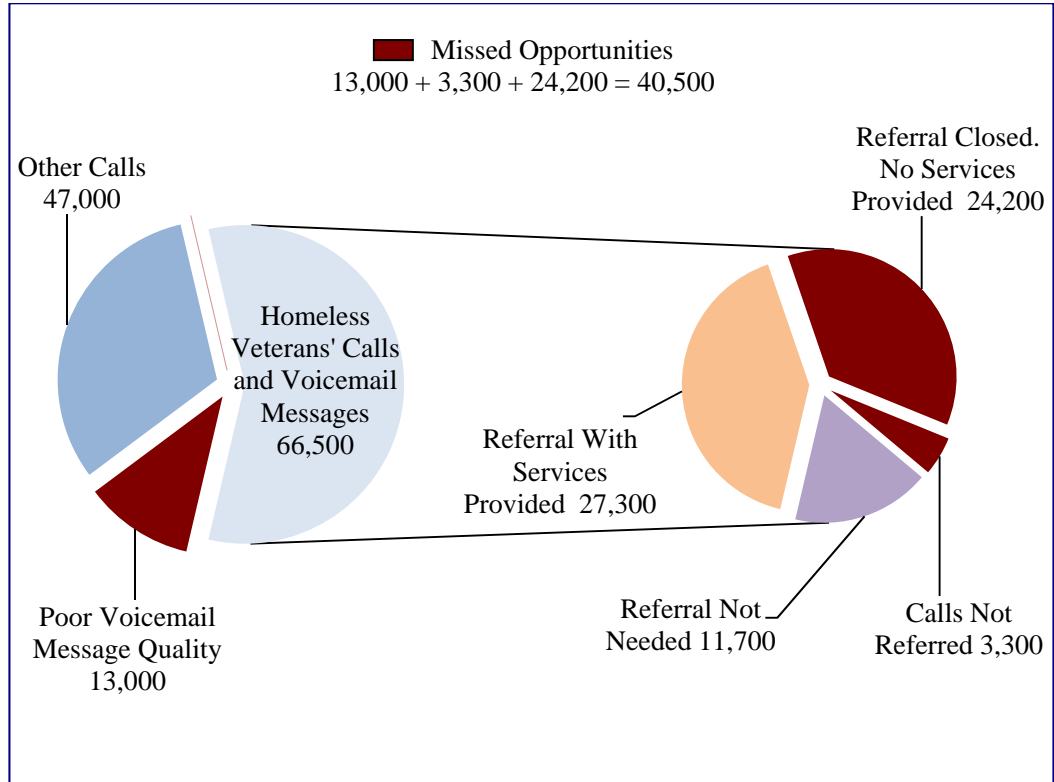
Homeless Veterans, who the Call Center referred, also did not always receive the homeless services they needed because the Call Center did not monitor the VA medical facilities actions. The Call Center:

- Did not monitor any of the approximately 51,500 referrals it made in FY 2013, provide feedback, or recommend corrective actions or improvements to ensure the quality of the services VA medical facilities extended to Homeless Veterans. In fact, 85 percent of the 60 veterans' records we reviewed lacked documentation showing that the veterans had received needed support services, such as admittance to shelters.
- Closed just under 24,200 Homeless Veterans' referrals (47 percent) even though the VA medical facilities had not provided the veterans needed homeless support services.

² Since the Call Center had data available only for the 8-month period, February–September 2013, all of the audit results in this report have been annualized by dividing the population and results by 8-months and multiplying the monthly average by 12 months.

Figure 1 shows the Call Center's Homeless Veteran call and referral workload and missed opportunities where the Call Center did not take adequate action to ensure Homeless Veterans received needed services.

Figure 1. Call and Referral Workload With Missed Opportunities



Source: OIG Analysis

In total, we identified 40,500 missed opportunities where the Call Center either did not refer the Homeless Veterans' calls to VA medical facilities due to poor voicemail quality or oversight, or it closed referrals without ensuring Homeless Veterans had received needed services from VA medical facilities.

These missed opportunities occurred due to lapses in the Call Center's management and oversight. The Call Center relied on answering machine technology, instead of counselors, to ensure continuous telephone coverage. We also could not account for a significant amount of the counselors' time. Call Center officials lacked comprehensive operational analyses to ensure the availability of counselors to efficiently answer calls, and they had not established appropriate performance metrics to ensure counselors efficiently and effectively answered and managed calls. In fact, counselors spent significant amounts of time unavailable to answer calls during peak call periods.

In addition, Call Center staff did not follow VHA policy requiring the Call Center to monitor referred calls and provide VA medical facilities with

feedback on their actions before they closed referrals. Call center officials contended, contrary to VHA policy, that the Call Center was not responsible for monitoring and providing VA medical facilities with feedback on referrals after it referred the calls.

In conclusion, VHA lacks assurance that 40,500 (51 percent) of the estimated 79,500 Homeless Veterans who contacted the Call Center in FY 2013 received needed VA homeless support services. We also found that the Call Center officials' management of the Call Center and the collocated Veterans Crisis Help Line also resulted in the use of Call Center counselors to support the Veterans Crisis Help Line. Thus, the Call Center inappropriately used approximately \$267,000 in salaries paid from FY 2013 earmarked special purpose Call Center funds to support the Veterans Crisis Help Line.

**Lack of
Access to
Counselor**

The Call Center did not always ensure Homeless Veterans reached counselors when they called. The Call Center relied on an answering machine to cover the telephones when counselors were unavailable. Providing callers around-the-clock access to counselors is essential to fulfilling the Call Center's mission of assisting and connecting veterans with needed VA homelessness resources.

Counselors who speak to Homeless Veterans are expected to:

- Identify the veterans' specific circumstances and homeless needs and the closest VA medical facility to assist the veteran.
- Obtain contact information so VA medical facilities can re-contact the veteran to provide assistance.
- Immediately refer veterans with urgent or life-threatening needs to the Veterans Crisis Help Line for assistance.

Counselors can also actively prompt Homeless Veterans to provide all of the information needed to refer the call to a VA medical facility for assistance while an answering machine passively receives the Homeless Veterans' information, which may or may not, be sufficient for referral.

Our review and analysis of the Call Center's available telephone system and answering machine message data disclosed that just under 28,600³ of the approximate 126,500 calls (23 percent) received by the Call Center in FY 2013 were forwarded to the Call Center's answering machine. Due to

³ This annualized estimate of the Call Center's 28,600 voicemail messages consists of approximately 10,900 messages where counselors documented and forwarded the Homeless Veterans' information, 100 prank messages where no action was needed, and 17,600 messages where counselors either identified the call on the daily message retrieval log as inaudible or lacking sufficient information.

the lack of historical call data and information regarding calls that had not been referred, we developed a benchmark to estimate the Call Center's FY 2013 homeless veteran call workload. Using the Call Center's MEDORA call data,⁴ we determined that approximately 74 percent of the answering machine messages belonged to Homeless Veterans and 26 percent of the messages belonged to veteran and non-veteran callers who only needed general information or assistance with VA matters unrelated to homelessness.

Thus, we estimated that Homeless Veterans who needed services constituted just under 21,200 (28,600 FY 2013 forwarded calls x 74 percent) of the calls forwarded to the answering machine and just under 13,000 (17,600 calls not referred in FY 2013 x 74 percent) of these calls were not referred to VA medical facilities because they were inaudible or lacked sufficient information, such as the veterans' phone number, location, or name.

Unavailability and Inadequate Scheduling

Counselors spent significant amounts of time either unavailable to take calls or unavailable to answer calls during peak call periods. Homeless Veterans' calls were forwarded to the answering machine during all three of the Call Centers' shifts with the majority of the messages left between 11:00 a.m. and 3:00 p.m. during the day shift.

Based on our review and analysis of the telephone system data for the period February–September 2013, we estimated that the counselors annually spend just over 77,000 of their approximate 126,800 staff hours (61 percent):

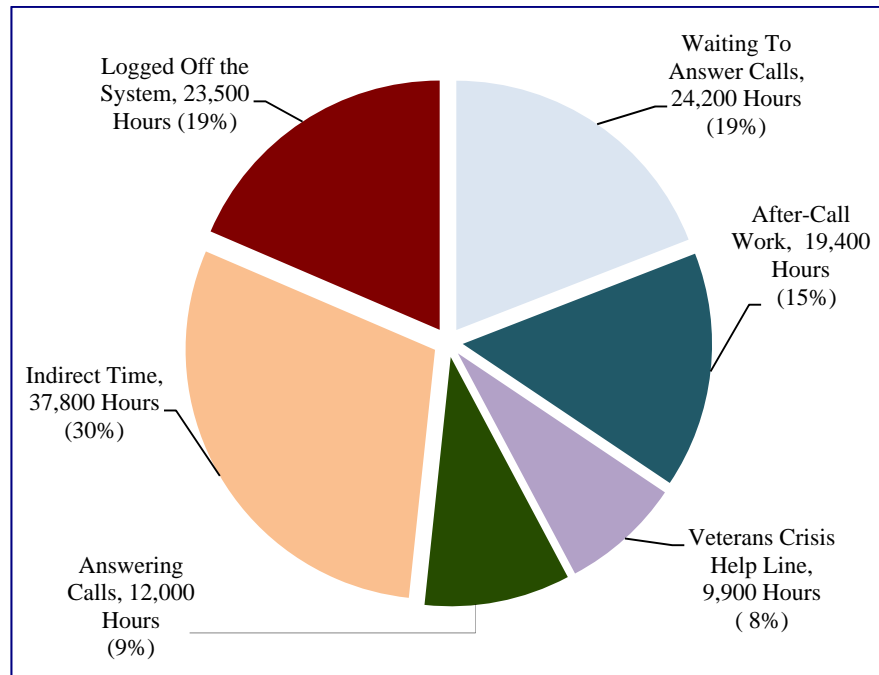
- Logged off the system⁵
- Waiting to answer calls
- Completing “after-call” work (documentation and referral of the call)
- Working for the Veterans Crisis Help Line

Figure 2 shows an annualized estimate of the distribution of the counselors' staff hours from all three shifts.

⁴ Data were obtained from the Call Center's Web-based application, MEDORA. Counselors use MEDORA to record caller information obtained from telephone calls and the answering machine and to refer Homeless Veterans' information to VA medical facilities.

⁵ “Time logged off the system” may include additional time counselors spent supporting the Veterans Crisis Help Line if they logged directly into the Veterans Crisis Help Line when they reported to work. Veterans Crisis Help Line data and other information needed to fully account for the time Call Center counselors spent supporting the crisis line were not obtained because we did not believe this additional information would significantly affect our audit results.

Figure 2. Annual Distribution of Counselors' Time



Source: OIG Analysis

“Indirect Time” in Figure 2 represents the amount of time Call Center records indicated counselors spent on activities such as leave, training, lunch, and breaks during the work day.

During this same 8-month period, counselors often did not log in or did not spend the entire day logged into the Call Center telephone system. Thus, they were unavailable to take Call Center calls, and we could not account for their time. For example, counselors who worked the night shift were not logged into the telephone system and were unavailable to answer calls an average of 4 hours each night. During the same period, the night shift had over 900 calls forwarded to the answering machine.

Counselors also spent an average of 2 hours a day waiting to answer incoming calls even while calls were forwarded to the answering machine. Although the Call Center could not control when calls came in, it could control the counselors’ schedules and their availability to answer calls. Nevertheless, Call Center officials did not adjust counselors’ schedules to adequately account for call volume fluctuations throughout the day. Thus, they could not reduce the waiting times between calls and the high number of calls forwarded to the answering machine during peak call periods. For example, the Call Center did not stagger the counselors’ start times and effectively stagger break times to make more counselors available during peak call periods.

Based on our analysis, counselors also spent approximately 15 percent of their time or approximately 19,400 hours completing after-call work during FY 2013. Given the significant amount of time counselors spent on after-call work, we expected the Call Center to monitor this phase of the intake process closely. However, the Call Center did not monitor after-call work, and we considered the amount of time counselors spent completing it excessive. Counselors took approximately 19,400 hours to complete after-call work but only spent just under 12,000 hours actually answering calls. Further, based on our interviews and observations, the amount of time the counselors spent on after-call work was controllable and should not have exceeded the time spent actually answering the calls because:

- Information for enrolled veterans is pre-populated in MEDORA.
- Information should be entered as counselors take calls.
- Counselors only need to prepare a brief three to four line synopsis for each call.
- Counselors use a standardized email template to refer calls to VA medical facilities.

Elimination of Messages

In January 2014, the Director of Mental Health Operations proposed the hiring of additional staff to reduce the number of calls forwarded to the answering machine. Although a reduction in the number of calls forwarded to the answering machine is needed to ensure Homeless Veterans receive maximum access to counselors and VA homeless support services, our analysis indicated that the Call Center could have addressed the just under 28,600 calls forwarded to the answering machine in FY 2013 if it more effectively managed counselors' time to properly address calls.

We estimated using the Call Center's current average handle time (actual call time + after-call work time) of 20 minutes per call that it would have taken just over 9,500 hours (just under 28,600 calls forwarded to answering machine x 20 minutes ÷ 60 minutes) to address all of the calls forwarded to the answering machine in FY 2013. Thus, in our opinion, the majority of these calls could have been answered by counselors, instead of the answering machine, if the Call Center had reduced the amount of time counselors spent logged off the system, waiting to answer calls, completing after-call work, and working in the Veterans Crisis Help Line by 12 percent (just over 9,500 hours needed to address forwarded calls divided by 77,000 approximate hours spent on these four areas).

Calls Not Referred

Call Center counselors did not always properly refer Homeless Veterans' calls. Counselors are required to obtain Homeless Veterans' information and to prepare a referral to the VA medical facility closest to the Homeless Veteran. After the intake process, counselors are expected to refer Homeless

Veterans' calls as long as the Homeless Veterans have requested assistance and provided sufficient contact information.

However, when we reviewed a statistical sample of 45 homeless calls that were not referred to VA medical facilities, we found that 6 calls (13 percent) belonging to Homeless Veterans were not referred even though the veterans had provided sufficient information.⁶

The loss of any Homeless Veterans' calls during the intake process is particularly troubling since the Call Center's telephone data showed counselors spent a significant amount of time completing after-call work during our review period. When we contacted the counselors responsible for handling these calls, they generally could not recall why these calls were not referred. However, they acknowledged the calls should have been referred since the veterans had provided their names and phone numbers. Subsequently, we estimated that counselors did not properly manage and refer approximately 3,300 Homeless Veterans to VA medical facilities in FY 2013.

***Inadequate
Monitoring***

The Call Center also did not properly monitor Homeless Veterans' referrals after the completion of the intake process, thus hindering veterans' access to needed homeless services. Call Center staff did not monitor call referrals and provide VA medical facilities required feedback on services extended to Homeless Veterans before they closed the referrals. Specifically, VHA policy requires Call Center staff to:

- Follow up within 24 business hours to determine whether the appropriate person received and acted upon the referral.
- Verify enrolled veterans' VA medical records within 5 business days to ensure a plan has been developed and actions have been taken to assist the veteran.
- Follow up within 14 days to determine whether the plan has been implemented, and if so, close the case.
- Provide feedback to the medical facility points of contact (POCs) regarding the quality of their responses to referrals and needed corrections or improvements to the services extended to veterans.

***Lack of
Monitoring and
Feedback***

Call Center staff did not monitor referred Homeless Veterans' calls and provide feedback on the quality of referral responses and homeless assistance extended to veterans by VA medical facilities. Based on the Call Center's

⁶ Based on these results, we projected that just over 2,200 Homeless Veteran's calls that had sufficient information were not properly referred from February–September 2013. Further, we estimated that this equated to the loss of approximately 3,300 Homeless Veterans' calls (just over 2,200 calls not properly referred ÷ 8 months x 12 months) during FY 2013.

referral workload, we estimated that the Call Center closed approximately 51,500 referrals in FY 2013 within an average of 3 days of the call's referral—well within the 14-day time frame prescribed by VHA policy.

However, the Call Center staff did not follow VHA policy and monitor the referred calls and provide feedback to VA medical facilities on their actions or the services extended to Homeless Veterans before they closed referrals. Instead of ensuring the appropriate VA medical facility POCs received and acted upon referrals, counselors only verified that the correct veteran information had been forwarded. Further, Call Center staff did not ensure VA medical facility staff properly developed and implemented action plans and subsequently closed the referrals at the direction of the VA medical facilities.

*Homeless
Support
Services Not
Provided*

Since the Call Center did not monitor VA medical facilities' actions, we evaluated a statistical sample of Homeless Veteran call referrals to determine whether the Call Center should have provided feedback and recommended corrective actions to the VA medical facilities instead of closing the referrals. For 60 calls that the Call Center referred during the period February to September 2013, we reviewed the Homeless Veterans' VA medical records and MEDORA records to determine whether the VA medical facilities had extended needed support services to the Homeless Veterans and followed VA Homeless Operations Management and Evaluation System (HOMES) overview criteria. Under VA's HOMES overview criteria, VA medical facility POCs are required to:

- Refer veterans to the correct program.
- Research program availability, such as contacting various shelters and programs to ensure they can accommodate the veteran.
- Coordinate care with the program case manager.
- Follow up with the veteran or program case manager to determine the veteran's progress in obtaining services and document in the Homeless Veteran's VA medical records that the veteran has received needed homeless support services.

As of April 30, 2014, 51 of the 60 veterans' records (85 percent) we reviewed lacked documentation showing that the veterans had received needed homeless support services, such as admittance to shelters, and only 9 veterans' records (15 percent) had documentation showing that they had received some type of homeless assistance. If Call Center staff had monitored these referrals and provided required feedback and corrective actions, they could have helped ensure these 51 Homeless Veterans received

the homeless services and assistance they needed from VA medical facilities.⁷

The following examples demonstrate the importance of adequate Call Center monitoring and feedback in ensuring Homeless Veterans receive needed services.

- A female veteran, who contacted the Call Center in June 2013, informed a counselor that she would become homeless later that day when the trailer she was living in would no longer be available. The counselor referred the call to a VA medical facility to act upon the referral and to develop an action plan. The VA medical facility POC only attempted to contact the veteran once and left an answering machine message for her to re-contact the Call Center for assistance. According to the homeless program liaison, VA medical facilities should attempt to contact veterans at least three times before closing out referrals. However, the VA medical facility requested, and the Call Center complied with its request, to close this case after only one attempt to contact the veteran. Thus, when we reviewed this veteran's records approximately 10 months after the referral, we found no documentation that the female veteran had received any homeless services.
- The Call Center referred a homeless male veteran, who was living in a tent with his wife, to a VA medical facility in April 2013 for homelessness assistance. A VA medical facility POC talked to the veteran a day later and suggested that the veteran use a local shelter or contact the Red Cross to obtain homeless services. However, these actions were not adequate because the POC did not confirm the availability of space at the shelter, coordinate the veteran's care with other case managers, nor confirm that the veteran had received shelter as required under VA's HOMES overview criteria. The Call Center closed the case at the direction of the VA medical facility one day after it made the referral and did not provide any monitoring or feedback to ensure the adequacy of the VA medical facility's actions. Thus, when we reviewed the veteran's records about 1 year after the referral, we found no documentation that the male veteran and his wife had received homeless services.

In conclusion, we estimated that just fewer than 24,200 of the approximately 51,500 Homeless Veterans (47 percent) referred to VA medical facilities by the Call Center in FY 2013 still had not received needed homeless services

⁷ Based on these results, we projected that approximately 16,100 of the estimated 34,300 Homeless Veterans (47 percent) the Call Center referred to VA medical facilities during our 8-month review period had not, on average, received needed homeless services within 11 months of the referral.

an average of 11 months after the Call Center made the referrals and the referrals had been closed.

**Causes for
Inefficiencies
in Call Center
Operations**

The Call Center Director stated that the Call Center began using an answering machine in April 2012 when the Call Center experienced an increase in the number of calls it received. At that time, she did not believe a significant number of calls would be forwarded to the answering machine and that the addition of more staff would eventually reduce the calls forwarded to the answering machine. The number of calls forwarded to the answering machine did not decrease after the Call Center hired 20 additional staff in November 2012. However, the Call Center Director continued to believe that the Call Center only needed to hire additional staff, and did not adequately consider alternatives such as the more effective and efficient use of existing Call Center staff to eliminate the calls forwarded to the answering machine.

Call Center officials did not effectively review and analyze Call Center data to ensure that Homeless Veterans had access to counselors. Call Center officials primarily reviewed monthly Call Center data, such as the total number of calls received, referrals, and answering machine calls. However, Call Center officials did not consistently review Call Center data and perform comprehensive operational analyses to ensure counselors were available and efficiently answering Call Center calls. Specifically, they did not review the amount of time counselors spent logged off the system or supporting the Veterans Crisis Help Line. In addition, they did not consistently evaluate data regarding the counselors' time spent waiting for calls and on after-call work to determine whether the counselors could be scheduled or used more efficiently to answer homeless calls.

Call Center officials had not established adequate benchmarks and metrics to measure and evaluate the counselors' performance. Other VHA Call Centers, such as the Health Benefits Call Center and First Party Contact Call Center, use benchmarks and metrics to monitor and evaluate responders' performance in areas such as after-call work time, handle time (actual call time plus after-call work time), and attendance. However, Call Center officials did not use similar benchmarks and metrics when they evaluated counselors' performance. Instead, the counselors' performance standards addressed the following areas:

- Compliance with Call Center accreditation standards that only applied to the Veterans Crisis Help Line
- The provision of quality customer service
- Maintenance of caller confidentiality and security of information
- Training and skill building

The counselors' performance standards did not include specific standards regarding the counselors' primary responsibility—to efficiently answer Call Center calls. Therefore, Call Center officials could not effectively manage counselors to ensure calls were answered instead of forwarded to the answering machine. For example, a review of the day shift when the majority of the Call Center's calls were forwarded to the answering machine identified wide variations in the counselors' performance:

- One counselor on the day shift answered an average of 6 calls per day during our review period while another counselor averaged 15 calls. The first counselor spent on average 31 minutes per call on after-call work while the other counselor spent only 8 minutes. In addition, the counselor who averaged six calls per day spent 1 hour logged off the system each day compared with the other counselor who spent only an average of 28 minutes logged off the system each day.

Just prior to our December 2013 site visit, the Call Center's Assistant Program Manager established an informal performance benchmark of 10 calls per shift and began monitoring counselors' performance to ensure they met this benchmark. Although the Assistant Program Manager's action provided some improved monitoring, this benchmark was not incorporated in the counselors' performance standards and still did not address areas such as after-call work, handle time, availability, and waiting times.

Call Center officials also did not adequately monitor counselors or calls to ensure homeless calls were properly referred to VA medical facilities. Call Center officials had not established adequate controls to ensure all Homeless Veterans' calls were properly referred to VA medical facilities if they had sufficient information. Thus, they were unaware that some homeless calls were mismanaged and not properly referred.

In addition, VHA's Mental Health Operations and local Call Center officials, who were responsible for overseeing the Call Center's operations, did not require Call Center staff to monitor referrals because they believed VHA's Homeless Programs Office was responsible for monitoring the referrals. Yet, VHA policy clearly stated that the Call Center, not the Homeless Programs Office liaison, was responsible for monitoring the calls it referred to VA medical facilities. In addition, the Homeless Program Office liaison, who coordinated the activities and efforts of the Call Center and the medical facility homeless POCs, only provided assistance when no action had been taken within 5 days of the referral.

VHA policy also required the Call Center to provide VA medical facilities feedback on the quality of their responses to referrals and needed corrections or improvement to the homeless support services extended to veterans. However, local Call Center officials did not require counselors to provide VA medical facilities feedback because they did not consider this a Call

Center responsibility. While the responsibility to provide feedback is not specifically listed as a Call Center responsibility, it is discussed in VHA policy and clearly assigned to the Call Center as part of the monitoring activity for referred calls.

***Inappropriate
Use of Special
Purpose
Funds***

Finally, we determined that Call Center officials inappropriately used Call Center special purpose funds to support the Veterans Crisis Help line. Although it would be understandable for Call Center counselors to occasionally provide backup support for the Veterans Crisis Help Line due to the emergent nature of Veterans Crisis Help Line's calls, Call Center officials routinely had Call Center counselors work in the Veterans Crisis Help Line. Our analysis showed that Call Center counselors spent just slightly less time supporting the Veterans Crisis Help Line, just over 9,900 hours or 8 percent of their time⁸ compared with just under 12,000 hours or 9 percent of their time answering calls in the Call Center during FY 2013.

The use of counselors to routinely support the Veterans Crisis Help Line was not an appropriate use of funds since counselors are paid from special purpose funds Congress has specifically earmarked for the Call Center.⁹ Thus, we estimated during FY 2013 that Call Center officials inappropriately used approximately \$267,000 (9,900 hours spent in the Veterans Crisis Help Line x \$27 average hourly counselor's salary excluding benefits) in Call Center special purpose funds. Further, Call Center officials indicated during our site visits that Call Center counselors continued to support the Veterans Crisis Help Line in FY 2014.

Conclusion

The Call Center lacked adequate management and operational controls to ensure Homeless Veterans had around-the-clock access to counselors and received needed homeless support services. The Call Center's use of answering machine technology to provide coverage when counselors were unavailable significantly increased the risk of Homeless Veterans' calls being lost due to inaudible messages or missing contact information.

Further, the Call Center did not properly manage referrals after Homeless Veterans completed the intake process. Counselors did not always properly manage Homeless Veterans' calls and refer them to VA medical facilities for action. In addition, the Call Center, contrary to VHA policy, did not monitor the referrals it made to VA medical facilities. Thus, the Call Center closed the referrals without monitoring the VA medical facilities' actions; providing feedback, corrections, and recommendations for improvement; and ensuring

⁸ This is a conservative estimate since some of the unaccounted for time when counselors were not logged into the Call Center's telephone system could have been spent supporting the Veterans Crisis Help Line.

⁹ Congress earmarks special purpose funds to pay for a specific project or event. In this case, funds were earmarked, or specifically set aside, for the Call Center.

Homeless Veterans received needed services. As a result, VHA lacks reasonable assurance that 40,500 of the estimated 79,500 Homeless Veterans (51 percent) who contacted the Call Center in FY 2013 received needed homelessness assistance and support services.

Recommendations

1. We recommended the Interim Under Secretary for Health end the use of the answering machine and improve the utilization and accessibility of the National Call Center for Homeless Veterans current counselors before consideration is given to hiring additional staff.
2. We recommended the Interim Under Secretary for Health implement effective performance measures and benchmarks for the National Call Center for Homeless Veterans and performance standards for staff to ensure the accessibility of counselors, the efficient management of calls, and the proper referral of veterans' calls.
3. We recommended the Interim Under Secretary for Health routinely monitor and analyze National Call Center for Homeless Veterans telephone system data to assess the quality of Call Center support services, including the counselors' accessibility, efficiency in answering calls, and issuance of referrals.
4. We recommended the Interim Under Secretary for Health ensure that Call Center officials adhere to Veterans Health Administration's National Call Center for Homeless Veterans policy requirements related to monitoring referred calls.
5. We recommended the Interim Under Secretary for Health implement management controls to ensure VA medical facilities receive feedback on the quality of their referral responses and on needed corrections and improvements to the homeless support services extended to referred veterans.
6. We recommended the Interim Under Secretary for Health review the results of this audit with the VA medical facilities' homeless points of contact to ensure they understand their responsibility to ensure referred veterans receive needed support services.
7. We recommended the Interim Under Secretary for Health implement controls to ensure National Call Center for Homeless Veterans special purpose funds are used as intended.

**Management
Comments and
OIG Response**

The Interim Under Secretary for Health agreed with our findings and recommendations and plans to address our recommendations by September 30, 2015. VHA and the National Call Center for Homeless Veterans have developed a comprehensive plan to redesign the Call Center's operations and have initiated actions to:

- End the use of the answering machine and implement an interactive voice response system with self-service options and a queuing system.
- Communicate with stakeholders and local unions to ensure Call Center staffing resources are optimized and aligned to address inbound calls.
- Implement an ad-hoc management system to monitor responders, optimize scheduling, and improve long-range planning until Workforce Management software can be purchased.
- Request approval to hire supervisory and quality assurance staff from VHA's Resource Management Committee.
- Implement a system to supervise and monitor responders and agree not to hire additional responders until the system is in place and efficiencies are demonstrated.
- Develop a responder training plan, a quality assurance plan, and a performance management system with access/service, quality, efficiency, and satisfaction metrics that will be added to staff's performance plans.
- Implement various dashboards and other management tools to ensure Call Center operations, performance, and referrals are adequately and effectively monitored and managed.
- Develop a standardized call tracking system and related criteria and training.
- Rescind VHA Directive 2010-043, *Operations of the National Call Center for Homeless Veterans*, and develop a revised policy that will specifically assign responsibilities for the monitoring of referred calls.
- Develop plans to ensure the quality of VA medical facility referral responses is monitored and feedback is consistently and frequently given.
- Develop a plan to share the OIG report results and VHA's expectations with facility Homeless Program POCs, Network Directors, and other Mental Health and Homeless Program staff.
- Reclassify responders and realign administrative positions to ensure the proper use of earmarked Homeless Call Center funds.

The Interim Under Secretary for Health provided a responsive action plan to address our recommendations. We will monitor the Call Center's progress and follow up on the implementation plan until all proposed actions are completed.

Appendix A Background

VA established the National Call Center for Homeless Veterans (the Call Center) as one of the VA's homeless initiative's prevention programs in March 2010 with a budget of \$2.4 million.

The VA-staffed Call Center is the primary vehicle for VA to communicate with veterans and community providers concerning available homeless programs and support services. The Call Center's goals include:

- Ensuring that homeless and at-risk for homelessness veterans (Homeless Veterans) have free 24 hours a day, 7 days a week access to trained counselors
- Promoting timely and coordinated access to VA services to help meet the goal of ending homelessness among veterans by 2015
- Assisting veterans by connecting them with local VA and community resources that provide homelessness services
- Expediting VA services to Homeless Veterans

The Call Center's primary mission is to assist Homeless Veterans. However, the Call Center's operating philosophy embodied in its phone number, 1-877-4AID-VET, is to assist all veterans regardless of whether they are homeless. Thus, the Call Center also provides general information and assistance to any caller with a veteran-related question or issue.

Program Office Responsibilities

VHA's Office of Mental Health Operations oversees the Call Center's operations and performance. The Homeless Programs Office has designated a liaison to serve as a homelessness subject matter expert, collaborate with Office of Mental Health Operations officials and Call Center management on Call Center operations, and coordinate Call Center and medical facility homeless POCs' activities and efforts.

Call Center Requirements

VHA policy requires the Call Center to properly refer veterans' calls to VA medical facilities, monitor the referrals, and provide VA medical facilities with feedback on the quality of their referral responses and needed corrections or improvements to the homeless support services extended to veterans. According to a VHA official who helped establish the Call Center, the Call Center was required to monitor referrals and provide feedback on the homeless support services extended to veterans to ensure VA medical facilities successfully engaged and assisted Homeless Veterans and the veterans did not get lost in the system.

**Related OIG
Reviews**

Prior VAOIG reports on call centers identified similar issues where VA staff did not adequately analyze call center staffing and productivity to ensure the call centers operated efficiently and provided veterans timely and accurate information.

A previous *Review of Acquisitions Supporting the Veteran Employment Services Office (VESO)*, June 25, 2013 (Report No. 13-00644-231), disclosed that VA officials had not thoroughly analyzed the demand for call center services and adequately justified the addition of two employment call centers. Thus, call center operations were overstaffed by at least 50 percent, and the OIG estimated that this would result in \$13.1 million in unnecessary spending from FYs 2013 through 2015 if actions were not taken to align call center capacity with veterans' demand for services. The OIG recommended VA:

- Improve its acquisition processes for services.
- Assess demand for call center services.
- Modify the terms of the call centers' interagency agreement to reflect appropriate levels of call center operations and costs, including staffing.
- Require routine call center data reports.
- Establish performance metrics such as call volume, call wait times, and accuracy of information.

Similarly, the *Audit of National Call Centers and the Inquiry Routing and Information System (IRIS)*, May 13, 2010 (Report No. 09-01968-150), identified significant problems in the operation of Veterans Benefits Administration call centers. The OIG found that the call centers lacked an adequate process to ensure that callers reached an agent due to blocked calls and volume, and if they reached an agent, the caller did not always receive accurate information. Thus, callers only had a 49 percent chance of reaching an agent and getting the correct information. The OIG made seven recommendations to improve the call centers' operations including the establishment of a call routing system and national performance target for blocked calls; the establishment of consistent, accurate performance measures and national performance standards; and training to address common call errors.

Appendix B Scope and Methodology

Audit Scope

We conducted our audit work from August 2013 through September 2014. We visited the Call Center at the Canandaigua VA medical facility and reviewed Call Center staffing records, phone data, and reports for the period of February 1, 2013, through September 30, 2013.

We obtained Call Center telephone data to assess how counselors spent their shifts and to identify the number of calls forwarded to the answering machine. The Call Center did not maintain 12 months of Call Center's telephone data at the time of our audit so we could only review telephone system data available for the 8-month period, February 1, 2013, through September 30, 2013.

The absence of this historical data meant that we could project audit results only for an 8-month period instead of a 12-month period. Subsequently, we took our populations, number of exceptions, and 8-month statistical projections; divided the totals by 8-months; and multiplied the monthly averages by 12 months to develop annualized estimates. Although statistical projection would have been the preferred and most sound method for developing these estimates, we believe this method provided a reasonable alternative.

In addition, we reviewed MEDORA information for Homeless Veterans' calls answered by either a counselor or the Call Center's answering machine during our review period. The OIG Statistician extracted Homeless Veterans' calls from MEDORA that were either referred or not referred to VA medical facilities during our 8-month review period. We developed sampling methodologies for Homeless Veterans' calls received by the Call Center to determine whether the Call Center adequately referred calls to VA medical facilities, properly monitored referrals, and provided feedback to VA medical facilities.

Methodology

To accomplish the audit objective, we reviewed applicable VHA policies and procedures related to the Call Center's operations. We also interviewed VHA and Call Center staff, reviewed Call Center performance reports, and observed Call Center operations and counselors during calls to gain an understanding of Call Center operations and the controls used to monitor and oversee the Call Center.

To evaluate the counselors' time during our review period, we reviewed available phone data, salary data, leave information, training, and counselors' tours of duty. We also reviewed staffing justifications, other documents, such as schedules, and performance standards to assess the Call Center's operations. To evaluate whether referred Homeless Veterans received needed homeless support services, we reviewed calls' synopses and Homeless Veterans' VA medical records and MEDORA records and we

applied VA's HOMES overview criteria. We discussed our evaluation and sample results with Call Center and VHA officials.

**Fraud
Assessment**

The audit team assessed the risk that fraud, violations of legal and regulatory requirements, and abuse could occur during this audit. The audit team exercised due diligence in staying alert to any fraud indicators by taking actions such as:

- Soliciting the OIG's Office of Investigations for indicators
- Reviewing Call Center counselors' timesheets and Call Center phone data to ensure they were scheduled to work on days they took calls

We did not identify any instances of fraud during this audit.

**Data
Reliability**

To achieve the audit's objectives, we relied on computer-processed data contained in the Call Center's telephone system, MEDORA, and VA's Personnel and Accounting Integrated Data System. We assessed the reliability of the Call Center's telephone system data and MEDORA by testing the data to identify data discrepancies such as missing data in key fields, obvious duplication of records, and data outside of our time period. We compared the telephone system and MEDORA data with summarized Call Center reports to check the accuracy of Call Center workload data. We also interviewed Call Center staff and reviewed documents in VA's medical records to verify key MEDORA data fields such as Veteran Name and Social Security Number. We compared Call Center Personnel and Accounting Integrated Data to a management staffing report and reviewed timesheets to verify this data, such as days worked during a pay period and staff paid for by the Call Center. We also compared salaries paid for a sample of Call Center counselors with the General Schedule pay table to verify the accuracy of their base salary payments.

**Government
Standards**

Our assessment of internal controls focused on those controls related to our audit objective. We conducted this performance audit in accordance with generally accepted government auditing standards. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions on our audit objective.

Appendix C Statistical Sampling Methodology

Approach

To evaluate the Call Center's effectiveness in providing veterans timely access to needed homeless support services, we reviewed two statistical samples. We reviewed a representative sample of received Homeless Veterans' calls to determine whether the Call Center properly referred them. We also reviewed a representative sample of Homeless Veterans' calls that were referred to VA medical facilities to determine whether referred veterans received needed homeless support services.

We reviewed the Homeless Veterans' calls to determine whether counselors properly referred calls after they documented the Homeless Veterans' names, contact information, and need for homeless support services in MEDORA. If the MEDORA records contained this information but the counselor did not refer the call to a VA medical facility, we considered it a referral error and counted it as a missing referral. We applied VA's HOMES overview criteria as we reviewed veterans' VA medical records and MEDORA records for notes indicating VA medical facilities had provided the referred veterans needed homeless support services. We also calculated the elapsed time between the dates the calls were referred to the VA medical facilities and the dates the veterans received homeless support services. In many cases, the veterans had not received homeless support services at the time we finalized our review of the veterans' records on April 30, 2014.

Population

The universe of 48,100 homeless related calls recorded in the MEDORA system during the 8-month period, February–September 2013, included just under 44,300 calls from Homeless Veterans. During this period, the Call Center referred approximately 34,300 Homeless Veterans' calls and did not refer an estimated 9,900 Homeless Veterans' calls. These numbers differ from the data presented in the body of the report because they represent an 8-month period instead of an annualized period.

Sampling Design

We reviewed 45 randomly selected calls from the estimated 9,900 Homeless Veterans' calls that were not referred to VA medical facilities for further action to determine whether the Call Center adequately referred calls when veterans provided sufficient contact information. We also randomly selected 60 veterans' calls from the estimated 34,300 Homeless Veterans' calls that were referred to determine whether the Call Center should have provided feedback and recommended corrective actions to the VA medical facilities before they closed the referrals.

Weights

We computed sampling weights as a product of the inverse of the probability of selection at each stage of sampling. We used these weights to compute universe estimates from the sample findings.

Projections and Margins of Error

We used WesVar software to calculate the weighted universe estimates and associated sampling errors. WesVar employs replication methodology to calculate margins of error and confidence intervals that correctly account for the complexity of the sample design.

Margins of error and confidence intervals are indicators of the estimates' precision. If we repeated this audit with multiple samples, the confidence intervals would differ for each sample, but would include the true universe value 90 percent of the time. For example, we are 90 percent confident the true universe of veterans who were not referred by counselors but should have been referred to VA medical facilities for needed homelessness assistance is between an estimated range of 710 and 3,700. For each estimate, we used the midpoint estimate of the 90 percent confidence interval. The table shows the audit projections and number of sampled Homeless Veterans' calls for the attributes described. We also projected that as of April 30, 2014, the approximately 16,100 veterans shown in the table below had not received homeless support services 11 months after the Call Center referred their calls.

Table. Summary of 8-Month Projections for Missing Referrals and Services Not Provided for Homeless Veterans

Type of Error	Sample Size in Error	Type of Projection	Estimate Number	Margin of Error	90 Percent Confidence Interval Lower Limit	90 Percent Confidence Interval Upper Limit
Calls Not Referred	6	Veterans	2,200	1,500	710	3,700
Referral Closed: No Services Provided	51	Veterans	16,100	3,000	13,100	19,100

Source: OIG statistical analysis performed by the Office of Audits and Evaluations statistician

**Appendix D Potential Monetary Benefits in Accordance With
Inspector General Act Amendments**

Recommendation	Explanation of Benefits	Better Use of Funds	Questioned Costs
7	Strengthen controls to ensure the proper use of Call Center special purpose funds.	\$0	\$267,000
Total		\$0	\$267,000

Appendix E Interim Under Secretary for Health Comments

Department of Veterans Affairs

Memorandum

Date: October 31, 2014
From: Interim Under Secretary for Health (10)
Subj: OIG Draft Report, Veterans Health Administration: Audit of National Call Center For Homeless Veterans (VAIQ 7541422)
To: Office of Inspector General for Audits and Evaluations (52)

1. I have reviewed the draft report and concur with the reports recommendations. Attached is the Veterans Health Administration's corrective action plan for recommendations 1-7.
2. Thank you for the opportunity to review the draft report. If you have any questions, please contact Karen Rasmussen, M.D, Director, Management Review Service (10AR) at VHA10ARMRS2@va.gov.



Carolyn M. Clancy, MD

Attachment

**VETERANS HEALTH ADMINISTRATION (VHA)
Action Plan**

OIG Draft Report, Veterans Health Administration: Audit of National Call Center for Homeless Veterans
Date of Draft Report: September 24, 2014

Recommendations/ Actions	Status	Completion Date
-------------------------------------	---------------	------------------------

OIG recommended that the Interim Under Secretary for Health:

Recommendation 1. End the use of the answering machine and improve the utilization and accessibility of the National Call Center for Homeless Veterans current counselors before consideration is given to hiring additional staff.

VHA Comments: Concur

The National Call Center for Homeless Veterans (NCCHV) has developed a comprehensive plan to modernize its services by strengthening personnel, process, and technology resources. NCCHV will host an organizational planning meeting to determine with its stakeholders whether 24-7 operations will continue or whether staff might be more efficiently utilized with different operating hours to better conform to current and historical inbound call patterns.

Meeting/Operating hours	Status: In progress	Target Completion Date: February 1, 2015
-------------------------	-------------------------------	--

NCCHV leadership will end the use of the answering machine and initiate an interactive voice response system (IVR) with an infinite queue, which will 'push' calls to all available responders to eliminate delay. The IVR will have self-service options to provide callers with information on how to contact frequently needed resources and will have a self-transfer option to the Veterans Crisis Line.

IVR/queue implementation	Status: In progress	Target Completion Date: February 1, 2015
--------------------------	-------------------------------	--

In March 2013, NCCHV leadership began staffing optimization by instituting a 10-hour tour of duty (10:00 a.m.-8:30 p.m. daily) to match staffing with the highest call volume period. NCCHV leadership is currently in the process of briefing and negotiating with local unions regarding an improved scheduling optimization plan, which facilitates more efficient alignment of staff to observed inbound call patterns.

Scheduling optimization	Status: In progress	Target Completion Date: February 1, 2015
-------------------------	-------------------------------	--

In summer and fall 2013, the Office of Mental Health Operations (OMHO) instituted an ad-hoc employee self-report system of activity, using the available AVAYA phone system, to better track NCCHV responder utilization and accessibility. A temporary solution, this system enables more detailed analyses of responder time and activities, in the absence of a formal Workforce Management (WFM) System. It monitors the following states: on phone time, wrap-up time (after call work), non-phone work (other types of work) time, paid breaks, unpaid lunches, and training/meeting time. Responders were trained in proper log-in, per

type of work or break or meeting status at shift meetings. A new work capture system using the existing Avaya system is also being evaluated for implementation to track time in Chat. NCCHV leadership will develop a written plan to ensure an ongoing system is implemented to review this data in assigning/scheduling work, moving responders among phone and chat, accounting for shrinkage, monitoring occupancy/utilization, and ensuring demand and capacity are aligned. The plan will include real-time methodology for making operational staffing decisions to increase efficiencies.

	Status:	Target Completion Date:
Utilization/accessibility tracking plan	In progress	February 1, 2015

In summer 2014, OMHO began collaborating with the Office of Information and Technology (OIT) to finalize a business requirements document (BRD) that will support the purchase of state-of-the-art call center technological infrastructure. Among the technological solutions being requested is a commercial contact center WFM System, which would automatically capture staff work and shift length across all product lines without relying on staff self-report and improvised methods using the current AVAYA call management system software. WFM software will enable more precise alignment between existing staff and service demand through optimized scheduling techniques, and it will enable long range planning and scheduling through more sophisticated forecasting techniques and methods.

	Status:	Target Completion Date:
Workforce Management System	In progress	September 30, 2015

In June 2014, the NCCHV invited another VHA national call center to do an intensive site visit and offer recommendations regarding areas for improvement. This call center recommended a ratio of 1 supervisor and 2 Social Service Assistants (SSA) to every 18 responders. It is also imperative that a Quality Assurance (QA)/Trainer staff be hired to monitor data, processes, and staff to ensure optimal utilization and accessibility. A Resource Management Committee request for supervisor, SSA, and QA staff will be submitted, with an adequate and complete justification for the hiring of these staff, with planned immediate hiring upon approval. NCCHV leadership will develop and institute a written plan for a team-based structure to increase supervision, monitoring, and support (with supervisors being assigned to a team of responders). No additional responder staff will be requested until after a full quarter of an appropriate supervision/monitoring system is in place and efficiencies can be demonstrated.

	Status:	Target Completion Date:
Supervision/monitoring plan	In progress	April 30, 2015

Recommendation 2. Implement effective performance measures and benchmarks for the National Call Center for Homeless Veterans and performance standards for Call Center staff to ensure the accessibility of counselors, the efficient management of calls, and the proper referral of Homeless Veterans' calls.

VHA Comments: Concur

NCCHV leadership will develop a plan for incorporating International Customer Management Institute (ICMI) training for all of its employees to ensure all staff understand basic call center principles, quality assurance, and performance measurement.

	Status:	Target Completion Date:
ICMI training plan	In progress	March 31, 2015

NCCHV leadership will develop a formal quality assurance program, with written implementation plan that includes the following components: call monitoring, complaint and compliment tracking, end-of-call outcomes measure, and a formal coaching plan.

Quality assurance plan	Status: In progress	Target Completion Date: March 31, 2015
------------------------	-------------------------------	--

NCCHV leadership will institute a formal performance management system that defines a set of prioritized key performance indicators for the overall organization, with subsequent drill-down to the team and responder levels, where indicated. This system will address four primary goals of access/services, quality, efficiency, and satisfaction and will include the following metrics and others to-be-determined.

Access/service metrics:

- Accessibility
- Speed of Service

Quality metrics:

- Call monitoring scores
- Monitoring of Referrals

Efficiency metrics:

- Contact Handling
- Resource Utilization

Satisfaction metrics:

- Veteran/caller experience
- Responder experience

A work group will be charged with defining these metrics, measurement definitions, targets, level of review (NCCHV, team, and/or responder), frequency of review, and which metrics to include in individual staff performance plans. This metrics plan will ensure the data needed to monitor and improve the responder accessibility, efficient call management, appropriate referral to facility Homeless Program Office (HPO) staff, and timely close-out of referrals.

Performance management plan	Status: In progress	Target Completion Date: February 1, 2015
-----------------------------	-------------------------------	--

Individual-relevant metrics will be added to fiscal year 2015 performance plans to measure the concepts of efficiency, teamwork, customer service, leadership, employee engagement, etc., based on the Health Resource Center performance appraisal model. NCCHV leadership will develop and implement a formal communication/education plan to share with all staff the call center's metrics plan, how these metrics support NCCHV's overall goals, and how individual staff performance relates to these goals.

Performance plan metrics	Status: In progress	Target Completion Date: April 1, 2015
--------------------------	-------------------------------	---

Recommendation 3. Routinely monitor and analyze National Call Center for Homeless Veterans telephone system data to assess the quality of Call Center support services, including the counselors' accessibility, efficiency in answering calls, and issuance of referrals.

VHA Comments: Concur

NCCHV leadership has been implementing procedures for the production and analysis of a daily operational dashboard to monitor operations and performance, engages in ongoing utilization of the Call Center Evaluation Center Monthly dashboard, produces and sends the weekly Referral Response Time Report to the HPO for distribution to the field, and is engaged in ongoing development of further metrics and reporting. Existing metrics and reporting, as well as those under development, are specifically aimed at measuring operational quality, accessibility, efficiency, and the referral issuance process. In September fiscal year (FY) 2014, NCCHV leadership began using a daily operational dashboard to analyze and interpret operational performance. This dashboard is based on the VHA Health Resource Center's daily dashboard and presents data across three domains: performance, scheduling, and analytics. The data and metrics assist leadership in assessing responder accessibility and efficiency and overall system performance.

Daily Dashboard	Status: Complete	Target Completion Date: September 2014
-----------------	----------------------------	--

NCCHV leadership will develop a written checklist that describes the daily monitoring process. Through active monitoring of key indicators, leadership will be better able to identify trends in work needs and allocations and to troubleshoot and make adjustments in response to performance changes (thus supporting more efficient Full-Time Equivalent Enrollment use).

Daily Monitoring Checklist	Status: In progress	Target Completion Date: February 1, 2015
----------------------------	-------------------------------	--

A work group of frontline responders and supervisors will be established to create process flow maps of current and future state processes related to NCCHV calls (e.g., before, during, and after calls). The work group will determine possible efficiencies by documenting and understanding what happens during the complete process of a call, recommend needed changes, then implement approved changes.

Process Mapping	Status: In progress	Target Completion Date: March 31, 2015
-----------------	-------------------------------	--

NCCHV leadership will continue to utilize the monthly Call Center Evaluation Center (CCEC) Dashboard to assess accessibility, efficiency, quality, and referral process at a macro level. The CCEC dashboard has been provided to leadership on a monthly basis since October 2013 FY 2014 and contains monthly statistics on operational and outcome measures.

Monthly CCEC Dashboards	Status: Complete	Target Completion Date: October 2013
-------------------------	----------------------------	--

A work group will be established to develop specific criteria for the issuance of referrals, develop and implement training for all responders on the process, and develop a standardized method to track all calls and whether they result in a referral or not. These criteria and data on referral issuance will be monitored on at least a monthly basis, with individual coaching and training provided to responders who do not facilitate referrals appropriately. This will complement the existing open referral and response time reports already provided to the HPO liaison and field.

Referral Process Criteria	Status: In progress	Target Completion Date: April 1, 2015
---------------------------	-------------------------------	---

NCCHV leadership continues to work to identify additional metric and reporting needs that would foster active operational decision making in relation to quality, accessibility, efficiency and the referral process. A weekly dashboard that expands on the metrics in the Daily Dashboard is in development.

Weekly Dashboard	Status: In progress	Target Completion Date: February 1, 2015
------------------	-------------------------------	--

Recommendation 4. Ensure that Call Center officials adhere to Veterans Health Administration's Call Center policy requirements related to monitoring referred calls.

VHA Comments: Concur

VHA will rescind the original VHA Directive 2010-043, "Operation of the National Call Center for Homeless Veterans". This Directive, dated September 28, 2010, was written and executed when the NCCHV was first created--when the Office of Mental Health Services and the Office of Homeless and Residential Rehabilitation Treatment Services were the same office and prior to the VHA reorganization which established the new Office of Mental Health Operations (OMHO).

Rescind NCCHV Directive	Status: In progress	Target Completion Date: March 30, 2015
-------------------------	-------------------------------	--

VHA will host a planning meeting where NCCHV's current organizational design will be discussed with stakeholders. VHA will develop specific, viable options for a more appropriate contact center model for NCCHV that maximally strengthens call center efficiencies and facility connections/follow-up.

Planning Meeting	Status: In progress	Target Completion Date: February 1, 2015
------------------	-------------------------------	--

A new NCCHV directive will be written that reflects the responsibilities of the VACO program offices, Veterans Integrated Service Networks (VISN), and facility leadership. The new NCCHV directive will be submitted for VHA's concurrence process and will include specific language regarding responsibilities and requirements related to monitoring of referred calls. An informational message will also be drafted and released which outlines the responsibilities of all involved parties in the NCCHV's operations. A communication and training plan will be developed to ensure all parties are educated on their responsibilities, and a recurring reporting mechanism will be established to ensure adherence to these policy requirements related to monitoring referred calls.

Policy Communications	Status: In progress	Target Completion Date: March 30, 2015
-----------------------	-------------------------------	--

Recommendation 5. Implement management controls to ensure VA medical facilities receive feedback on the quality of their referral responses and on needed corrections and improvements to the homeless support services extended to referred veterans.

VHA Comments: Concur

A work group, co-led by OMHO and HPO, will be established to create a protocol that ensures a standardized quality control process for field homeless program services offered in response to NCCHV referrals. The work group will have representatives from NCCHV and VISN and facility Homeless Program staff. The protocol will include recurring and

standardized methods and multiple communication routes to ensure communication regarding referral response quality is consistent and frequent.

Follow-up Service Quality Plan	Status: In progress	Target Completion Date: March 30, 2015
--------------------------------	-------------------------------	--

Recommendation 6. Review the results of this audit with the VA medical facilities' homeless points of contact to ensure they understand their responsibility to ensure referred Homeless Veterans receive needed support services.

VHA Comments: Concur

OMHO leadership will review the results of the OIG audit and VHA's expectations for the facility Homeless Program POCs during the monthly HPO-led NCCHV POC call with the facility Homeless Program POCs. Their specific responsibilities for timely, quality follow-up services to NCCHV referrals will be discussed. OMHO leadership will also communicate the specific responsibilities of the Homeless Program POCs for ensuring timely, quality follow-up services via 1) a memorandum to the Network Directors, to also include VISN Mental Health Leads, VISN Homeless Program Coordinators, and the facility Homeless Program POCs and 2) verbal communications with the Network Directors, VISN Mental Health Leads, and Network Homeless Coordinators on their respective national calls.

Follow-up Plan Communications	Status: In progress	Target Completion Date: April 30, 2015
----------------------------------	-------------------------------	--

Recommendation 7. Implement controls to ensure National Call Center for Homeless Veterans special purpose funds are used as intended.

VHA Comments: Concur

As of May 2014, all NCCHV responder positions have been reclassified as GS-7, Social Work Assistants (SWA), and as such, are not qualified to work on the Veterans Crisis Lines (VCL). No NCCHV responders work on VCL.

Responder FTE controls	Status: Complete	Target Completion Date: May 2014
------------------------	----------------------------	--

Managerial and administrative positions that have historically served both the NCCHV and the VCL as a matter of economy of scale will be re-aligned, with the organizational redesign, to ensure special purpose funds are used appropriately.

Administrative FTE controls	Status: In progress	Target Completion Date: September 30, 2015
-----------------------------	-------------------------------	--

Veterans Health Administration
October 2014

Appendix F Office of Inspector General Contact and Staff Acknowledgments

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
-------------	---

Acknowledgments	Janet Mah, Director Milan Gokaldas Gurpreet Kaur John Panzullo Kelly Perry Corina Riba Daniel Rico Nelvy Viguera Butler
-----------------	--

Appendix G Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Veterans Benefits Administration
National Cemetery Administration
Assistant Secretaries
Office of General Counsel

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans
Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans
Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget

This report is available on our Web site at www.va.gov/oig.