

CANANDAIGUA VA MEDICAL CENTER

Local Advisory Panel Meeting – Public Meeting
Building 5 – Auditorium
August 30, 2005, 11:00 AM – 4:00 PM

I. Participants

Local Advisory Panel (LAP) Members: Amo Houghton, Chair and Former U.S. Congressman; George Basher, Director, NYS Division of Veterans Affairs; Ralph Calabrese, Canandaigua Veterans Advisory Council; Samuel J. Casella, Supervisor, Town of Canandaigua; James Cody, FACHE, Medical Center Director, Syracuse VAMC and Chair, VISN 2 Strategic Planning Committee; Lawrence Flesh, MD, Chief Medical Officer, VISN 2; Earle Gleason, Director, Yates County Veterans Service Agency; Daniel T. Hayes, PhD, President, Finger Lakes Community College; Helen Sherman, Director, Ontario County Office for the Aging
VA: Jay Halpern; Donna Dardaris; Brandon Gardner; Alan Hackman. Jacqueline Kuchyak, FACHE; Jessica Morris

Team PwC: Ryder Smith (PricewaterhouseCoopers), Paul Chrencik (PwC), Melissa Glynn (PwC), Kristin Eberhard (PwC), Jessica Panish (PwC), Susan Niculescu (Perkins + Will), Sally Hinderegger (Perkins + Will)

Pruitt Group EUL: John Watts, Scott Honiberg

Public: 120-150 attendees

11:00 AM - 11:15 AM

II. Opening Remarks: Amo Houghton

- Welcome
- General statements about this being the second LAP meeting out of four
- Introduction of LAP members
- Overview of agenda

III. Pledge of Allegiance

- Led by Ralph Calabrese

IV. Statement from Congressman Randy Kuhl

- Expressed gratitude to the LAP members for taking on the responsibility of their positions
- Announced that the Secretary plans to visit the Canandaigua site before he makes his final decision

V. Recap of Local Advisory Panel Administrative Meeting: Samuel Casella

- Reiterated process for the CARES study at Canandaigua as well as Team PwC's commitment to taking stakeholder's emotion and all that this facility means into consideration
- Expressed the importance of the Local Advisory Panel considering the unique issues of the facility

VI. Changes to Standard Operating Procedures: Samuel Casella

- Three amendments to the SOPs addressed by LAP:
 1. Page 3: Currently states that written statements can be submitted up to five days after the public meeting. Proposal to amend to 10 days to be consistent with direction from VA Central Office.
 2. Last Page, Section 6 on Voting: Currently states that only recommendations adopted by a majority vote of the LAP must be specifically addressed. Proposal to amend from simple majority to 2/3 vote needed for recommendations to be specifically addressed.
 3. Proposal to elect a Vice Chair of the Local Advisory Panel.
- Motion to accept amendments to the SOPs. Motion passes unanimously.
- Motion to appoint Samuel Casella as Vice Chair of the LAP. Motion passes unanimously.

11:15 AM - 1:00 PM

VII. CARES Study and Business Plan Options (BPOs) Presentation: Ryder Smith (PwC) assisted by Susan Niculescu (Perkins+Will)

- The presentation and a supporting narrative are posted to the public website: www.va.gov/CARES. A summary of the BPOs is available for reference at this meeting.
- Recap of the first LAP meeting, reiteration of the 2004 Secretary's Decision, and purpose of the two future LAP meetings discussed
- **Questions open to public:**
 - **Question:** What is the response to the GAO report that concluded that VA data is inadequate?
 - **Response by Jay Halpern:** The VA cannot use most current year in data forecasts due to delay in time between when data is collected, validated and made ready for use, and then when forecasts are calculated. Due to this, the VA is always a couple of years behind in forecast calculation. Before any decisions are made, current year data is always checked and any appropriate adjustments made. What is being discussed here are basic decisions about buildings.

- **Question:** Why is Canandaigua losing psychiatry beds when the war has caused over 60,000 casualties?
 - **Response by Jay Halpern:** Secretary Principi made the decision to move those 12 beds to Buffalo and Syracuse and that decision cannot be changed here.
- Amo Houghton reads an excerpt of the Secretary's response to a letter written by Amo Houghton and Ralph Calabrese explaining the Secretary's decision to move the acute inpatient psychiatry beds from Canandaigua.
 - **Comment by Dr. Flesh:** The LAP is here to decide where to put the new buildings. 99% of psychiatric care is outpatient, which is going to remain here. This moves only 12 beds.
- **Presentation of Option Development Process and Baseline Option**
 - **BPO 1-** Accommodates residential and outpatient services in renovated buildings predominantly in Courtyard 1.
- **Questions open to public:**
 - **Question:** In Courtyard 2, Building 36 houses the clinic for mentally ill veterans. Why did you report that it is vacant in the baseline option?
 - **Response from Team PwC:** If the baseline option was to be fully implemented, the building would be vacant. Those services are relocated in the Baseline. Remember these options are conceptual only.
 - **Question:** Property is owned by the taxpayers. Why is there a setback of 150 feet from roads?
 - **Response from Team PwC:** The setback is a Homeland Security goal to which all Federal facilities must attempt to comply.
 - **Comment by Amo Houghton:** While that is the goal, exceptions can be made.
 - **Question:** The campus is large enough for the needs of the local veterans. Why would you propose an off-site option?
 - **Response from Team PwC:** The Secretary directed the contractor to include an analysis of potential off-campus locations. In addition, a location not far from the current facility – but on a major road – would likely improve ease of access.

- **Question:** Is there a renovation plan for any of the buildings in the baseline option?
 - **Response from Team PwC:** Yes, there is a renovation plan to bring the facilities up to current standards. That is reflected in this Baseline Option (BPO 1) and in several other Options.

- **Presentation of BPOs 2 and 3**
 - **BPO 2** - Replacement, Golf Course East. Builds new residential and outpatient facilities in the eastern portion of the Golf Course parcel.
 - **BPO 3** - Replacement, Golf Course East plus Off-Campus Ambulatory. Builds a new residential facility in the eastern portion of the Golf Course parcel. Builds a new facility for ambulatory care off-campus in the immediate Canandaigua area.

- **Questions open to public:**
 - **Comment:** Patients need more room.
 - **Comment** (Susan Niculescu): Team PwC agrees and the new and renovated facilities are sized to current standards, which will provide such room.

 - **Question:** Have the traffic implications of certain options been considered?
 - **Response from Team PwC:** Yes. As an example, an option to place the ambulatory care clinic in close proximity to a nearby school – Canandaigua Academy – was removed from further consideration because of the impact all the outpatient visits would have on that part of the VAMC campus. It would not be complementary to a school.

 - **Comment by Ralph Calabrese:** Additional traffic through certain areas could be good for the economy.

 - **Question:** What is going to happen if the VA shuts down buildings due to cost before additional facilities are built?
 - **Response from Team PwC:** It is a requirement of the site plans that there will be no shut down of services. The construction period will be planned for the new and renovated facilities taking uninterrupted access

to care into consideration.

- **Comment:** Remember that in BPO 3 you will have to have two administrative centers due to a split in services between two buildings. This will cause cost issues.
 - **Response by Dr. Flesh:** BPO 3 does not provide an optimal location of services due to logistical issues, specifically physicians and clinical staff trying to cover more than one site, which will also contribute to quality of care issues.

- **Question:** Recent studies report that nursing home care is best given in small cottages, is this idea supported in the design options?
 - **Response from Team PwC:** The options do accommodate that possibility, although our planning to date reflects higher-rise buildings. Regardless, the current buildings are too small for modern care delivery which causes inefficient staffing issues.

- **Question:** Has anyone considered talking with the State of New York regarding their plans for Route 21?
 - **Response from Team PwC:** Team PwC will research that consideration.
 - **Comment from Samuel Casella:** As part of his responsibilities with the Town Supervisors they have access to all that information and will bring it to bear if they see a potential impact.

- **Question:** If the plan was to be implemented today, would funds be available?
 - **Response from Team PwC:** At this point, Team PwC has been told by VA to assume that the earliest money for construction of the project would be available is 2009.

- **Comment by Dr. Hayes:** If facilities are relocated off campus, the LAP may want more information regarding impact to the tax base.

- **Response from Team PwC:** It would be a good idea to have discussions with regional transportation boards and other official regional planning committees to gain insight on future plans for the greater area.

- **Presentation of BPOs 4 and 5:**
 - **BPO 4** - Replacement, Canandaigua Academy plus Off-Campus Ambulatory. Builds a new residential facility in the parcel of land adjacent to Canandaigua Academy. Builds a new facility for ambulatory care off-campus in the immediate Canandaigua area.
 - **BPO 5** - Replacement, Courtyard 1 plus Off-Campus Ambulatory. Builds a new residential facility in Courtyard 1, demolishing existing buildings. Builds a new facility for ambulatory care off-campus in the immediate Canandaigua area.

- **Questions open to public:**
 - **Question:** Why are we demolishing buildings? What determinations have been made for re-use of vacant buildings here?
 - **Response from Team PwC:** There are only two options – Option 5 and 6 – that demolish buildings. Other than that, the specific re-use of each building has not been determined. All possible reuse potential remains available.

 - **Comment:** Would like to emphasize necessity for homeless housing and blinded veterans services when considering re-use potential.

 - **Comment by Ralph Calabrese:** Team PwC is embracing options proposed by the public and the members of the Local Advisory Panel. The public has 10 days to present any options they may have following the meeting.

 - **Question:** What would be the effect on the ambiance of the campus if Courtyard 1 was eliminated?
 - **Response from Team PwC:** There is little question it would change the ambiance and that impact should be considered as one considers the option.

 - **Comment by Amo Houghton:** The option of the County utilizing the campus should be assessed.

 - **Question:** Why would Team PwC want to use this campus for programs other than veterans' programs?
 - **Response from Team PwC:** Team PwC is trying to provide facilities that best meet the needs of the veterans. Team PwC's first mission is to ensure that sufficient buildings and land are provided to serve the veterans.

Then, if there are extra buildings or land, the facilities can be re-used to generate proceeds for other veterans' services, and Team PwC will identify those options.

- **Comment:** These facilities should only be used for veterans' services.
 - **Comment:** If the facilities can be re-used to raise funding for the ultimate benefit of veterans, which is for the greatest good of veterans and the community.
- **Comment:** The current facility does not have enough staff to provide care to the Veterans. The issue is not space but staffing.

1:00 PM - 1:30 PM

- Lunch Break

1:30 PM - 3:45 PM

- **Presentation of BPOs 6, 7, 8**
 - **BPO 6** - Replacement/Renovation, Courtyard 1. Builds a new residential facility in Courtyard 1, demolishing existing buildings. Renovates Buildings 1, 3 and 4 for Ambulatory Services.
 - **BPO 7** - Replacement, Northern Parcel. Builds new residential and outpatient facilities in the Northern portion of the site - the parcel of land roughly situated between the Ring Road and Chapel Street.
 - **BPO 8** - Full Replacement, Off-Campus Parcel. Builds new residential and outpatient facilities off-campus in the immediate Canandaigua area.
- **Questions open to public**
 - **Question:** Would it be cheaper to build on campus than off-campus?
 - **Response from Team PwC:** Costs will be assessed in greater detail in the next Stage of the study.
 - **Comment:** Projected patient population and 2023 service needs were provided to Team PwC by the VA.
 - **Question:** Are options 2 and 7 very similar? What are the pros and cons of 2 vs. 7?
 - **Response from Team PwC:** These options are very similar. One (BPO 7) uses more of

the potential re-use space than the other. Team PwC does not have specific cost data to financially compare the two in detail. Regardless, the options are comparable since both create new buildings on the campus, just in different locations.

- **Question:** Will copies of the presentation be available to individuals without internet access?
 - **Response from Team PwC:** Today's presentation will be available at the VAMC from the Volunteer Office beginning tomorrow. In addition, the presentation and supporting summary document can be downloaded from the VA CARES website.

- **Question:** Is there anyone here who would like Option 8?
 - **Answer:** Audience says "No" in unison.

- **Question:** What is the time frame for implementation of the chosen option?
 - **Response from Team PwC:** Team PwC is not certain, however Team PwC knows that the first year that funding will be available for capital projects is 2009. After that there is probably a three to four-year implementation window.

- **Comment:** The study should consider coordination of excess capacity with other community efforts.

- **Question:** What is the up and downside of the two models that keep the resources clustered (meaning inpatients and outpatients together)? Are there cost savings to this grouping of services?
 - **Response from Team PwC:** There are administrative efficiencies as well as patient transporting efficiencies. In addition continuity of care can be better. Also, when receiving multiple services such an arrangement would be more convenient for patients.

- **Question:** For the re-use of the property, is there a relative financial advantage to keeping the entire campus intact versus having a piece of it occupied by the VA and a significant portion of it vacant?
 - **Response from Team PwC:** Until the decisions are made regarding viable options,

and every possible re-use is considered, no notion of valuation can be determined. There is not a high demand for land in Canandaigua due to the nature of the community and the readily available nature of the land. No additional information regarding this matter is currently known.

- **Question:** What will go into making this decision? Quality of care for veterans should be a priority.
 - **Response from Team PwC:** The goal for the contractor, the Local Advisory Panel, and the Secretary is to choose the option that will maintain or enhance the current level of access, quality and cost effectiveness of healthcare. Team PwC believes that all the options being discussed here today accomplish that.
 - **Comment by Daniel Hayes:** The Local Advisory Panel would not recommend an option unless the three criteria are met or exceeded.
- **Presentation of Options Not Selected for Assessment**
- **New “Option 9:” An Option Proposal from Dr. Flesh:**
 - Dr. Flesh proposes to renovate Buildings 1, 3, 4 for outpatient care in phases. Demolish all of Courtyard 2 and build a new and modern, one-story nursing home facility. Use the balance of Courtyard 1 and the open lands elsewhere on the campus for re-use opportunities.
 - **Question from Samuel Casella:** Can further research be done to Option 9 to determine exactly which buildings would have to be demolished for the next public meeting?
 - **Response from Team PwC:** Yes, if the LAP decides to recommend to the Secretary that Team PwC carry forward this new “Option 9,” and the Secretary then directs the contractor to do so.
- **A Re-Use Option Proposal from Ralph Calabrese:**
 - The VA should partner with the DoD by bringing the army reserve into the campus to utilize unused buildings and serve as a site for their training activities. This will be advantageous for the VA and the DoD. The current Army Reserve facility could be used as a State Park.

VIII. Public Testimony

- **Testimony 1:** Mr. Calabrese's re-use proposal is driven by money and not healthcare. The speaker did VA authorized research and interviewed 45 individuals from the outpatient psychiatric clinics in Canandaigua and Rochester. His study found the following: The participants were happy with healthcare and facilities and would like more onsite crafts and activities. 90% of respondents enjoy the buildings as they presently are and perceive the architecture and campus "feel" as an important part of their recovery process. Participants felt that new buildings are not necessary. The worse thing the VA could do is send the psychiatry patients to Syracuse or Buffalo.
 - **Question from Amo Houghton:** How would your finding be translated into options?
 - **Response from Team PwC:** The fewer changes and relocation of psychiatric treatment the better.

- **Testimony 2:** The speaker is the spouse of a military retiree. She suggested that the front part of the campus should be for outpatient, and the back part for domiciliary care. If neither of those works, have the Finger Lakes Community College purchase the land. But do not shut down the Canandaigua VA.

- **Testimony 3:** Asbestos can be removed as a part of the remodeling. The speaker was disappointed with the inability to have his tests done at the lab at the hospital. Veterans' lab work for cholesterol should be an automatic service and should not be this difficult.

- **Testimony 4:** The speaker stated there is not enough staff to do their jobs efficiently. He is about to lose his doctor and noted it took forever to get an appointment. Believes this decision shouldn't be about money.

- **Testimony 5:** The speaker is Executive Director of the Finger Lakes Addiction Counseling and Referral Agency. Noted that veterans need transitional, supportive and affordable housing to support their recovery. The campus could be used for these purposes. Believes BPOs 1, 5, and 8 best support this goal, so his organization supports BPO 1, 5, and 8.

- **Testimony 6:** A representative of the Canandaigua Chamber of Commerce. He is curious that two extra criteria were presented that were not indicated on the Secretary's Decision: ease of implementation and wider VA program support. The ease of implementation category should not have as great of weight as the other categories. There is a large traveling salesman community in Canandaigua, and because of Canandaigua's central location you should think beyond regions and consider population that the Canandaigua campus can serve beyond the

Canandaigua community.

- **Testimony 7:** A representative of the Disabled American Veterans (DAV). The DAV urges that none of the New York facilities should be closed. Disabled American Veterans support Option 2 because it will bring a new state of the art facility to Canandaigua.
- **Testimony 8:** Suggested to the Panel that, if an option is accepted, the Panel should make sure that all of the services remain at the Canandaigua VA.
 - **Response from Earl Gleason:** The LAP is here to make recommendations that present the best option for healthcare services for the Veterans. The LAP is not here to take any services away.
- **Testimony 9:** The speaker noted that she has seen buildings closed and worked on three separate times. As examples, domiciliary was moved twice, Building 9 was worked on three times, and all of this caused patients to move around too frequently. Putting mental health services in Building 6 caused many veterans not to be able to get there. She would like to see expansion of psychiatry beds. She would like her support system to stay in Canandaigua, and cannot drive to services that are removed from Canandaigua campus.
- **Testimony 10:** The speaker is the Seneca County Supervisor at Large. He discourages the VA from moving psychiatric beds and other services away from the facility.
- **Testimony 11:** The speaker is a representative from the Air Force Association, Finger Lakes Chapter. He would like to keep all services on the Canandaigua campus.
- **Testimony 12:** The speaker is a veteran and Medical Center Employee. Noted the only options that are viable are those that keep the resources on site. Options 1, 2, 6, 7, and 9 do this. Costs, timelines, and flexibilities are unknown. But keeping the resources on site is what the public wants, and this creates synergy. He is opposed to knocking any buildings down because of unknown future variables, and the historical significance of property.
 - **Clarification from Ryder Smith:** Options 1, 2, 6, 7, and 9 leave all services on site. Options 1, 2 and 7 have no demolition involved.
- **Testimony 13:** A representative of the Former POWs of the United States. You are acting on the premise that new facilities will be better for

veterans than old facilities, but this idea is not founded. Being close to highways is also not a requirement.

- **Testimony 14:** The speaker is Legislative Chairman for Veterans Party of America. Stated the Local Advisory Panel has to decide whether they represent the government or the veterans.
- **Testimony 15:** The speaker suggested that any of the options that result in a four-story nursing home should be rejected.
- **Testimony 16:** The speaker is current Commander of a local American Legion Post. Options 1, 2, 6, 7 and 9 keep the services on site. There are many examples of this working in other places. The inpatient and outpatient facilities should not be separated. Also, while it may be easier to design new facilities, the old facilities can be worked with.
- **Testimony 17:** The speaker is a National Executive Committee member for Jewish American Veterans. He stated that it sounds like most people would like the facility to stay intact. Thus the Canandaigua facility should remain intact and should not be knocked down. Only demolish what you need to and re-use as much as possible.
- **Testimony 18:** Question for Dr. Flesh: “We have heard that there will be three short term mental health beds. Is that true?”
 - **Response from Dr. Flesh:** Idea was that patients could temporarily use these beds as a holding bed until they are diagnosed.
 - **Follow-up Question:** Does it need to be limited to three beds? Could it be more?
 - **Response from Dr. Flesh:** There is not adequate staffing for that.
- **Testimony 19:** The speaker is a volunteer at the hospital. She agrees that the facilities should remain onsite, and to knock down only what you have to. Noted that many people think of the campus as their home.

Testimony 20: The speaker is a Veteran. Noted the study should be concerned about the people and not the money.

3:45 PM - 3:55 PM

IX. Local Advisory Panel Deliberations on BPOs

- LAP members emphasized that a vote for an option by the LAP indicates that they feel the option is worth further investigation and analysis. The public was reminded that for an option to receive the LAP's

recommendation it must receive at least 2/3 of the vote of members present. Today, that amounts to six votes of the nine members present.

- Team PwC will faithfully record the deliberations of the LAP and summarize all the comments from the public in their presentation of the options to the Secretary.
- **Comment from Ryder Smith:** BPO 1 (Baseline) is an automatic inclusion as it is the option against which all others are measured. The LAP does not need to vote on that one.
- **LAP Vote on BPO 2:**
 - 7 Yes, 2 No. The Option passes as a recommendation to the Secretary by the LAP.
 - **Question from Team PwC:** Does the LAP have a preference for how tall buildings should be for the nursing home/domiciliary and outpatient clinics?
 - **LAP Answer:** Nursing home/domiciliary should be maximum 2 stories; size is less important for outpatient facilities.
- **LAP Vote for BPO 3:**
 - 0 Yes, 9 No. The Option fails as a recommendation to the Secretary by the LAP.
- **Vote for BPO 4:**
 - 0 Yes, 9 No. The Option fails as a recommendation to the Secretary by the LAP
- **Vote for BPO 5:**
 - 0 Yes, 9 No. The Option fails as a recommendation to the Secretary by the LAP.
- **Vote for BPO 6:**
 - 7 Yes, 2 No. The Option passes as a recommendation to the Secretary by the LAP.
 - Potential Modification Suggested by the LAP: Investigate options that require no demolition to Building 2.
- **Vote for BPO 7:**
 - 8 Yes, 1 No. The Option passes as a recommendation to the Secretary by the LAP.
 - Same considerations as BPO 2, consider building heights.

9/13/05 LAP CHAIR APPROVED

- **Vote for BPO 8:**
 - 0 Yes, 9 No. The Option fails as a recommendation to the Secretary by the LAP.
- **Vote for new BPO 9:**
 - 9 Yes, 0 No. The Option passes as a recommendation to the Secretary by the LAP.
 - Single story nursing home would be included in the Courtyard 2 construction using space requiring as little demolition as possible.
- Options the LAP recommends to the Secretary for further study are therefore: BPOs 1 (Baseline, automatic inclusion), 2, 6, 7 and 9 as seen in the following table:

BPO	Yea	Nay
2	7	2
3	0	9
4	0	9
5	0	9
6	7	2
7	8	1
8	0	9
*9	9	0

*New proposed option by LAP

Meeting Adjourned: 3:55pm