

**Waco VA Medical Center
Local Advisory Panel Public Meeting
Waco Convention Center
October 4, 2005
Start Time 8:00 AM – 5:00 PM**

Participants:

- Local Advisory Panel Members present: Jose R. Coronado (Chairperson), System Director, South Texas Veterans Health System; Roland Goetz, Ph.D., Executive Director, Family Practice Clinic; Walter Dyck, M.D., Executive Assoc. Dean, Texas A&M University System Health Science System College of Medicine; James H. Garrett, Homeless Veterans Chairman, Department of Texas Veterans of Foreign Wars; James G. Vaughan, Jr., President and Chief Executive Officer, Greater Waco Chamber of Commerce; Coke Mills, Attorney in the Community; Kathryn Kotula, M.D., Chief, Mental Health and Behavioral Medicine, Central Texas Veterans Health Care System; Kirk Bennett, Active in the community on veterans issues and volunteer at Temple VAMC; Carl Lowe, Waco VBA Director; and Larry Groth, City Manager of Waco.
- Local Advisory Panel Members not present: Dave Wanser, Ph.D., Deputy Commissioner for Behavioral and Community Health Services
- VA Representatives: Elizabeth Crossan, Shannon Novotny, Mike Dunfee
- VA Central Office: Louis DeNino, Ph.D., Susan Pendergrass, Ph.D.
- Team PwC:
 - PricewaterhouseCoopers (PwC): Margaret Stover, Nicholas Korn, M.D., Melissa Glynn, Paul K. Chrencik, Daniel Schwebach, Craig Stauffer
 - Economic Research Associates (ERA): Tom Martens
 - Perkins & Will: Randy Hood, Christine Hammons, Julie Frazier
- Public: Estimated attendance 400, excluding participant's listed and other VA staff and media.

I. Opening Remarks:

- **Welcome** (Jose Coronado, Local Advisory Panel Chair)
 - Purpose of the meeting is to inform the public of the 17 options presented by Team PwC
 - Overview of the agenda
 - LAP will recommend which options to move forward to the Secretary
- **Pledge of Allegiance**
 - Pledge of Allegiance
- **Congressional Delegation Comments**
 - LAP Chair recognizes Congressman Chet Edwards who is present at the meeting
 - Senator Hutchinson could not be present. Video testimony is shown.
 - Waco's blind rehab center is one of only nine in the United States.
 - The Waco VA offers excellent care for those with Post Traumatic Stress Disorder (PTSD).
 - Leading the fight to designate the Waco VA as a center of excellence.
 - Committed to working with the LAP to help expand, not close the VA campus.
 - Senator Cornyn could not be present. Video testimony is shown.
 - It is a disservice to reduce the quality care to veterans in any way.
 - Waco VA has a long history of treating veterans. As a member of the Senate Arms Committee, dedicated to protecting the needs of the veterans.
 - Waco VA provides superior services to the veterans, the mental health services in particular. Must not turn our backs on the mentally ill. Must ensure the treatment facilities are maintained and avoid high construction costs to replace the facilities elsewhere.
 - Strongly recommends keeping the Waco facility.

II. Old Business:

- **Roles, Process and Procedures** (Jose R. Coronado, Local Advisory Panel Chair)
 - Shannon Novotny calls role for all LAP members. LAP member Dave Wanser is not present.
 - Formally adopts a change in the standard operating procedures in order to ensure all CARES study sites have the same amount of time for comment. Order of business to ratify public comment period from 14 days to 10 days.
 - Motion to ratify: Larry Groth.
 - Motion was carried unanimously.
 - Posted on the CARES Website is the meeting summary from the previous LAP meeting. It was noted that the summary does not reflect the names of those who spoke.
 - Motion to approve summary from First Public LAP: Carl Lowe.
 - Motion was carried unanimously.

- **Summary of 1st Public LAP** (Margaret Stover, PwC)
 - Recap of Secretary's 2004 decision.
 - Overview of the Project and the different stages.
 - The initial phase of the project involved a planning stage where Team PwC worked with the VA developing the methodology.
 - Stage I commenced with the first Local Advisory Panel Public Meeting which occurred on May 3, 2005 and concludes with a report being presented to the Secretary which contains options for his consideration and input given by the LAP and the public.
 - Stage II is initiated with the Secretary selecting a subset of options for PwC to study in greater detail.
 - A third Public Meeting will occur where the public will be informed of the options the Secretary selected for further study.
 - Several weeks later a fourth Public Meeting will be held where the final analysis of the options selected by the Secretary will be presented.
 - The Waco study involves an analysis of the demand for healthcare services in the future and the development of options regarding the possible location of those services on the Waco campus, in the Waco area, or another nearby VAMC or a combination of these options.
 - The Waco Study is comprised of 3 components:
 - Healthcare Study - identifies the best way to provide current and projected veterans with healthcare equal to or better than what is currently provided in terms of access, quality, and cost effectiveness.
 - Capital Planning Study - identifies the best use of buildings and facilities to provide needed healthcare services in a modern, safe and secure setting.
 - Re-Use Study - identifies options that maximize the potential re-use of all or some of the current VA property, if that property is not needed for VA or VA-related services.
 - Dates of future LAP meetings have not been determined yet.
 - Purposes of the LAP meetings are to obtain input from the public and LAP members regarding the options being presented. The LAP may add options that are not presented.

- **Team PwC – Stakeholder Feedback** (Margaret Stover, PwC)
 - 188 Forms of stakeholder input was received between January 1 and June 30, 2005.
 - Written Input - main concern was support for veterans.
 - Oral Testimony - main concern was maintaining current service / facility.
 - Many of the BPOs will support the Post Traumatic Research Initiative.
 - Margaret Stover introduced members of Team PwC present at the meeting.

- **VA Demand Data Presentation** (Susan Pendergrass, VA)
 - Purpose of presentation is to refresh the public's memory of the data used to project the capital investment 20 years out.

- Projections for market enrollment for priority 1-6 increase to 2013 and then there is a slight decrease to 2023. Overall enrollment increases.
 - Waco VAMC: VA Inpatient Demand Forecasts.
 - Modest decrease in beds for inpatient medicine (3 to 1) from 2003 to the year 2023.
 - Increase in beds for Inpatient Psychiatry (41 to 50) from 2003 to the year 2023.
 - Temple VAMC: VA Inpatient Demand Forecasts
 - Decrease in inpatient medicine and observation beds (98 to 79) from 2003 to the year 2023.
 - Inpatient Psychiatry beds decrease from (5 to 4) from 2003 to 2023.
 - Outpatient services demand forecast for the market: Ambulatory care will increase by 1% from 2003 to 2023.
 - Waco Outpatient services demand forecast.
 - Ambulatory care at Waco will decrease by 16% over the projected period from 2003 to 2023.
 - Outpatient mental health at Waco is projected to increase by 114% through and then decline, however overall reporting an increase.
 - Temple Outpatient services demand forecast.
 - Ambulatory care will slightly increase by 4% through 2023.
 - Outpatient mental health at Temple is projected to increase by 56% between 2003 and 2013.
 - Blind Rehab, Domiciliary, and Nursing Home bed requirements for Waco:
 - Nursing Home projected to be 104 in the year 2023.
 - Blind rehab beds projected to stay the same at 15 through the year 2023.
 - Residential rehab and domiciliary bed projects remain the same at 240 beds through 2023.
 - Sixty percent of discharges for inpatient services occurring at the Waco VAMC occur in the seven counties surrounding Waco. Ninety-five percent of discharges from both temple and Waco are occurring from residents in Texas.
 - The VA will continue to update the demand model. The model has been updated since the previous cares planning cycle.
 - The mental health assumptions have greatly improved.
 - The VA will run the model again using current projections before the Secretary makes a decision on the options.
 - In the later stages, Team PwC will do a sensitivity analysis using the current data based on cost of construction and workload.
 - VA will conduct another workload analysis to ensure proper sizing before construction begins.
- **LAP Chair – Comments on presentations** (Jose R. Coronado, Local Advisory Panel Chair)
- CARES process will require continued re-evaluation of data. Stakeholders need to keep that in mind. Hope to have a grace period so the LAP can make adjustments to fit with the new demand data once it is available.
 - There will be 17 different suggested options. The first option is the baseline.
 - Asked the audience to please listen to each the options.

III. New Business

- **Report on Administrative Meeting Procedures** (Jose R. Coronado, Local Advisory Panel Chair)
- LAP cannot deliberate on the options without the public present.
 - Since May 2005, the LAP has been busy learning about the VA, its data and the options.
 - Many meetings have occurred since May 2005, including four teleconference calls and a face-to-face meeting which was held yesterday (October 3, 2005).
 - During the administrative meeting, the LAP members discussed timelines and processes and studied the options intensely. The LAP did not make any decisions at the meeting. All LAP discussions impacting CARES will be discussed in front of the public today.

Business Plan Options Presentation (Margaret Stover, Randy Hood, Nicholas Korn, M.D., Team PwC)

- **Overview of Waco Campus and Buildings** (Randy Hood, Perkins & Will)
 - Randy Hood briefly reviewed slides 15 and 16 of the power point presentation.
 - Campus has 44 buildings and approximately 922,000 square feet of space.
 - Many buildings were constructed in the 1930s.
 - Only 8 out of 44 buildings rank a 4 or better.
 - Approximately 205,000 square feet of vacant space on the campus.
 - Staffing inefficiencies are inherent due to the “spread out” nature of the campus.
 - Infrastructure requires significant upgrades.
 - Most of the major buildings are part of the historic registry.
 - Any new construction would need to be designed to reflect existing buildings style and feel.
 - Construction approvals can take over a year.
- **Quality of Care in Options Development** (Nicholas Korn, M.D, PwC)
 - Component of quality of cares is looked at in a few different dimensions.
 - Stage I looks at broad factors and also more specific measurable healthcare quality criteria provided by the VA. Stage II of the CARES study will get into an even more detailed level of analysis.
 - Initial screening level is very broad.
 - Team PwC includes several physicians, nurses and other clinical people.
 - There is a strong clinical component in the CARES methodology.
- **Business Plan Options Overview** (Margaret Stover, PwC)
 - Presentation of 17 Options developed from the study
 - Reviewed Access, Quality, Impact on VA, Cost Effectiveness, Ease of Implementation and Wider VA Program Support results for each option.
 - Universe of options were developed (healthcare, capital planning, and re-use).
 - All of the options went through an initial screening for Access, Quality and Cost.
 - Discriminating criteria were used to refine options chosen to be assessed. There are a total of 17 options that passed the screening.
- **BPO 1: Baseline Option**
 - Inpatient psychiatry, nursing home, domiciliary (PRRTP), blind rehab and other mental health to be provided at Waco VAMC. Other inpatient services provided at Temple VAMC. Existing outpatient services remain at Waco VAMC.
 - Reviewed Access, Quality, Impact on VA, Cost Effectiveness, Ease of Implementation and Wider VA Program Support results for this option as described on slide 24 of the presentation.
 - **Comment from Dr. Nick Korn:** Baseline is not a status quo, it means keeping the facility at safe, modern and secure standards up to the year 2023. The Baseline anticipates same or better healthcare quality going forward.

BPOs 2-9:

- BPOs 2-9 Relocate elements of inpatient services to Temple campus. One common element shared with all options - inpatient psychiatry and other mental health services are relocated to Temple.
- These options are more risky than Baseline due to construction and relocation of patient care
 - **Comment from Dr. Nick Korn:** There appears to be no impact on quality for options 2-9. However, in terms of moving inpatient psychiatry services from Waco to Temple, as patient's age, there is value if there are medical and psychiatric services located together. Evidence that there would be value to collocate services.

- **BPO 2:** Inpatient Services at Temple, Outpatient Services at Waco
 - Inpatient psychiatry, nursing home, domiciliary (PRRTP), blind rehab and other inpatient mental health services relocated to the Temple VAMC. All outpatient services remain on Waco campus.
- **BPO 3:** All Inpatient Services, Except a Portion of Nursing Home, at Temple. Outpatient Services at Waco
 - Inpatient psychiatry, other mental health, domiciliary (PRRTP), blind rehab and 50% of the nursing home beds to be relocated to Temple VAMC. Remaining nursing home beds purchased from local community providers. Outpatient services remain on Waco campus.
- **BPO 4:** All Inpatient Services and Outpatient Mental Health Services at Temple, Outpatient Services at Waco
 - Outpatient mental health services and all inpatient services (psychiatry, nursing home, domiciliary (PRRTP), blind rehab and other mental health) to be relocated to Temple VAMC. Remaining outpatient services provided at Waco campus.
- **BPO 5:** Inpatient Services Except Domiciliary at Temple, All Outpatient Services at Waco
 - Inpatient psychiatry, nursing home, blind rehab and other inpatient mental health to be relocated to Temple VAMC. Domiciliary and existing outpatient services provided at Waco campus. This option preserves the synergy that exists between domiciliary and outpatient mental health services.
- **BPO 6:** Inpatient Services Except Domiciliary and Nursing home at Temple, Outpatient Services at Waco
 - Inpatient psychiatry, blind rehab and other inpatient mental health to be relocated to Temple VAMC. Domiciliary, nursing home and existing outpatient services provided at Waco campus.
- **BPO 7:** All Psychiatry Services, Blind Rehab at Temple. Domiciliary, Nursing Home and Remaining Outpatient Services at Waco
 - Outpatient mental health, inpatient psychiatry and other inpatient mental health, and blind rehab to be relocated to Temple VAMC. Domiciliary, nursing home and remaining non-mental health outpatient services provided at Waco campus.
- **BPO 8:** All Inpatient Psychiatry Services at Temple, Outpatient Services at Waco
 - Inpatient psychiatry and other inpatient mental health will be relocated to Temple VAMC. Blind rehab, domiciliary, nursing home and outpatient services provided at Waco campus.
- **BPO 9:** All Psychiatry Services at Temple, Remaining Inpatient and Outpatient Services at Waco Campus
 - Inpatient psychiatry and outpatient mental health to be relocated to Temple VAMC. Remaining outpatient services, domiciliary, nursing home and blind rehab remain at Waco campus.
- **BPO 10:** Baseline plus new Domiciliary and VBA at Waco
 - Inpatient psychiatry, nursing home, expanded domiciliary, blind rehab and outpatient services are provided at Waco campus. Relocate existing VBA into a newly constructed facility on Waco campus. New domiciliary facility.
- **BPO 11:** Baseline plus Central Texas Stress Disorders Research and Clinical Center and new Domiciliary
 - Inpatient psychiatry services, nursing home, expanded domiciliary, blind rehab and outpatient services provided at Waco. Construct new Central Texas Stress Disorders Research and Clinical Center, and domiciliary.
 - **Comment from Dr. Nick Korns:** There appears to be no immediate impact on clinical quality, however, it is certainly reasonable to expect to see a broad benefit of this particular facility.
- **BPO 12:** Baseline plus expanded Domiciliary, Nursing Home Services purchased from community

- Psychiatry services, expanded domiciliary, blind rehab and outpatient services provided at Waco. Nursing home services purchased from local community providers. New domiciliary facility constructed.
- **BPO 13:** Department of Defense
 - Purchase inpatient psychiatry from Darnall Army Hospital at Ft. Hood. Purchase nursing home and domiciliary services from local community. Blind rehab services are relocated to the Temple VAMC. Outpatient services are moved into CBOC within the Waco area, either through new construction or renovation of existing vacant space.
 - **Comment from Dr. Nick Korn:** Team PwC does not have comparative data for Darnall Hospital. Team PwC does not know for a fact if this option would be feasible. BPO 13 and 12, involve contracting out nursing services, which is a current practice that the VA has. Team PwC independently reviewed nursing home data from the Medicare database, looking at those numbers; it is evident that the quality from the nursing homes may be comparable to care VA is currently providing. Another benefit is that veterans could be cared for closer to their homes.
- **BPOs 14 – 17:**
 - Focus on psychiatry services on the Waco campus.
 - These options are more risky than Baseline due to construction and relocation of patient care.
- **BPO 14:** Inpatient/Outpatient Psychiatry Services and Ambulatory Services at Waco. Nursing Home, Domiciliary (PRRTP) and Blind Rehab at Temple
 - Inpatient psychiatry services as well as all outpatient services provided at Waco. Nursing home, domiciliary (PRRTP), and blind rehab services relocated to Temple VAMC.
- **BPO 15:** Inpatient Psychiatry Services, Nursing Home and Outpatient Services at Waco. Domiciliary (PRRTP) and Blind Rehab at Temple
 - Inpatient psychiatry and other mental health services as well as nursing home and outpatient services provided at Waco. Domiciliary (PRRTP) and blind rehab services will be relocated to Temple VAMC.
- **BPO 16:** Blind Rehab Relocated to Temple
 - Inpatient psychiatry and other mental health services as well as nursing home, domiciliary and outpatient services provided at Waco. Blind rehab services relocated to Temple VAMC.
- **BPO 17:** Nursing Home Relocated to Temple
 - Inpatient psychiatry and other mental health services as well as domiciliary, blind rehab and outpatient services provided at Waco. Nursing home services relocated to Temple VAMC.
- Summarized options not selected for assessment. These options failed screening due to its impact on access or quality. In addition, an option was not studied further if it was inferior to other options that were assessed.
- Reviewed next steps for upcoming public LAP meeting:
 - Public will be able to provide comments during the public meeting and will be provided comment forms to grade each of the options. For 10 days after the LAP meeting the public will be able to provide stakeholder input.
 - LAP will recommend what options to study further and will address specific concerns with each of the options
 - Next meeting will be to review options selected from the Secretary
 - Ways for the Public to provide Feedback
 - Cares website: <http://www.va.gov/cares>

- Cares mail stop address: Waco Study
 VA Cares Study
 PO Box 1427
 Washington Grove, MD 20880-1427

<Break - 10:00 a.m. to 10:15 a.m.>

- **Re-use Overview** (Tom Martens, Economic Research Associates)
 - There are several re-use options that have been identified for the Waco campus.
 - After determining the capital requirements for the various BPOs, Team PwC looked at remaining space which was used to incorporate the re-use options.
 - For the baseline and other options, the property around the perimeter is available for re-use.
 - Parcel E: Potential for residential use, or to sell to the school district to expand sports facilities.
 - Parcel C and D: Potential for commercial use.
 - Stage II will look at how feasible it is to retrofit the buildings in the center of the campus.

- **Waco Task Force Presentation** (Mayor Virginia Dupuy, Dr. Nancy Carter Speck, Barbara Tate, J. Clay Sawyer, M.D., Robert Gamboa, Kent Keahey, Sarah Roberts, Mary Gibson, Bill Mahon, Former Mayor Linda Ethridge)
 - **Virginia Dupuy, Mayor of Waco:**
 - Thanked Team PwC and the LAP for the ability to present today.
 - Provided a brief overview of the presentation and speakers.
 - **Video presentation: Dr. Nancy Carter Speck**
 - Following 911, served on presidents commission for mental health.
 - Elaborated on the VA as a center of excellence with strong community and political support.
 - Waco has a community attitude and history of working together with the VA to support our veterans.
 - Urge the decision makers to 1) value the harvest of goodwill 2) strengthen relationship between Waco and the VA with mutual decision making 3) consider affirming the value of what we see as a national model of transforming mental health services.
 - Asked the LAP to support options 1, 10, 11 and the City Task Force Option
 - The option being presented by the City Task Force Group include:
 - Maintain the baseline – as a center of excellence
 - Expansion of Blind Rehab
 - Establishment of Research Center
 - Expansion of Inpatient Services
 - Through the VA hearing process, all stakeholders have contributed to establish a win-win strategy to assist the VA in its goal to provide mental health services to all veterans.
 - The Task Force embraces BPOs 1, 10, 11 and the City Task Force Option which was felt accomplishes the secretary's and VA's goals.
 - **Barbara Tate, Executive Director of Heart of Texas Region Mental Health Mental Retardation Center**
 - Waco is most appropriate place to continue providing excellent care for PTSD and other mental health disorders. Waco VA is focused on serving veterans with the most serious mental health needs and that population is growing.
 - Over 20,000 veterans from Central Texas come to the Waco VAMC every year for treatment.
 - The Waco VA provides more long-term psychiatric care than any other VA facility in the country.

- Expansion of PSTD services is essential.
- Waco VA should be commended for the intensive case management programs which currently services 69 veterans in the program.
- Waco VA has developed a rich array of options that goes beyond the traditional model of care, focusing on a continuum of care.
 - There is currently a 20% shortfall in needed psychiatric beds.
 - Expanding PTSD services. There was a 42% increase in PTSD patients from 1998 to 2003. Impact on current military operations is sure to increase the demand for such services.
 - The Waco VAMC is a leader in developing intensive case management programs. The Waco facility has a fully operational and experienced team. Only 30% of those veterans who qualify for this service are currently receiving it. There is a significant opportunity for these cost-effective services.
 - The Waco VA meets the goals of President Bush's New Freedom Commission Report on Mental Health. Cited testimony from Dr. Knight-Richardson explaining that it would take at least 2 decades to replicate the quality of care provided by the Waco VA if it was moved.
- **Clay Sawyer, M.D., local physician in general psychiatry**
 - All patients have unique and different needs that can't be addressed through an outpatient approach. Inpatient care is a vital component in helping patients towards recovery. The need for inpatient services is growing given the increase in PTSD cases.
 - Waco VA is one of the largest medical facilities, 20,000 veterans chose to use Waco as their home, which is 16% of the Waco population.
 - Stand alone psychiatric hospitals can be cost-effective and provide high quality care. The Waco VA has an expert staff and the only inpatient PTSD unit in Texas. The technical and practical expertise at Waco already provides the central nucleus for research.
 - Veterans returning from the current conflicts in the Middle East will need mental health treatment. 15-25% of those returning veterans will develop PTSD over time.
 - Current military conflicts are going to only increase the need for specialty acute psychiatric care, including PTSD. Closing the VA facility would overwhelm local providers. For example, if private local psychiatrists had to take over the services provided by the VA would require an extra 54 hours per week for each of the local doctors.
 - A long and effective history of support for the Waco VA has existed and would be hard to duplicate if moved somewhere else. That vital relationship already exists, including already renovated facilities.
 - Only consider options 1, 10, 11 and City Task Force option
- **Robert Gamboa, local Vietnam veteran, director of development, Texas State Technical College**
 - Commenting on the Blind Rehab Center.
 - Waco VA Blind Rehab program has established a unique partnership with the Waco transportation system. It has been in operation since 1974. This is one of only 10 VA rehab programs in the United States.
 - There is a projected 63% nationwide increase in the need for the program by 2015.
 - At times, the national waiting list has been as high as 2,400 people.
 - Support Options 1, 10, 11 and the City Task Force option.
- **Kent Keahey, President of Providence Healthcare Network**
 - Hope the LAP understands that the decisions that are made are extremely important to veterans and non-veterans alike.
 - Testimony will focus on conclusions drawn from the financial and market information contained in Team PwC's summary report.

- Understands that Team PwC received financial data from the VA. Concerned over financial data that was provided by the VA, specifically the data on revenue for psychiatric care, operating cost of vacant space, laundry and financial services center, and general, special purpose and carry-over funding.
- The Task Force has attempted to receive financial data from the VA, which has been a slow and frustrating process.
- PwC was not engaged to provide any assurance of the financial data, rather were required to accept the VA data as is. We have several concerns specifically in the following areas:
 - Revenue for Psychiatric Care
 - Per patient revenue for psychiatric care seems inadequate.
 - Laundry and Financial service centers
 - The Waco VA provides laundry services and financial services for which it received \$380,000 and \$376,000 respectively, yet no information is provided regarding the cost the VA incurs to provide these services.
 - General, special purpose and carry-over funding
 - Was credited entirely to the Temple VA, a total of \$28 Million. Feels this funding should be allocated to all markets, including the Waco VA.
 - Operating Cost of Vacant Space
 - Of the 44 buildings, 6 are unoccupied. The VA was unable to provide the direct cost of maintaining these unoccupied buildings. Cited Providence as an example, who has larger vacant space, but only a cost of \$54K last year.
- Providence occupancy was not 58%, but rather 72%. Average occupancy currently is 80%. Their ER department sees 60,000 patients annually and often has to divert patients over 30% of the time.
- DePaul center operates only 48 beds, 16 are for child and adolescents care. The unit is at capacity 70-75% of the time frequently holding patients awaiting transfer to Austin State Hospital. With reduction in beds at the Austin state hospital this is becoming even more acute.
- Hillcrest according to 2005 data has staff beds of 266 with daily census of 169.
- As for community residential home care, according the VA there are 26 residential community homes in counties for Central Texas. There are roughly 150 veterans in these homes and over 95% are psychiatric patients. There are no residential care homes in Temple or Bell County to support psychiatric population. There are no community residential homes in Temple.
- Addressed the 17 BPO options presented in the report:
 - Waco should be strengthened and enhanced. Commented that of the options 1, 10, 11, and the City Task Force option offer a win-win situation.
 - Cannot favor Options 2-9 because the options involve relocating services to Temple. The relocation of services would compromise care to the veterans in the community.
 - Cannot favor Option 12 because the nursing home care may not be able to be contracted to the community at a lower cost and because the adequate capacity may not exist.
 - Cannot favor Option 13. Option 13 is the worst of all 17 options. Darnell has limited psychiatric care ability. Received letter from Colonel Sutton from Darnall concluding that they are unable to provide psychiatric services and expressed their disagreement with Team PwC's recommendation.
 - Options 14-16, 17 have no compelling reason to exercise these options.
 - Option 10 relocates the VBA, resulting in consolidation of veteran services, reducing the cost of services to the VA and provides and opportunity to address current space constraints at the current VBA location

- Options 10 and 11 could easily be enhanced over time through expansion of blind rehab, PTSD for women, and housing for homeless veterans.
- Support Options 1, 10, and 11 because: Option 1 provides many benefits, options 10 and 11 preserve the baseline. Option 10 relocates the regional office to the VAMC campus, and reduces overall costs. Option 11 would support the increasing need of PTSD programs with the veterans and potentially involve new sources of revenue and is consistent with the VA's strategic mental health plan. Options 10 and 11 will be embraced by the Waco community.
- Task force strongly supports options 1, 10, 11, and/or a combination of these options plus the Waco Task Force Option.
- **Sarah Roberts, Executive VP of Greater Waco Chamber of Commerce**
 - Supports the proposal by the Waco City Task Force.
 - Optimize available space at the Waco Campus. Re-use of property can generate revenue and provide savings for Waco.
 - The City of Waco is willing to assume responsibility of maintaining the roads and parking lots.
 - If the VA stays in Waco as in options 1, 10, 11 there is significant re-use opportunities still available. There are a number of organizations willing to occupy the vacant space.
 - The local Chamber of Commerce offers the support of their economic development team to assist in carrying out re-use options of the campus.
 - Urged the LAP to expand services and choose options 1, 10, 11, and the task force option.
- **Mary Gibson, National Alliance on Mental Illness Veterans Council**
 - Supports options 1, 10, 11, and the City Task Force option.
 - Commented on the peaceful setting at Waco and that the inpatient facility should be expanded and include a separate area for female veterans.
- **Bill Mahon, McLennan County Veterans Association Service Officer**
 - Commenting on the signature poster boards located at the conference center as a token of the community's willingness to stand up and fight for the Waco facility (16 boards around the facility were filled with signatures).
 - BPO that move services from Waco to Temple or options that purchase care from community providers are not well received from veterans.
 - Waco VA has a superb reputation for psychiatric care.
 - BPOs 2-9 are not supported by the McLennan County Veteran Association.
 - Commented that American men and woman should not be handled like cattle and shoved from one location to another.
 - Options that move domiciliary, rehab unit or nursing home care are not well received. Waco VA campus is perfectly suited for vision impaired veterans.
 - The McLennan County Veterans Association and its members do not support options 2-9, 12, 13, 14, 15, 16 and 17.
 - Option 1, 10, 11 and task force option are supported by the McLennan County Veteran Association.
- **Virginia DuPuy, Mayor of Waco**
 - Summarized what the city will support. Together will embrace options 1, 10, 11 and the City Task Force option. Rejects all other options.
 - City of Waco will maintain paved surfaces, help facilitate property issues, create a VA resource development committee, and sustain a rich array of community collaboration.
- **Linda Ethridge - Chair of City of Waco Task Force**
 - Very proud of Waco.
 - The City Task Force has worked hard to try and understand the model of care needed for the veterans. One of the difficulties is that Team PwC does not support our

concept of a continuum of care. Their report is difficult to understand what services they are referencing at times.

- Spoke regarding the blind rehab program
 - The initial CARES commission did not consider blind rehab because Waco was on the table for closure. That is the only way that moving blind rehab to Temple even got in the mix.
 - Elaborated on the Waco Task Force position with regards to what the options will be based on: Quality, Access, and Cost.
- Commented that Dr. Pendergrass indicated that the demand projection model generates demand at the VISN level and then takes those numbers to the market level. In the report Blind Rehab is described as a nation-wide referral program. So the problem with using only VISN projections is that it does not give a clear picture of the referral base for these programs.
- Within the VISN they are bringing projections down to the market level. For purposes of planning Waco and Temple are in the same market, in fact they are the same hospital on two campuses. So projections at the Market level does not break this out and provide any clear understanding of difference between the two.
- Commented that the City Task Force strongly disagrees with the quality assessment initially made in Team PwC's report. Report basically concludes that quality would be the same no matter where services are moved to.
- Quality of care will be destroyed if the hospital is moved.
- Urges the LAP to support Options 1, 10, 11 and the City Task Force option with strong favorable opinion and to forward all other options with a negative recommendation.

<12:00pm, Break for Lunch>

➤ **Open Session for Public Comment**

➤ **Testimony 1, Congressman Chet Edwards**

- On Friday, visited the VAMC in New Orleans, Gulfport and Mississippi
- Committed to working with the VA
- After all the analysis has been looked at, what is it that we know and what is it that we do not know. Five things that we know:
 1. America is at war.
 2. Fort Hood had sent over 40,000 soldiers to fight.
 3. Preliminary reports coming back from Iraq indicate an increasing level of mental health illness.
 4. For 73 years the VAMC and the community has worked to provide care to the nations veterans.
 5. 1 in 3 homeless Americans is a veteran.
- Must do more to provide mental healthcare to the veterans.
- What do we not know:
 1. No one can say for sure what the future demand will be for mental healthcare services and for all services.
 2. No one knows if the city of Temple or anyone else can maintain the quality of care given to veterans in Waco. No one knows if when the veterans with psychiatric illnesses are moved to another community if they will receive the same care that they currently receive at Waco.
- Believes that the VA should error on the side of having too much capacity and not too little for the mental healthcare needs of the veterans.
- Rejected outright BPO 13. Commented that Darnall does not have the staff or capacity to handle veterans if services were moved there.
- Suggest working with the LAP in good faith to make Waco a Center of Excellence.

- More must be done for the homeless to provide a continuum of care to help deal with their mental illness. Extra capacity is not a problem, it is an opportunity.
- **Testimony 2, Senator Kip Averitt**
 - Two years ago the CARES committee came, and the community offered strong support for the Waco VA and continue to offer strong support today.
 - Federal Government is not alone in the effort; the State is working to develop new programs with the veterans.
 - The Waco VAMC needs to remain open.
 - State of Texas and other stakeholders will continue to work with the VA.
 - The services the hospital provides cannot be replaced.
- **Testimony 3, State Representative Doc Anderson**
 - Veteran of the US Air Force.
 - Imperative to keep promises to all veterans.
 - Support BPO 1, 10, 11 and Waco Task Force Option.
 - Putting veterans on the highway would not result in improved access or quality.
 - Do the right thing for the veterans.
- **Testimony 4, McLennan County Judge**
 - If VA moves or reduced its size it will not only affect the patients, but also the law enforcement side of it.
 - Not right to transport patients to facilities far away.
 - Told stories of how some veterans were not able to get access to healthcare.
 - National problem, not only a Waco problem.
- **Testimony 5, Falls County Judge**
 - Hearing is about the veterans.
 - Comes from a community where a VA hospital was shut down. It devastated everyone. Many suffered trying to travel to another facility.
 - If the Waco VAMC is closed, it will be very hard on the veterans.
- **Testimony 6, Hill County Judge**
 - If it wasn't for the veterans we would not have a free government today.
 - Very important to take good care of the veterans.
 - If the Waco VAMC is closed, what is that saying to the children who will be asked to serve their country in the future?
 - This affects the entire state of Texas, not just Waco. We should not only maintain, but increase services available to veterans.
- **Testimony 7, Representative of Compassion Ministries**
 - Supports creating permanent supporting housing for veterans.
 - VA is a possible site for the housing.
 - Compassion Ministries has housed numerous veterans over the past years.
- **Testimony 8, Veteran and graduate of Waco VAMC PTSD Program**
 - Wife speaks for her husband who is a veteran and the impact the VA Hospital has on her husband.
 - The programs at the Waco VAMC have placed life back into her husband.
 - Hospital has a long established natural setting that cannot be duplicated in another city.
- **Testimony 9, Executive Director, Central Texas Youth Services**
 - Central Texas Youth Services program targets youth up to 21 years of age.
 - Services include crisis intervention from suicide to truancy.
 - Offers residential care and job training to the homeless youth.
 - Over 35% of clients are active veterans or retired military.
 - One of key services in Waco that provide wrap around services for the veterans and their families.
 - Committed to the City's Task Force Option.
- **Testimony 10, Executive Director, Heart of Texas Council of Governments**
 - Supports BPO 1, 10, 11 and the City Task Force Option.
 - Proximity of facilities to the VAMC campus supports the concept of VA care.
 - The Heart of Texas Council on Governments is prepared to expand and develop programs as needed to assist the VA in its mission and support veterans.

- **Testimony 11**, Texas State Technical College
 - Distance learning courses can help veterans reach their goals.
 - Texas State Technical College welcome the opportunity to get involved with the VA.
- **Testimony 12**, Veteran
 - Speaking on behalf of her husband.
 - Husband came back from the Gulf War with PTSD.
 - Commented how the PTSD program saved her marriage and that if it was not in Waco, her husband would have never received the care he needed.
 - Pleaded not to close the hospital
- **Testimony 13**, Veteran
 - "If it ain't broke, don't fix it".
 - VA facility needs re-staffing and repopulating with the nations veterans.
- **Testimony 14**, Veteran
 - Been in and out of VA hospitals since 1971.
 - Waco is one of the top facilities he has been to.
 - Supports keeping the facility open or expanding services.
- **Testimony 15**, Veteran
 - Concerned over future care at the VA hospital.
 - Goes to group PTSD meetings on a weekly basis. Having those meetings at Temple would create a hardship.
 - Handicapped parking is hard to find at Temple.
 - Since Vietnam, has been in the Dallas VA hospital. After moving to Waco, for the past 10 years has received the best medical treatment.
- **Testimony 16**, Veteran
 - 100% disabled veteran, Vietnam and Gulf war veteran.
 - Access to Temple is not easy. Parking is not easy to find.
 - Commented that several years ago there was an ER in Waco and it along with other services have slowly gone away.
 - Blind Rehab and PTSD veterans need the serene setting found in Waco.
 - Support veterans at the Waco VA. Supports options 1, 10, 11 and the City Task Force option.
- **Testimony 17**, Veteran
 - 100% Disabled veteran, husband is also a veteran.
 - Temple is too far to drive alone and requires her to find someone to take her each time she must go.
 - When her husband goes to Temple, he has to take the entire day off for the trip.
 - Temple parking is terrible and services are far apart at the facility.
 - Thankful for the care in Waco.
 - Supports option 1, 10, 11 and the City Task Force option.
- **Testimony 18**, Veteran
 - Each hospital in Texas is unique in its own way.
 - Waco has a quite and serene setting that is not found anywhere else in Texas.
 - Keep the hospital in Waco.
- **Testimony 19**, Veteran
 - "Closing any VA hospital during the time of global war on Terrorism is the most asinine thing."
 - "Putting veterans at any age on interstate 35 is the second most asinine thing to do."
- **Testimony 20**, Veteran
 - Vietnam Era veteran
 - Commented that veterans were promised certain entitlements and asked for a mandate for VA funding to keep the VA hospitals open.
- **Testimony 21**, Veteran
 - In support of options 1, 10, 11 and the City Task Force proposal.
 - First came to the VA hospital in 1971 for treatment in the alcohol rehab unit.
 - Currently volunteers with veterans and continues with group therapy. Believes his life today can be attributed to the care he received at the Waco VAMC.

- Suggested bringing a domiciliary and an alcohol/drug abuse program to Waco to coincide with the PTSD program.
- **Testimony 22, Veteran**
 - Cannot replicate the things that exist in Waco.
 - Current reimbursement rate for travel would not provide enough money to cover the cost of having to go outside of Waco for treatment.
- **Testimony 23, Veteran**
 - It would be wrong to close the hospital that Veterans deserve.
- **Testimony 24, Veteran**
 - 79 year old WWII Veteran.
 - Do not close down the Waco VAMC.
 - Waco is the heart of Texas, centrally located.
- **Testimony 25, Executive Director, Rappoport Foundation**
 - Waco VAMC could be the jewel and crown of the entire VA System.
 - The Waco community has a very vast network that can support the veterans.
 - Several organizations have offered to use some of the vacant space on the campus.
- **Testimony 26, Administrator, Sunny Day Center**
 - Mentally challenged population requires special attention.
 - Waco VAMC has a web of services and resources throughout the community.
- **Testimony 27, Past commander of Texas American Legion**
 - 82,000 soldiers wounded since 911. How can another facility close that has state-of-the-art programs.
 - The VA needs to be reminded that healthcare costs are simply delayed costs of war.
 - Any empty space needs to be used to process the 52,000 veterans waiting to seek care.
 - Unused space should be used to train all VA employees.
 - Cost cutting cannot be a higher priority than veteran care.
 - Mandatory funding for the VA is essential.
- **Testimony 28, City Council Member**
 - Mission is to enhance quality of healthcare services.
 - Option 1 and option 10 maintain quality healthcare services.
 - Option 11 and the City Task Force option enhance services.
- **Testimony 29, Veteran**
 - Not much more to add after the Congressman spoke and after the Waco task force proposal was presented.
 - How can anyone talk about closing a VA hospital during a time of war?
 - Someone needs to wake up and say that war means uncertainty.
 - Someone needs to tell someone that is in charge, that it does not make sense to talk about tax cuts when VA hospitals are getting closed down and veteran's benefits are getting cut.
- **Testimony 30, Former Mayor of Waco**
 - City of Waco belongs to national league of cities organization (3000 local elected officials are members).
 - Closing of the Waco VA hospital was such a huge factor that the national league of cities came up with a resolution.
 - Introduced Resolution #2005-29 to support a coordinated campaign to save the Veterans Administration Medical Centers. (Hard copy of resolution was submitted to the LAP).
 - Strongly and urgently request that the Waco VA not be closed and encourages all local communities and veterans to oppose all options to close the facility.
- **Testimony 31, Owner and operator of a residential care home**
 - This community offers something that money can't buy...support and also helps veterans function in the community.
 - Created Sunny Center to serve veterans to integrate veterans into the community.
- **Testimony 32, Veteran**
 - Traveling to Temple would take an hour and 15 minutes.
 - Would not be able to afford to travel to Temple.
- **Testimony 33, Veteran**
 - The Hispanic community is growing, especially in the south western portion of the US.

- Petitioned to have the LAP write the Secretary in favor of BPO 1, 10, 11 and the local task force option.
- **Testimony 34, Wife of a Veteran**
 - Husband went through PTSD program at Waco. Attends group meetings twice a month at Waco.
 - Spoke about the difficulty PTSD patients would have with going to Temple.
 - Wants to see additional care be available at the Waco VA.
- **Testimony 35, Veteran**
 - 100% disabled and bipolar. Needs the hospital for care and for medication.
 - Father went to the Waco VAMC 30 years ago.
 - The hospital needs to stay open for soldiers returning from Iraq.
 - The Waco VAMC has saved my life.
- **Testimony 36, Cousin of a Veteran**
 - Read a letter submitted on behalf of her cousin who was diagnosed with PTSD.
 - If he had not received the kind of treatment he got at Waco he may not be alive today.
 - Stop the madness; veterans need the Waco center for PTSD.
- **Testimony 37**
 - Give veterans what they deserve.
- **Testimony 38, Veteran**
 - 100% Disabled
 - Stated how difficult it would be to drive from Waco to Temple.
 - Cost of driving to Temple is not reimbursed.
 - Services provided at Temple should be provided at Waco.
 - If the PTSD program is moved to Temple, some of the staff will probably not follow from Waco to Temple, which would hurt those patients who have built trust with the staff over several years.
- **Testimony 39, Citizen of Waco**
 - In support of options 1, 10, 11 and the Waco Task Force Option.
 - Inpatient and outpatient services should be provided in Waco.
 - Veterans deserve a PTSD and a blind rehab program.
 - Veterans deserve continuity of care provided by long term, full time, caring hospital staff.
 - Community supports Waco VA.
- Jose Coronado: Reminds audience that stakeholders have 10 days to respond
- Public Testimony ended at 3:15pm

<Break at 3:15pm>

- **LAP Deliberations, Discussions, and Recommendations**
 - Each LAP member presented an option and provided a brief overview and opinion of their assigned options.
- **BPO 1 - Baseline (Larry Groth)**
 - Waco has achieved all of the directives established by the VA. Even though the existing facility has challenges there appear to be no other options that show a compelling enough justification to support it. Urges Panel to Support this Option.
 - **Comment by Jim Vaughn:** In support of Option 1 also.
- **BPO 2 and BPO 3 (Coke Mills)**
 - Purpose of Cares process three years ago was to make the delivery of services more efficient, cost effective and to save money. Proposal to move services to Temple will require new construction that would be expensive, around \$56 million. The proposal will result in higher operating costs. It doesn't make sense to build a new facility in Temple. Team PwC found no cost avoidances expected. If there are no cost avoidance opportunities, then what is the point of

moving the services? These BPOs would also cost more than the baseline and it will take 10-15 years to move the facilities down to Temple. First new construction will be in 2009, four years from now! Not in support of Option 2.

- BPO 3 would require construction of a new medical tower and parking garage, patient transportation between Waco and Temple would need to be expanded and the contract expense for nursing home will increase. No money will be saved. It makes no sense to move services. This BPO is also riskier than the baseline option. Recommend to vote against Options 2 and 3.
 - **Question from Kathryn Kotula, M.D.:** Wants Team PwC to clarify what is meant by the word domiciliary and wants PwC to elaborate on what is meant by outpatient services.
 - **Response by Margaret Stover:** Domiciliary services are PR RTP and the homeless program combined. Outpatient services means primary care, dental, medical, diagnostic and all of the programs associated with the outpatient mental health program.
 - **Comment by Kathryn Kotula, M.D.:** Important to make a point of the importance of the full spectrum of the outpatient services.
 - **Comment by Coke Mills:** Residential Rehab services were a key part of keeping the facility open. Waco has the capacity for these services.
- **BPO 4 and BPO 5 (Carl Lowe)**
 - Option 4 is riskier than the baseline option. Option 4 also has higher operating costs. Not in favor of Option 4.
 - Option 5 is riskier than the baseline option and has high operating cost. Both options would have a negative impact on Congressman Edwards PTSD program. Not in support of Option 5.
 - **Comment by James Vaughan:** Options 4 and 5 are the least cost effective.
- **BPO 6 and BPO 7 (Dr. Kathryn Kotula)**
 - Concern with BPO 6 is that over the last several years we have worked hard develop a continuum of care for mental health. Concerned that this option breaks up this continuum of care and therefore can not support it.
 - Moving outpatient psychiatry from Waco would be a big disservice to Waco. Strongly in opposition to Option 7.
- **BPO 8 and BPO 9 (Kirk Bennett)**
 - Summarized Options 8 and 9. These options are looking at building a medical tower and parking facility at Temple in addition to renovating the Waco campus. The cost effectiveness is not fully explained about what would be going on in Temple. The drive to Temple is another cost factor that should be factored in. The fact it is closer to Austin doesn't matter, this option separates the inpatient from the outpatient care. As such, BPOs 8 and 9 can't be supported.
- **BPO 10 and BPO 11 (James H. Garrett)**
 - Summarized Option 10. Talked about the vulnerability of the VBA to terrorist attacks due to street location and moving the VBA to the Waco site would allow for better security. \$166K a month is for rent. Building a new VBA would pay for itself in just a few years. Moving the VBA would allow for needed expansion. As for domiciliary, it is a necessary part of care. Asked the LAP to support the option, citing it would be a benefit for security and also provide one-stop shopping for veterans.
 - Summarized Option 11. Research is necessary in order to be the leading psychiatric facility in the nation. This BPO would provide an outstanding training center. Recommend voting favorably for BPO 11.

- **Comment by Roland Goetz:** Option 10 is risk neutral compared to the other options. Putting services on one site would be great for the veterans. Option 11 meets all four of the VA's missions which makes it worthy of support.
- **Comment by Carl Lowe:** Applauded PwC for recognizing that the VBA would need new construction if it was moved. There is no more space available at the current location. Space is a serious issue for the VBA right now. The VBA is in the process of consolidating various functions. Waco has a stable workforce, well-trained people, and is inexpensive for the cost per square foot. The VBA has missed out on opportunities because it could not expand and take on additional workload (i.e. pension maintenance center, and other consolidated services). However, building a new building is a major capital investment, money would have to be found. There are also long-term lease issues that would need to be addressed. Mr. Lowe expressed his intent to vote favorably for this option.
- **Comment by Walter Dyck, M.D.:** Pointed out to the LAP that the research associated with the PTSD grant will likely be conducted at multiple sites within the VA.
- **Comment by Kathryn Kotula, M.D.:** Gives thanks to Congressman Edwards for allowing the PTSD program to thrive. With Option 11, to truly build a stress disorder center would be a welcome capital investment but the cost will need to be looked at. Option 10 deals with expanding residential rehab programs. With Option 10 it is important to consider treatment for women, which would also be a very large capital expense. Supports the option and thinks that the investment should be made.
- **Comment by Larry Groth:** In support of Option 11. Knows that there are limited funds, but adding the VBA could help spread out the fixed costs among other services.
- **Comment by James Vaughan:** In support of Options 10 and 11. Supports the expansion of the VBA to Waco based on an understanding that it would better the economic viability of the campus. Does not accept that such a function cannot be operated at the present location or downtown. Supports the options.

- **BPO 12 and BPO 13 (James Vaughan)**
 - Summarized Option 12. For this BPO the report only had one pro and five cons listed. As for access and quality, there is no change compared to the baseline, except for meeting forecasted service needs. Sees no compelling reason to consider Option 12. The addition of domiciliary services is available in other options. Not in support of Option 12.
 - Summarized Option 13. The option would close the facility at Waco. No consideration should be made of this option. Encourage LAP members to vote in non-support of Option 13.

- **BPO 14 and BPO 15 (Roland Goetz)**
 - Summarized Options 14 and 15. Options 14 and 15 are very similar. Option 14 states there is no change in quality from the baseline. However, quality would be impacted by fragmenting the current care. Proposes that moving nursing home patients would indeed impact quality. For access and cost, there is no change from the baseline.
 - Quality in Option 15 would also be impacted by fragmenting the current care. Cost has a slight improvement because of keeping the nursing home.
 - There are better options than these. Not in support of either option.

- **BPO 16 and BPO 17 (Walter Dyck, M.D.)**

- Options 16 and 17 are very similar. Commented that the VA is a primary teaching hospital for many medical schools. There is some attraction to having IP services at Temple because of teaching and closeness to residents and research opportunities. But based on testimony today Dr. Dyck stated that he was convinced that this is not an option the public would support. Waco Task Force has convinced Dr. Dyck that the outpatient services must remain in Waco. Wanted to mention from a standpoint of research academics, moving outpatient services would benefit the academic side. Not in favor of either Option 16 or Option 17.

➤ **Additional Options Proposed**

- Lap Chair asks members if they want to propose additional options:
- Response by Coke Mills: Proposes adding an Option 18. The option proposed from the Waco Task Force, Option 18, will:
 - Retain inpatient psychiatry, nursing home treatment, domiciliary (PRRTP), blind rehab and other mental services presently provided at Waco VAMC.
 - Expand blind rehab to 25 beds
 - Establish separate ward or treatment area for residential rehab treatment of women patients with PTSD and/or sexual trauma.
 - Provide approximately 30 acute psychiatry beds, and 22 substance abuse domiciliary beds at Waco VAMC.
 - Add Central Texas Stress Disorders Research and Clinical Center with supporting domiciliary for research.
 - Retain existing ambulatory and outpatient mental health services at current location of provision in Waco.
- Option 18 would retain the baseline option and expand blind rehab treatment to at least 25 beds. The blind rehab center is the only center of its kind between Alabama and Tucson Arizona. Currently there is a 72-patient waitlist at the blind rehab center.
 - **Comment by Dr. Kathryn Kotula:** In support of anything that enhances services. Also in support of adding more psychiatric beds. Notes that there are many veterans in Travis County that do not have access to any acute psychiatric beds. Suggests that additional staff would be needed for the services, and there would be a price tag associated with Option 18.
 - **Question by Margaret Stover:** The demand projections called for increases in beds over what is currently provided. Unclear of what the increase in beds is in addition to. Are they in addition to what is already factored into the projections?
 - **Response by LAP Member:** They are in addition to the beds from 2003 numbers.

➤ **LAP Voting on the Options (All LAP Members)**

- Unanimously in support of Options 1, 10, 11 and the new Option 18.
- Not in support of Options 2, 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 17.

BPO #	Support	Not in Support
1	√	
2		√
3		√
4		√
5		√
6		√
7		√
8		√
9		√
10	√	
11	√	

12		√
13		√
14		√
15		√
16		√
17		√
18	√	

- **Closing Remarks** (Jose R. Coronado)
 - Thanked the public for attending.

End of public comments

- The meeting was adjourned at 4:45pm