

**Lexington VA Medical Center
Local Advisory Panel Public Meeting
Thursday, May 12, 2005
Building 4 Auditorium**

Start Time: 10:05 am

➤ Participants:

- Local Advisory Panel members present: Patricia Pittman, Director, VAMC Memphis, Chair; Les Beavers, President, National Association of State Directors of Veterans Affairs and Commissioner, Kentucky Department of Veterans Affairs; Richard (Dan) Roth, Deputy Chief Medical Officer, VISN 9; Becky Estep, Senior Aide to Mayor of Lexington, Kentucky; Ron Spriggs, Executive Director, Tuskegee Airmen Association; Randy Fisher, American Legion State Service Center
 - PricewaterhouseCoopers (PwC): Janet Hinchcliff, Lori Luther, Chad Eppley, Carolyn Fansler
 - Perkins + Will: Brent Hussong
 - VAMC Support Team: Jodie Neely, Engineer; Ginny Hamm, VA Regional Counsel; Jim Schiller, Engineer VSSC; Richard Coger, Acting Associate Director; Debra Dillon, Emergency Mgt. / CARES Support; David Moynihan, Acting Chief Engineer; Desti Stimes, Public Affairs; Kim Pyles, Program Assistant; Chesley Taracz, Media Coordinator
 - Re-use Contractor: Scott Honiberg, PHA
 - Public (estimated attendance: 36 excluding above, other VA support staff and media)

Opening Remarks and Introductions

- Welcome: Dick Coger, Acting Associate Director, VAMC Lexington (CARES Support Lead)
 - Requested that all cell phones be placed in the off or vibrating position
 - Stated that if any person in the audience required assistance, ushers are available
- Call to Order: Patricia Pittman, Local Advisory Panel Chair
 - Expressed appreciation for all the people in the audience who have come to talk about the Leestown facility.
- Pledge of Allegiance: Bob Orbach, Historian, Man O' War American Legion Post #8

- Overview of Meeting Agenda: Patricia Pittman
 - Discussed the purpose of the meeting. During the meeting, the panel will review the Secretary's decision. It states that consolidation of Cooper Drive and Leestown Road will not be considered. The study is to look at ways to reduce the footprint here at Leestown Road. This does not include a discussion about CBOCs, which is outside the scope of the study.
 - Detailed the time allowed for questions and explained the light indicators (green, yellow, red) that will be used for timing purposes.
 - Report on yesterday's Local Advisory Panel Administrative Meeting
 - A quorum was present. All members of the panel were present except for Mr. Fisher. The Local Advisory Panel Chair met with him before the public meeting to review procedures and roles and responsibilities.
 - The purpose of the meeting was to finalize the Standard Operating Procedures, the roles and responsibilities of the Local Advisory Panel, and receive training.
 - It was requested that all questions be held until all the presentations have been completed
 - Will take questions from those who have signed up first.
 - Want to make this as informal as possible.

- Standard Operating Procedures (SOPs): Dick Coger
 - Summarized the SOPs
 - Stated that the Local Advisory Panel Chair will approve the agenda for each meeting.
 - Stated that the summaries of the public meetings will be available to the public on the CARES website. Yesterday's administrative meeting was closed to the public; its purpose was to get the Local Advisory Panel prepared for today's meeting.

- Additional Discussion of SOPs: Patricia Pittman
 - Affirmed that everything the Local Advisory Panel does, except for administrative preparatory discussions and training, has to be in public, so there is nothing done behind the scenes. All discussion and deliberation is in a public meeting
 - Further discussion of time allowed for public comment. A maximum of three minutes per speaker was decided so that as many people as possible can be accommodated. The Chair can, at her discretion, extend the time for public speaking once the speakers who have signed up ahead of time have spoken. Although the SOP may seem lengthy and restrictive, it is designed to guide all future meetings as well as that of today.
 - Requested motion to accept the SOP.
 - Motion by Mr. Spriggs; seconded by Ms. Estep; carried unanimously. The SOPs stand approved for this and subsequent meetings.

Presentations

- Background Presentation: Dr. Richard Roth, Local Advisory Panel Member
 - Began with the statement that we need input from the public and that we want this to be as informal a meeting as possible; more like a town meeting. Please share information with your colleagues and encourage them to give their input.
 - Requested that all questions be held until the end of the presentations to avoid duplication.
 - Discussed the history and background of CARES and the Secretary's May 2004 Decision.
 - The purpose of the business study:
 - Focus is to pursue opportunities to reduce the footprint of the Leestown campus.
 - The mission of the Leestown campus will remain unchanged. The Master Plan will propose an efficient, cost-effective, and appropriately sized footprint that will reduce vacant and underused space on the campus.
 - The Master Plan will consider enhanced use lease opportunities and will ensure that any plan for alternate use or disposal of VA property serves to enhance the Department's mission. The role of the Local Advisory Panel is not to study things that are not identified in the Secretary's decision.
 - The purpose of the public meetings is to listen to the input of stakeholders. There will be three other meetings. Adequate notification of upcoming meetings will occur.

- Forecasting VA Health Care Demand Presentation: Jodie Neely, CARES Data Coordinator, VAMC Lexington
 - Definition of a veteran; brief description of priority groups.
 - Enrollment is forecast 20 years in advance by age group, gender, priority group and geographic area (markets).
 - Projections done by Milliman USA, one of the leading healthcare actuaries in the country.
 - Discussion of market areas.

- CARES Business Plan Presentation: Janet Hinchcliff, Team PwC
 - Discussion of how the study is performed; study phases, timelines.
 - Once an option has been approved, if it requires a capital investment, it will have to compete in a given year against other projects.
 - Participation by the public is continuous throughout the process.

11:20 – Break

Call to reconvene at 11:50

Brief Description of Testimony/Public Statements

- Ms. Pittman. Announced that the panel would now receive public comments. Questions are to be directed to the chair who will either answer or direct it to a member of the Panel. There will be a public record summarizing all questions, statements and responses.
- Testimony 1
 - Works for the Kentucky Department of Veterans Affairs, and is the Outreach Coordinator for homeless veterans. 33% of homeless are veterans. That is the largest special population in that group. In addition, the VA reports that the number of homeless who suffer from mental illness is about 40%, and an even higher percentage (75%) who suffer from alcohol addiction. What steps are being taken to address this problem?
 - Our veterans do not have a safe harbor to get stabilization. We have a 40 bed transitional facility for homeless male veterans, which opened on April 8, 2005 and are currently serving 12 veterans.
 - (Statement made later by same witness) Our goal each week is to add 5 veterans until we reach the capacity of 40. The current operation is consistent with CARES and a tribute to many dedicated individuals working with veterans.
- Testimony 2, Women Veterans Coordinator for State of Kentucky
 - Proposed that a women veterans' homeless shelter be created on the Leestown campus using underutilized space. There is not a safe place for women veterans with children. They must have a safe place to seek counseling. There is a 40-bed transition facility for homeless male veterans on the Leestown campus.
 - The Leestown campus provides a perfect enhanced lease opportunity for the Kentucky Department of Veterans Affairs to partner with the VA and a non-profit to provide an equitable program for homeless women veterans.
- Testimony 3
 - Spoke about not being properly informed about this meeting. Was misinformed that witnesses had to put statements in writing.
 - The Chair requested that an employee of the VAMC see the gentleman to address his concerns.
- Testimony 4
 - Stated that the reason he was here was to draw to the attention of this group that veterans' healthcare is not open to all veterans today. In January 2003, the threshold rules were changed. There are many veterans who are now excluded.

- The Chair stated that while this does not pertain to the scope of the meeting, she acknowledged that the gentleman wanted to make his voice heard.
- Testimony 5
 - Retired from the VA hospital. WWII veteran. Currently serves as the head of the surgical waiting room at the VA hospital.
 - Has a lot of contact with patients and patient families. Cooper Drive has a parking problem - a very hectic parking problem. Veterans were told that after 2005 all the primary clinics would be moved to Leestown to alleviate the parking problem at Cooper Drive. Are they still going to move the clinics? We will have 80 to 90 additional parking places if so. Is that still on the agenda? If not, she is giving out erroneous information.
 - Response by Dr. Roth: That is one of the things that PwC will look at. The Secretary's decision is to consider nursing care, administrative services, and ambulatory care at Leestown.
 - The speaker stated that she is getting input from people coming to the hospital from smaller towns that surround Lexington. A lot of these towns have no veteran service organizations and they try in their district meetings to bring as much information as they can to the people from out of town. It surprises her how the veterans don't know to what they are entitled.
- Testimony 6
 - The primary care clinic(s) should be located in Leestown – it is easy access and is not so dangerous for older veterans.
 - Excess property at Leestown should be used by other government facilities, i.e., National Guard, Reserves.
 - Another building for temporary care should be opened for those well enough to go home, but don't have another home to go to, for another 30 days. This facility can be used for the benefit of homeless veterans.
- Testimony 7
 - Requested that notification of future meetings be more efficient and that the veterans in this whole area be notified. Volunteered to help do a mailing. Found out about the meeting through a coordinator at the hospital yesterday. Was aware last month that there was going to be a meeting but did not know the purpose of the meeting.
 - Asked whether PwC, when they do their report to the Secretary, will take into consideration veterans who have multi-health issues and who utilize a variety of clinics and services. No complaints about VA services, but wondering how will they evaluate – will they look at his multi-health needs and will that influence their report back to the Secretary?

- The Chair responded that the primary purpose of the Local Advisory Panel is to look at the Leestown facility – look at what the veterans need and consider the kinds of problems with which veterans present.
- The speaker asked, “Will one veteran with multiple health problems be counted?”
 - The Chair responded that it is a little hard to get at that question since each individual veteran may need different services. However, the forecasts should consider the complex nature of the veteran’s health. She asked Dr. Roth if he had anything to add.
 - Dr. Roth stated that the study has to address access to care, the quality of care, and cost effectiveness. The premise is that the level of service is at least equal to or better than what it is today. The question is how that is done. It may be the configuration – we have to look at who is using the primary care clinics, where do they reside and if they are moved. We don’t want to leave the impression that we are going to be moving all of the primary care from Cooper to Leestown.
- The Chair asked if anyone else would like to speak.
- Testimony 8
 - Stated that Cooper Drive is a land-locked area. The University of Kentucky is going to start construction of a Class A hospital. We already have a parking problem and it is going to get worse.
- Testimony 9
 - Disabled veteran with 100% service-connected disability.
 - Doesn’t need any help for medical care; can afford it himself. Requested that they take his benefits and give help to someone who does need help.
 - The Chair responded that this is outside the scope, but appreciated his comment.
- Testimony 10
 - Stated that there are approximately 24 million veterans. A little over 4 million are WWII, aged 80 years or older. Most of the 4 million Korean War veterans are over 70. At the rate we are going, the current administration is going to take care of the budget by not providing care to these 8 million people. By the time they are through studying, most of the WWII veterans will be dead. That is a heck of a way to solve a budget.
 - The Chair responded that this is outside the scope, but appreciated his comment.

➤ Call from the Chair for others present today who would like to speak.
No others wishing to comment

➤ Request from the Chair for the panel to recap what they have heard and ask questions.

Local Advisory Panel Deliberations – Recapitulation of Public Comments

➤ Ms. Pittman.

- Heard about the parking issues.
- The demographic data shows what is happening in the Lexington area.
- Acknowledged the statements that were made about the need for transitional housing; the need to address the female population.
- What does the State of Kentucky have in terms of nursing home care?
 - General Beavers responded that the nearest state veterans nursing home is south of Lexington, a 285-bed facility with a waiting list. There are others; one in the east and one in the west. Both have waiting lists. The two new homes in Hazard and Hanson are 120 beds, with 30 beds for Alzheimer's and mental condition patients. There are 43 on the waiting list. The one nearest here in Wilmore is about 45 beds, with 6 on the waiting list. We are not meeting the need for skilled nursing care.

➤ General Beavers

- One of the ideas heard here was the potential of using this site for domiciliary care. The State of Kentucky beds are all skilled nursing. If the State of Kentucky received a grant, it could consider domiciliary care.

➤ Mr. Spriggs.

- Observations about the nursing care. Was surprised at the waiting list. Would like to consider using the facilities here for temporary transition so that there is no one on a waiting list. No one should be denied.
- Regarding Testimony 3, did not hear much about the pre-notice. We need a simple mailing list for those who came today. The best means of advertising is word of mouth. Would like the staff to get involved in getting the names and addresses of everyone here today. Is very much in favor of getting word out to the VSOs. Hopes that we can do a better and more efficient job of getting the word out.

The Chair requested that one of the staff from Lexington talk about what was done to notify the public of this meeting. She wonders if it was the acronym (LAP); maybe people didn't understand.

- ◆ Desti Stimes, the Public Affairs Officer, responded that the information was put out in a number of places. There was an ad placed in the Herald Leader three weeks in advance of the meeting. Fliers were

created and attached to prescriptions at the outpatient pharmacy (two weeks in advance). The same flyer was given to everyone who parked in the garage at least five days in advance. Three weeks in advance, a press release was sent to all the VSOs in the area, all the congressional offices, and to all media outlets. Posters were hung up throughout the medical center. Notice was listed on the University of Kentucky world wide website and the Kentucky Department of Veterans Affairs world wide website.

- ◆ One person in the audience said that they did get a letter.
- ◆ Another veteran stated that he gets medication for three months. Did not think that the Vietnam Veterans organization received notice.
- The Chair requested that additional comments about the meeting notice be given to Mr. Cogger or Ms. Stimes.

➤ Mr. Fisher

- Stated that he believed that one reason that veterans may not have come here today was because they may have thought that this was just another study. Veterans are staying away because nothing is implemented after the studies.

➤ Dr. Roth

- The issue of parking at Cooper Drive.
- Alternate uses of excess facilities for veterans.
- Made several motions for the panel to vote on:
 - First: The contractor should meet directly with the Kentucky Dept. of VA to look at the potential reuse options to include women veterans' homeless care, assisted living domiciliary and also to look at the long-term care nursing.
 - ◆ Motion seconded by Mr. Fischer. General Beavers abstained since he is the Commissioner, although he had no problem with the motion.
 - ◆ No Opposition. Motion carried
 - Second: Wants contractor to make sure they consider as an element in the study the consideration of the parking congestion at Cooper Drive
 - ◆ Motion seconded by Mr. Fisher and Mr. Spriggs.
 - ◆ No opposition. Motion carried.
 - Third: We have a VA operated nursing home care unit. Assure that the contractor will look at the long-term care needs.
 - ◆ Motion seconded by Mr. Spriggs.
 - ◆ No opposition. Motion carried.
 - Fourth: Dealing with alternate use of property, consider other state or other governmental agencies that may have an interest in being housed here. Not limited to National Guard and Reserves.

- ◆ Motion seconded by Mr. Spriggs
- ◆ No opposition. Motion carried.

- General Beavers
 - Retention of the Post Traumatic Stress Disorder (PTSD) unit is critical to any study.
 - Overall mental health delivery services in VISN 9.
 - The Local Advisory Panel's primary mission is Leestown. But we should also look at Cooper Drive – can Leestown absorb all the primary and ambulatory care needs. How much primary care should be here?

- Mr. Spriggs.
 - Wants to have on record that we are going to try to get in touch with government TV and public TV as well. Also notify some of the outlying areas and not rely on the Herald Leader. Wants to make sure that we do a direct mailing.
 - Mr. Coger responded that they put a lot of emphasis on getting the word out. They tried to get it into the newspapers this week and last week. Can certainly improve on getting notification out.

- Ms. Pittman
 - The next meeting will be to look at the options. That meeting is set for sometime in July/August/September. Will try to determine that date as soon as possible. Will get the minutes posted on the web as soon as possible.

- Mr. Spriggs
 - There is a two-week period following the meeting to be able to make comments. Wants a specific date noted on the website.

12:55 – Call for adjournment by Mr. Spriggs. Seconded by Mr. Fisher.

- Motion carried and the meeting was adjourned.