

**Waco VA Medical Center
Local Advisory Panel Public Meeting
Waco Convention Center
May 3, 2005
Start Time 9:00 am**

Participants:

LAP Members: Jose Coronado (Chairperson), System Director, South Texas Veterans Health System; Roland Goetz, Ph.D., Executive Director, Family Practice Clinic; Walter Dycke, M.D., Executive Assoc. Dean, Texas A&M University System Health Science System College of Medicine; Dave Wanser, Ph.D., Deputy Commissioner for Behavioral and Community Health Services; 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; 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.

VA Representatives: Jill Powers, Mike Dunfee, Elizabeth Crossan, Jeff Milligan, and Jennifer Griffin.

PwC Team: Margaret Stover, Lori Luther, Peter Erwin, Ph.D., Michael Bobbin, Brett Burt, Daniel Schwebach, David Pearlman (with ERA) and Randy Hood (with Perkins and Will).

Open Remarks and Introductions: (Mr. Coronado, Local Advisory Panel Chair)

- Introduction of Panel Members
- Introduction of presenting speakers
- Review of the days agenda
- Pledge of Allegiance

Presentations

Congressman Edwards

Thanked the LAP for the opportunity to speak. The Congressman emphasized 3 points:

- Veterans receive quality care at WACO VA MC
- We can work together to enhance quality by making Waco a national model of one stop care.
- This community wants to work together to find a win-win solution and is willing to embrace change in order to assist in this process.

The Congressman highlighted several risks that are involved with the current situation:

- Concern around the future of psychiatric care .
- For 73 years Waco and VA have been dedicated to providing care and service. A lot has been invested in its development:
 - Experienced and dedicated employees
 - Modernized facilities
 - Strong community support

It would be a tragic mistake to shut down the hospital, especially during a time of war. If we can afford to open hospitals in Iraq we can afford to keep our VA open in Waco. The dedicated VA team provides a labor of love to serve our veterans. When the VA staff made its recommendation several years ago, they

did not opt to shut anything down because it is a center of excellence especially in mental health. The LAP should consider the staff's recommendation and not break up this first class team.

The VA has invested over 70 million dollars into modernizing these facilities. Don't waste more money duplicating facilities in Texas that are already here. The CARES construction budget has been significantly reduced, so there is no way to guarantee that the funds will even be available in the future to pay to replace these facilities that are already here. The Waco facility also offers a serene setting with lush trees and a beautiful campus that aids in the recovery of our psychiatric patients. A dollar value can't be placed on that.

Quality of service to our veterans is a result of such strong community support. It has taken years to build this type of community support. Congressman Edwards asked that the LAP not give consideration to closing the Waco VA. Doing so will cause the VA to spend millions of dollars on duplicating services that are already present at the Waco facility.

End of remarks

Video Presentation: (Senator Hutchinson)

Senator Hutchinson provided a brief video commentary emphasizing that her goal is to ensure that the voice of Waco's community is heard and that the public's input play a significant role. The Waco VA serves over 17,000 veterans and is in close proximity to Fort Hood, where more soldiers will be coming home from Iraq. .

She asked that the public and the LAP reject any recommendation to close the Waco VA facility.

End of remarks

Video Presentation: (Senator Cornyn)

Senator Cornyn provided a brief video commentary addressing the public. He stated that veteran's healthcare should always be a top priority. The Waco VA is a top facility especially in mental health. We must ensure we maintain high quality services like the Waco VAMC provides.

End of remarks

Standard Operating Procedures: (Mr. Coronado, LAP Chairman)

Mr. Coronado reviewed the activities of the LAP admin meeting that was held the day prior.

- Admin meetings are for the purpose of housekeeping.
- The standard operating procedures were discussed.

Brief discussion of general points:

- The CARES study will last approximately 1 year, during which time we will hold 4 public meetings.
- An independent consulting group was hired to assist with carrying out the CARES study. Part of this process requires the consulting firm to develop a list of business plan options for each Site being studied. One of the roles of the LAP is to make sure that input from the public and key stakeholders is received and given consideration while developing the business plan options and that PwC gives this input consideration in developing their plan.
 - The plan is currently in process and that entails developing a baseline.
 - Next the consultant will develop alternative business plan options

- The LAP will review and comment on the options before they go to the Secretary for consideration
 - Four public meetings will occur between May and November 2005.
 - Secretary will make decisions sometime in early 2006
- Operating procedures state that any action taken must be voted on by the LAP and with a majority (min of 5 members plus the Chair).
 - We encourage the public to provide comments. Please also write your comments down so we can enter your thoughts into the record verbatim. This is important, but not required.
 - The consultant is an independent contractor hired by the VA to develop options for the VA. The panel will be reviewing all options presented by the contractor. We want to make sure we have accurately represented the feelings and concerns of all major stakeholders.

Reviewed Operating procedures regarding:

- Voting (may not be taken in absence of a quorum)
- Agendas
- Meeting summaries
- Public meetings are open to the public. Comments will be limited to 3 minutes. Additional comments can be mailed to the address that will be provided during PwC presentation.
- Purpose of Admin meetings
- Consultant role of recording comments
- The Chair will approve the agenda for each meeting

Motion to approve the operating procedures.

- Motion was carried and unanimously approved.

Business Plan Studies for Waco VAMC: (Mike Dunfee, VA Team Lead)

- Review of previous CARES process that was started in 1999.
- Phase I was a study of VISN 12.
- Phase II extended the studies to all 21 Networks. This study was done internally by VA staff.
- These studies resulted in recommendations considered by the Secretary of Veterans Affairs.
- The recommendation for Waco campus was deferred pending an additional study being completed, bringing us to our current status.

Forecasting Healthcare Demand: (Mike Dunfee, VA Team Lead)

Discussed general methodology for forecasting demand data.

- Projecting enrollee veterans population
 - Enrollment is being forecasted over the next 20 years.
 - Data is broken down by Age group, gender, priority groups and geographic areas.
 - Reviewed enrollment forecasts, change in utilizations and demand for Central Texas.

Five Demand Models were developed:

1. Inpatient / outpatient care
2. Nursing Home Care
3. Domiciliary Care
4. Spinal Cord Injury Care
5. Blind Rehabilitation

- The inpatient and outpatient care model was developed by Milliman USA.

- The other 4 demand models for specialty care were developed internally by the VA.
- Projection figures have been validated by two independent consultants and found reasonable.
 - 1990 model was off by only 1% compared to actual figures for 2000.
 - Accounts for new veterans based on DoD planned force strength.
 - Forecasts are less precise as we move into later years and smaller geographic areas.

Discussed geographic areas which were forecasted

- There are 78 healthcare Markets in VA.
- Within each Market are Sectors, which is comprised of one or more counties
- Network 17 is divided into 4 Markets
 - The focus is in the Central Texas Market where the Waco VA is located.
- Projected increase in utilization for outpatient mental health services over the next 20 years.
- Projected decrease in utilization for inpatient services over the next 20 years.

Mr. Coronado commented that this data is not from the contractors, but is from the VA. In addition, some of the LAP members have expressed questions regarding the data and that the VA will be going back to review the data.

End of remarks

CARES Study Methodology: (Margaret Stover, PwC, Site Leader)

Reviewed objectives of the study

- Develop a broad range of options to meet or exceed current level of care provided by the VA.
- Study considerations will include access, quality, research and education, capital requirements, cost and co-location opportunities.
- Study design
 - Stakeholder input is very valuable
 - A process has been put into place for us to capture stakeholder input, which will be used for consideration of options.

Scope of study is broken into 5 components :

- Healthcare study
- Capital plan
- General reuse plan
- Financial analysis
- Process of gathering public input

Reviewed Project overview

- Planning phase which began in Feb of 2005
- Stage I includes two public LAP meetings, site visits, and submitting business plan options to the Secretary for selection of up to six options for further study..
- Stage II detailed in depth analysis of selected business plan options. Two public LAP meetings will occur. Final report submitted to Secretary will include analysis, implementation plan and PwC independent recommendation. .
- Congressional Briefings will occur immediately prior to Public LAP meeting.

Overview of options Development Process

- Goal is to meet or exceed quality of care and access for projected demands of veteran population.
- A baseline option will be developed.
- Alternative business plan options will be developed and compared to the baseline option.

Discussion of VA role during the project

- Provide demand forecasts, cost information and other necessary data points.
- Review of all deliverables
- Feedback from LAP

Briefly reviewed the role of PwC and the subcontractors assisting with the study

The study process is open to the public and the public input is an important part of the study. Please submit your input to the following address:

Waco Study
VA CARES Studies
PO Box 1427
Washington Grove, MD 20880-1427

Information can also be obtained at the following website:

CARES website (www.va.gov/cares)

End of remarks

Capital Investment Board Process: (Jill Powers)

If there is a major project that is proposed as an option than that project will still have to compete with all of the other VA projects for funding. Projects are ranked nationally based on 2009 criteria. The criteria have not yet been determined but are typically based on previous criteria which is :

- Presidential/Secretarial priority
- Cost effectiveness
- Capital asset priorities
- Research and education
- Safeguard assets
- Health care delivery enhancements
- Special emphasis programs such as spinal cord care or blind rehabilitation.

Morning session concluded at 11:00 am. Lunch break occurred from 11:00 am – 1:00 pm

Afternoon session was reconvened 1:00 pm

Public Comment

Testimonial 1 (Dee Smith: Representing State Senator Kip Averitt)

Presented Senate Resolution – 714.

This is the only facility that provides psychiatric care, the State has invested significant sums of money to upgrade and provide such services. The facility is known as a national referral center for blind rehab. Veterans enjoy strong community support. 2.3 million in annual donations, 750 employees, accounts for 2,000 jobs throughout Texas. Texas State Senate opposes any proposals to close the VA center in Waco.

Testimonial 2

The VA has been attacked, this is not right, when we are fighting to defend our country, we don't need to be attacked by our own leaders or by anyone in our government. We need to be respected as veterans.

Testimonial 3 (Russell Divorski: Representing State Representative Jim Dunham)

Waco VAMC has been a staple to the community for years. We support this facility and its importance to the community. It has been the sole support of psychiatric care this side of the Mississippi. This facility provides the resources necessary to honor veterans and their sacrifices.

Testimonial 4 (Jack Smith: Representing State Representative Charles “Doc” Anderson)

Moving patients from here to Temple is a hardship on patients in Waco. Many patients use this facility for mental health. If the VA closes, those individuals would be in hardship because the DePaul Facility cannot handle the burden that would be placed on them. Many veterans would have to be transported to Austin. The economic arguments from the community are sound. We need to ensure we take care of our veterans. We would like to keep the VAMC open or even consider expanding it.

Testimonial 5 (Judge Jim Lewis: County Judge)

If we move this facility, a human factor is going to be involved in that. It takes passion to work with mentally ill and blind patients. We have special individuals...no matter where you move the facility to, you won't be able to find such individuals with the passion we have to care for these type of people. With all of the current conflicts going on around the world, there is going to be an increased need for these veterans when they return home. Closing this facility does not make sense.

Testimonial 6 (Council Woman Virginia DuPuy: City Council)

Thank you to all for being here. This is an extremely important issue for us. There are a lot of people working behind the scenes around this issue. Being a member of city council we are here to represent the city of Waco including veterans, nurses, doctors and all the support staff of the veteran population. We commend the process, it is important for the citizens to have say in the process.

3 key points made:

1. This city is a wonderful city. The best assets are the people.
2. Urged that the LAP examine the assumptions and limitations of the projections. Expressed concern regarding the data.
3. Cost factors, please put a value on the system as a whole...remember the human capital and impact.

Testimonial 7 (Councilman Maurice Labens: Waco City Council)

We left Vietnam over 30 years ago, Korean war over 50, WWII over 60 years ago. We have patients from all of these wars right here today. We have 2 current wars right now. We can expect to be taking care of them for the next 40 years. It is important to have our hospital. The city of Waco is willing and ready to work with you to come up with alternate solutions.

Testimonial 8 (Mayor Robin McDurham: City of Waco)

Thanked members of the panel for making the best decisions possible. Also thanked the VA administration for what they are doing.

Presented how Waco is responding to the needs of the veterans and ways we can help provide solutions to the current situation. Waco is a premier facility for mental health and PTSD (post traumatic stress disorder). This facility, staff and community support can not be easily replicated. Waco has the space and staff to be a regional center to support our veteran's healthcare needs.

Testimonial 9 (Linden Olsen Jr.: Waco VA Task Force Member)

Presented information on how Waco VA has a proven track record providing care.

- The Waco facility has been a 70 year tradition in the community.
- The facility offers a tranquil setting and serene campus with more than 30 beautiful buildings.
- Roughly 80 million dollars has been invested over the last 12 years to update and modernize this facility.
- The staff are highly trained medical and specialists qualified to care for mental health patients. The median length of service for employees is 17.3 years.

- The Hospital is one of 3 providing blind rehab care in the US and is in close proximity to local hospitals for emergency care.
- The veterans of this community are wanted and respected.

Waco has a second facility (DePaul Center) 48 beds that provides mental health services to the community. The DePaul center resources are limited and closing the VAMC would swamp this facility.

Testimonial 10 (Robert Ganbowa: Waco VA Task Force Member)

Presented information on how the city of Waco is prepared to meet new challenges.

Impact of war on terror

- There will be a greater demand for VA mental healthcare as a result of current conflicts.
- Recent USA Today study found: Waco has the only inpatient PTSD units in Texas. Doctors estimate 15 to 20% of returning veterans will suffer some degree of PTSD. Demand for veteran's health services has climbed 34% in the past 4 years.

Women veterans

- Women are 2 to 1 more times likely to develop PTSD than men.
- 8-10% of women veterans suffer from PTSD and sexual trauma.
- The nation needs to address the human impact on our women veterans and ensure they receive the best care possible for mental health. The VA center can play a regional and even national role in providing these services.
- Waco VAMC is an ideal location for a national center for research because of proximity with Texas A&M Health Science Center on Research.
- Waco has the only inpatient PTSD unit in Texas
- Waco has expertise and professional staff
- Congressman Edwards is seeking a 3 million dollar appropriation for PTSD for 2006
- Waco blind rehab center has a 91% occupancy rate. There is a backlog of people waiting for care (72 veterans on wait list, approximately 14 week waiting period)

Testimonial 11 (Maggie McCarthy: Waco VA Task Force Member)

Presented information on how Waco community is prepared to support the Waco VAMC with enhanced care and reduced costs.

Reduce overhead

- About 1/3 of the VAMC is currently vacant.
- City of Waco is willing to assume responsibility for road and parking maintenance on the campus.

Waco is willing to assist in bringing additional care and services (for example)

- Veterans housing
- Counseling and intervention services
- Educational opportunities

Waco has been working on developing possible partnership opportunities to assume uses of vacant facilities and provide services that will benefit the community:

- Salvation Army cares for almost a 1/3 of our veterans. VA could partner with Salvation Army to offer use of facilities.
- United Veterans Beacon House – offers translational living program for veterans.
- Texas State Technical College.
- Central Texas Youth Services – family counseling services

Possible commercial leases:

- Hillcrest Hospital - development of an acute long term care facility. Willing to invest 1 million in facility improvements.

- Family Practice – federally quality health center providing primary care services
- Distance Learning – Interest in using Waco VA site as a central hub for learning and higher education.

The Greater Waco Chamber of Commerce has agreed to facilitate proposed partnership opportunities.

Testimonial 12 (Dr. Norwood Knight-Richardson: Waco VA Task Force Member)

Presented information on how the VAMC is providing quality care that cannot be easily replicated.

Dr. Richardson described that the issue is not about the efficiency of space or about how the VA can save dollars by moving facilities. Instead the issue is really about to what extent the government is willing to engage in the preservation of quality care for future veterans. It is about saving veteran lives after they have risked theirs to preserve our freedoms and it is about assuring the quality of their lives.

Waco VAMC has a long history of providing care for mental health and also provides a unique service (PTSD)

Dr. Richardson has served on the mental health commission for President Bush and believes Waco provides a good model of care. To close this hospital and try to duplicate it 30 miles down the road would be unwise. He believes that you can't easily replicate the experience and community support that Waco enjoys.

Brief discussion of the National Recovery Model of Care:

1. Focused on individual care.
2. Requires job skills training – Waco community offers a number of universities
3. Housing will be required – Waco has the capacity to offer housing
4. Tremendous community support (which is an incalculable cost)

Dr. Richardson briefly addressed arguments for moving previously presented in support of moving the facility. These are:

1. The VA would benefit if it was closer to medical surgical hospital.
2. Being located in proximity to an educational institution would provide better opportunity for physician training.

In both cases, Dr. Richardson expressed that it has been his experience that these arguments are not necessarily accurate. He believes that moving the facility will negatively impact the patients and that the Waco model of care cannot be duplicated.

Mayor Robin McDurham – Closing Remarks

The Mayor challenged the LAP to consider the following recommendations of the VA Task Force Committee:

1. Waco should become a center of excellence for mental health including PTSD care and research, and expansion of PTSD care for women.
2. Maintain and expand acute, intermediate, and residential rehabilitation programs.
3. Evaluate the value added by the local peer counseling effort.
4. Significantly expand the blind rehabilitation program.
5. Locate proposed expanded outpatient services on campus.
6. Consider total cost of any relocation option including impact on patient care resulting from disruptions in staffing and long standing community support.
7. Evaluate economic impact of a total reduction of vacant space.
8. Evaluate the economic benefits of an accelerated lease process.
9. Assess the value of City of Waco's offer to maintain pavement surfaces.

Testimonial 14 (Jim Gebhart: CFO, Hillcrest Hospital)

Briefly described partnering opportunity that Hillcrest is considering with the Waco VAMC.

- Looking for a site where they could establish a long-term care facility.
- Hillcrest would like to lease 19,000 sqft and is willing to commit up to one million dollars for renovations.

Testimonial 15 (Captain Tim Gilliam: Salvation Army)

Briefly described partnering opportunity with the Waco VAMC.

- Use some of the vacant facilities to expand Salvation Army services.
- Currently the Salvation Army is restricted because of facility capacity. Partnering with VAMC would allow expansion of services such as substance abuse care.
- The Salvation Army is interested in housing their Social Services department, admin offices and several other possible services at VAMC facilities.

Testimonial 16 (Elton Stukley: Chancellor, Texas State Technical College)

Briefly described partnering opportunities they would consider with the Waco VAMC. Specifically around the greenhouse that was built there. Also expressed a willingness to do what it takes to make this work for everyone.

Testimonial 17

Pointed out that homeless veterans have not been discussed yet. Commented that we have enough homeless veterans in this area to fill those empty buildings. VA system lacks proper funding. The problem isn't whether Waco is the issue; it is a system-wide problem resulting from lack of funding. We help rebuild countries we go to war with, but we won't fund our VA system.

Testimonial 18

Commented that last year we served approximately 17,000 veterans. Blind rehabilitation and PTSD. The population of elderly veterans will grow by 500k over the next 5 years. Given the state of our current military affairs, the need for mental health services will continue to increase. It would be unthinkable to not utilize the full capacity of the VA facility.

Testimonial 19

Commented on women's issues sighting the GAO-4-1069 report that the VA does not have all the information it needs to know if it can meet the demand for PTSD services. If the VA does not know how many patients it is currently serving, how can it make a judgment as to whether it should be closing this facility?

Testimonial 20

Commented on the Chamber's economic agenda and that it includes helping to expand the VA facility. The Chamber of Commerce is committed to helping the Waco VAMC find new and compatible uses for the surplus building on the campus. The Chamber is willing to being the single point of contact to facilitate the saving and expansion of the VAMC.

Testimonial 21

Expressed the commitment that the community has towards the VA center. Encouraged the LAP not to lose site of the 17,000 veterans that are represented through the Waco VAMC. Can't place a dollar value on their service. Also commented that the demand for services is obviously increasing and to please leave the hospital in Waco.

Testimonial 22 (John Householder – Secretary of the Waco Lions Club spoke on behalf of Mr. Nielsen.)

Commented that 2.5 million Lions worldwide support efforts of the mentally impaired. It is very important to the Lions organization that the VAMC programs stay in Waco.

Testimonial 23

Commented that there is a united front of citizens and veterans who support leaving the Waco VAMC open. They believe that there will be an increased demand in the near future for mental health services especially in Texas, as a result of the large amount of current military serving from the State.

Suggested considering a pilot program for those who need more intensive treatment (Acute PTSD residential program).

Testimonial 24

Her husband is a veteran and son is a veteran. Her family is 3 generations deep of caring for veterans. Commented on the importance of caring for our veterans and requested not to take away our Waco's medical center.

Testimonial 25

Commented on the space at the Waco VAMC and how it was specifically designed for mental health treatment. Temple does not provide a comparable environment.

Testimonial 26

Father was a Vietnam veteran. She described the story of her father and how he was wounded in Vietnam. Told how PTSD impacted her family and how the Waco VAMC service helped her father and their family. Requested that the facility not be closed.

Testimonial 27

Commented that there are only 2 kinds of veterans, those who have served and those who have died. A category 1 veteran and uses the Waco facility 5 days a week for services. Without this service he would have to be driven 5 days a week for these services. He sees the Waco VA as a promise, a place where he is appreciated. Suggested The Waco VA should be renamed the George W. Bush VA Waco complex.

Testimonial 28

A patient of the VA and commented on how he has been receiving excellent treatment compared to all the other hospitals in the area. He believes Waco VAMC is a top notch facility and that it would be a major mistake to move this facility. It would also have an economic impact on Waco.

Testimonial 29 (Terry Colley: Texas Historical Commission)

Commented that he represents the State and Federal Agency for Historic Preservation for the State of Texas and that the Waco campus is a place that is serene and therapeutic. Expressed concern for the historic value of the VA buildings on the Waco campus, which are on the historic registry.

Testimonial 30

Commented that the Waco VA is one of their clinical training sites for the nursing program, in addition to many other programs. The students use the psych unit for clinical rotations which offers a unique opportunity to see acute and chronic psychiatric diseases. If the facility closed, MCC students would have to drive far distances to be able to receive this type of training. Additionally, students are also very fortunate to rotate through the Blind rehab program and receive training around long-term care.

Testimonial 31

Suffers from sexual trauma and thanked the citizens of Waco for standing up for her. She commented that the VA is a part of her life and a part of her home and asked that the facility not be taken away from her.

Testimonial 32

Provided brief remarks regarding the importance of keeping the Waco VAMC open. The previous CARES study was done prior to Iraq and Afghanistan which is creating new veterans that are going to need the services of the Waco hospital which is recognized as one of the best facilities in the country.

Testimonial 33

Commented that the VA system is charged with the care and respect of the veterans. Brief remarks regarding the importance of keeping the Waco VAMC open and its commitment to care for the veterans. Pointed out the long wait times for appointments and commented that with such wait times it's hard not to imagine the facility is not being used.

Testimonial 34

The speaker's father, brother, and husband are all veterans. Her husband was 100% PTSD disabled. She expressed that the Waco VA has been such an innovative resource for PTSD and that the facility offers a unique holistic type of care to veterans.

Testimonial 35

Commented that no VA hospital in this country should be closed and that a life is more important than money.

Testimonial 36

Provided general comment regarding the importance of the VA system and that the Waco VAMC should be sustained as it is now.

Testimonial 37

Thanked the LAP for their efforts and commented on how the Waco VAMC helped him with post war syndrome and improved the quality of his life. Asked that the LAP think seriously about the feelings of the people and how the committee's decision is going to impact the Waco community.

Testimonial 38

Commented that he has PTSD and that there is a lot of support for the Waco VAMC.

Testimonial 39

Commented that we need this VA open - no questions about it!

Testimonial 40 (Congressman Edwards)

Thanked the crowd for their support of the Waco facility. Commented that the Waco facility is a center of excellence and should not be considered for closing. Congressman Edwards expressed two major concerns:

1. Despite the fairness of the process, he is worried that the final decision could be dictated based on demand models for 20 year forecasts. He asked that the LAP examine the assumptions of the projection models (sighting that the model was off by 200k this year in projections). Believes we should error on the side of having too many services and not enough.
2. Concerned that the LAP must make sure that there is enough time for PwC to consider all of the complex options being proposed, especially those offered by the city of Waco.

Testimonial 41

Commented that the community has made a very strong case for keeping the Waco facility open and that they are seeking a win-win solution. Expressed several points that she wants the LAP to give consideration to:

1. The VA system must be willing to look at the bureaucratic barriers that get in the way of effective partnering (several community partnering opportunities have been proposed). Specifically, the issues around enhanced lease options (which takes about 18 months). A faster track must be available for many of the proposed options to be viable.
2. Please look carefully at the methodology and how you are breaking up the markets in your projections. It doesn't make sense that you would look at blind rehab at the sector level, when the program is a national program drawing from markets all over the country. The question of Markets is critical, and broader markets need to be considered when evaluating many of Waco's programs.
3. Categories of care. Mental Health is always last on the list. The projection categories as they are currently presented may not give us an accurate picture of the needs. We believe innovation will bring savings and community partnering will be a win-win. Please don't allow this study to be blocked by arbitrary parameters.
4. Commented to PwC that the human element matters and asked that PwC commit to not exclude the value of the human side. Additionally, PwC should also consider the investment of dollars and staff that has

already been made at the Waco facility.

Closing Comments: Mr. Coronado

Mr. Coronado commented that we currently have two major medical centers that are side-by side. Urged the LAP and the public to keep in mind that the goal of the Committee needs to focus on how services can be complimented and not duplicated.

5 Minute Break

Local Advisory Panel Deliberations and Motions

Motion 1: Larry Groth

Move that PwC be charged with evaluating the recommendations made by Waco Mayor Robin McDurham as potential options.

1. Waco should become a center of excellence for mental health including PTSD care and research, and expansion of PTSD care for women.
2. Maintain and expand acute, intermediate, and residential rehabilitation programs.
3. Evaluate the value added by the local peer counseling effort.
4. Significantly expand the blind rehabilitation program.
5. Locate proposed expanded outpatient services on campus.
6. Consider total cost of any relocation option including impact on patient care resulting from disruptions in staffing and long standing community support.
7. Evaluate economic impact of a total reduction of vacant space.
8. Evaluate the economic benefits of an accelerated lease process.
9. Assess the value of City of Waco's offer to maintain pavement surfaces.

Motion 2: James Vaughan

So much of today's public comments focused on the ascetic beauty, serenity and healing environment unique to the Waco campus and also on the tremendous amount of support given by the community. In order for the LAP to be able to better evaluate the value of these points, move to charge PwC with establishing a monetary value related to the environment of the Waco campus and the support provided by the community.

Motion 3: James Vaughan

Linda Ethridge, former Mayor of Waco, raised the point that several programs such as blind rehabilitation and spinal cord injury care are unique services that provide care to patients from all over the country and not just locally. Move to charge PwC with considering additional markets (not just Central Texas) when evaluating the demand for these types of programs that serve patients on a national level.

Motion 4: Coke Mills

Move to request that PwC revisit Dr. Kotrla's original proposal/recommendations that were presented in Washington and that PwC performs an analysis to determine how these recommendations might serve as one of the options moving forward.

Motion 5: Carl Lowe

If the decision is made to close the campus, this will cost a lot of money. Move to request PwC to evaluate the cost associated with closing the facility.

Motion 6: Larry Groth

Many of the LAP members still have concerns regarding data projections. Move to request the all the assumptions that have been put into the demand data be outlined and provided to the LAP members.

Motion 7: Walter Dycke

Motion that PwC review the recommendations of the commission's final CARES report to the Secretary and provide better clarity around the methodology/assumptions used to extrapolate projections at the local level using national data.

Motion 8: Kirk Bennett

The population growth model was developed prior to Iraq and Afghanistan. Move to request that PwC re-evaluate the veteran's population growth projections and give consideration to the population shift that has occurred since the model was initiated.

All motions were unanimously approved by LAP members.

Meeting Adjourned 5:00 pm