

CARES COMMISSION
POST HEARING SUMMARY

VISN 20 White City Hearing
October 3, 2003

- I. Commissioners in Attendance
 - 1. John Vogel, Vice Chairman and Hearing Chair
 - 2. Richard McCormick, PhD.

- II. Market Areas Addressed in Hearing
 - 1. South Cascades Sub-acute Market –
Southern Oregon Rehabilitation Center and Clinics – SORCC
(formerly known as the White City Domiciliary)

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III. Market Area Summary

Market	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
South Cascades	Campus Realignment – SORCC/White City	White City campus realignment not mentioned.	Study feasibility of realigning domiciliary to other VA facilities. Maintain outpatient services on White City campus or other appropriate site. Explore enhanced use lease possibilities for assisted-living or other compatible use.
South Cascades	Enhanced Use – Portland, Roseburg and White City	White City – Rogue Community College to build on land.	Explore enhanced use lease possibilities for assisted-living or other compatible use. Enhanced lease projects in Portland, White City and Roseburg mentioned in DNCP but did not make top 20 list.
South Cascades	Infrastructure- Seismic	Portland, Roseburg and White City have seismic issues.	Seismic conditions will be improved through proposed construction projects at Portland, American Lake, Roseburg, Seattle, and White City.

IV. Brief Description of Hearing Testimony

1. Network Leadership – Dr. Les Burger, Network Director

Dr. Berger reviewed the process and plans for VISN 20, where the challenge is delivering services across a large geographic region with 10% growth last year. Regional high unemployment, budget shortfalls, and decline in Medicare HMOs are pushing up veteran enrollment. VISN 20 leads the nation in Category 1 enrollment.

Since 2000 SORCC has focused on intensive biopsychosocial rehabilitation for patients failing other rehabilitation efforts. SORCC uses admission criteria, motivational assessment, needs based programming, and case managers to improve outcomes. It is a network referral point following closure of the inpatient domiciliary and substance abuse program at Portland. It is the largest domiciliary in VA, with 12% of all beds.

Dr. Berger also reviewed SORCC’s administrative and clinical improvements in the past three years. They have developed a state-of-the-art system for handling referrals from across VISN 20 that uses a web based application form. These referral requests, combined with cross-admitting privileges, facilitate communication and referrals from network staff. Network facility point of contacts, and SORCC case managers, support referrals into the program and follow up back in the patient’s home city. Monthly Mental Health conference calls provide structured clinical communication and process

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improvement ideas. VISN 20 would like to expand this model to other specialty areas, given the success with SORCC programs.

As part of the CARES process the Undersecretary asked VISN 20 to consider realignment of four campuses, including the SORCC at White City. Options for providing this care elsewhere in the network are being evaluated. The feasibility study will be available by month end. Two older buildings have seismic deficiencies. For the record, the study will focus on alternate venues for providing the current level of service.

Network Leadership also reviewed services 50 miles away in Roseburg. The two campuses share clinical and administrative chiefs, and it has an inpatient psychiatric unit for patients referred from SORCC and a transitional care unit.

2. Elected Officials

Ms. Kupilias, Jackson County Commissioner
Congressman Gilman, Oregon House of Representatives
Mr. Moore, Medford City Council

All of the officials raised strong objections to closing the facility. Ms. Kupilias said SORCC is an integral part of the community health system and maintaining it is the right thing to do. Estimated impact of closure is \$70M, assuming a \$28M budget and 2.5 multiplier. Congressman Gilman said some veterans drive four hours to SORCC and closing it will increase travel times. Mr. Moore talked about needing a safe setting for patients with dual diagnoses. While some buildings need seismic correction he believes VA has to balance the risk of earthquakes with providing care on an efficient basis.

3. Affiliates

Dr. Howell, Dean Rogue Community College
Ms. Markle, MSN, Oregon Health Sciences University Nursing School (OHSU)
Mr. Chris Lanham, Camp White

All of the witnesses talked about the importance of SORCC. Dr. Howell said over 1,300 patients attended classes since the college moved on campus in 1994. She believes Turf Management is the best example of a successful vocational program. Ms. Markle, who worked at SORCC for 17 years, stressed the need for clinical experiences outside acute settings to educate future nurses. Training sites like SORCC are critical if the school is to double nursing enrollment in the next five years. OHSU just received a grant to bring the Nurse Practitioner Mental Health program to SORCC for clinical rotations. Mr. Lanham estimated 40% of the patients come from outside VISN 20. Over the past twenty years it has changed to prepare patients for re-entry into society.

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4. Employee Representatives – Ms. Dye, AFGE 1089

Ms. Dye said AFGE has been involved in the CARES process and raised concerns about closing SORCC. Of 440 employees, only 153 are not veterans. SORCC has many special programs and high CARF accreditation scores. She urged Commissioners not to allow it to be restructured or downsized.

5. Community Groups

Ms. Leonardo, Eagle Point High School at the Dom Program

Mr. Mazza, Camp White Historic Association

Mr. Caldwell, Former POW

Mr. Holt, Former County Commissioner

Mr. Lang, Panel Products

Mr. Prevatt, Rogue Valley Veterans POW WOW Committee

Mr. Lamb, SORCC Patient Council

All of the representatives thanked the Commissioners for coming to White City to hear about “the Dom”. Each of them raised thoughtful and heartfelt objections to closing it. Ms. Leonardo proudly outlined the only VA-based school-to-work program, located at the Dom, promoting continued education after high school. Mr. Mazza talked about the needs of returning soldiers with chronic mental health and substance abuse problems. Closing the Dom would reduce their chances of becoming a productive part of society. Mr. Caldwell said we must keep fighting for people who will need this hospital in the future, rather than letting them wander around for 25 years with no skills or money.

Mr. Holt wanted people to know about the importance of the Dom to area veterans and White City’s economy. Over the years it has taken care of thousands of veterans, including their very successful stand down. Mr. Lang said 15% of his employees come from the Dom and closing it would be a significant hardship. Company statistics show positive outcomes for 78% of 95 former employees. Losing it would only lead to more prison beds. Mr. Preveatt, a former patient, talked about the experience of Native Americans veterans. They may not trust the government, but they have come to trust the Dom. Just last year they added a sweat lodge that helped 11 patients with spiritual needs. Mr. Lamb described his odyssey from homelessness to a productive lifestyle. He wants other networks to see how to run a successful program. On behalf of his fellow patients he urged Commissioners not to close this VA resource.

Following the last witness Congressman Walden’s statement was added to the record.

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V. Commissioner Views

Market	Planning Initiative	DNCP Recommendation	Commissioner Views
South Cascades	Campus Realignment – White City	<p>Study feasibility of realigning domiciliary to other VA facilities.</p> <p>Maintain outpatient services on White City campus or other appropriate site.</p> <p>Explore enhanced use-lease possibilities for assisted-living or other compatible use.</p>	<p>Based on overall direction from the Under Secretary of Health, Commissioners assume the current level of care provided across a network will not be lowered. Furthermore, projected demand for mental health, nursing home and domiciliary services is expected in the next phase of CARES. In White City that means current outpatient services will continue to be provided on campus or at another setting in Medford.</p> <p>Commissioners anticipate the feasibility study will evaluate alternate sites for providing the current level of outpatient and residential services. The network is encouraged to thoroughly evaluate options and at a minimum include fiscal, clinical, patient access and community impact factors.</p>
South Cascades	Enhanced Use – Portland, White City and Roseburg	Explore enhanced use-lease possibilities for assisted-living or other compatible use.	Enhanced lease projects in Portland, White City and Roseburg mentioned in DNCP but did not make top 20 list.
South Cascades	Infrastructure – Seismic	Seismic conditions will be improved through proposed construction projects at American Lake, Portland, Roseburg, Seattle, and White City.	The costs of correcting seismic deficiencies were mentioned as part of consolidating services in fewer buildings to create a more efficient campus footprint.

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VI. Other Comments

- While the clinical efficacy of the current program is not under evaluation, Commissioners note the SORCC has made significant progress improving the transition of patients from distant locations back to aftercare programs. Commissioners recognize the difficulties maximizing outcomes for patients treated in White City who return to their original location. They commend the network and facility leaders for make strong efforts to ameliorate distances through cross-admitting privileges, web-based referral forms, facility point of contacts, case managers, a network Mental Health Committee and structured clinical communication.
- Commissioners also note for the record that VISN 21 network and facility leaders expressed concern about changes in the SORCC since it handles 40% of their domiciliary patients.

VII. Follow-up questions for VHA/VA

1. Feasibility study to be provided by the end of the October, 2003.