



DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Sierra Pacific Network  
201 Walnut Avenue  
Mare Island, CA 94592

CORRESPONDENCE NO. 2  
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BOARD OF SUPERVISORS

2009 FEB 11 P 2:04

February 9, 2009

In Reply Refer To:

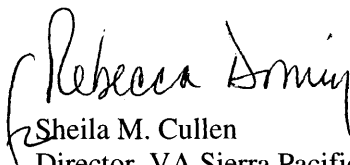
Chairman James DeMartini  
Stanislaus County Board of Supervisors  
1010 10<sup>th</sup> Street Suite 6500  
Modesto, CA 95354

Dear Chairman DeMartini,

Thank you for your interest in the Department of Veterans Affairs' initiative to expand veteran healthcare services in California's Central Valley. In December 2008, VA signed a contract with Ratcliff, an experienced health care architectural firm, and ECG Management Consultants to review data and delineated areas in which to build the new East Bay Community Based Outpatient Clinic (CBOC) and expanded Central Valley CBOC that will be co-located with a new 120-bed Community Living Center (CLC). Ratcliff and ECG will present their final report, which will recommend a delineated area within the Central Valley, to the VA in late May 2009.

The consultants will accomplish this task in discrete steps. First, in March 2009, ECG will recommend the Central Valley County where the co-located facilities are to be sited. Next, they will recommend two delineated areas within that county. The criteria used by the consultants to make both a county recommendation as well as recommendations for specific areas within the identified county will be similar. The criteria include, but may not be limited to: accessibility to current and future veteran enrollees, distance, travel times, traffic patterns, availability of public transportation, access to qualified clinical staff, availability of other suitable health care resources and cost considerations. Enclosed is a formal description of the evaluation criteria, developed by Ratcliff and ECG and approved by the VA Palo Alto Health Care System and the VA Sierra Pacific Network.

Data gathering, analysis and stakeholder meetings with constituents in the counties under consideration are currently underway. The VA, along with the team from Ratcliff and ECG, is committed to thoroughly understanding the needs of the Veteran population and surrounding communities in order to make these recommendations. Your support for expanding Veterans' health care services is greatly appreciated. Please contact Larry Janes, VISN 21's Capital Asset Manager, at (707) 562-8213 if you have any questions or need additional information.

  
Sheila M. Cullen

Director, VA Sierra Pacific Network (VISN 21)

Enclosure

U.S. DEPARTMENT OF VETERANS AFFAIRS  
VA PALO ALTO HEALTH CARE SYSTEM

**SUMMARY OF SITE-SELECTION PROCESS AND KEY CRITERIA**

**I. Overview**

In December 2008, the U.S. Department of Veterans Affairs (VA) signed a contract with Ratcliff, an experienced healthcare architectural firm, and ECG Management Consultants, Inc., to review data and sites to assist with identifying delineated land areas in which to build a new and expanded community-based outpatient center clinic (CBOC), which will be collocated with a 120-bed nursing home (Community Living Center) in California's Central Valley, as well as undertake the same analysis for a CBOC in the East Bay. Ratcliff and ECG have approximately 165 days, or until the end of June, to present their final report, which will recommend designated zones within VA Palo Alto Health Care System's catchment area of the Central Valley, as well as in Alameda County.

The consultants are addressing this objective in discrete steps. First, within 60 days, ECG will recommend the county where the collocated facilities are to be sited. Next, ECG and Ratcliff will recommend at least two specific delineated areas within that county. The criteria used by the consultants to make both a county recommendation and recommendations for specific areas within the identified county will be similar and are described below.

The VA, in conjunction with its consultants, will seek to identify appropriate zones that are available within the delineated areas. After the zones are identified, additional analysis regarding the pros and cons will be included in the final report, which will be submitted to a VA site-selection committee.

VA Palo Alto Health Care System expects to have a strong recommendation to pass on to VA Sierra Network (VISN 21) and Central Office, which will make the final determination.

**II. Key Selection Criteria**

Key criteria include, but may not be limited to: location and concentrations of veteran populations; accessibility to sites by current and future veteran enrollees, considering distance, travel times, traffic patterns, and availability of public transportation; access to qualified clinical staff; availability of other suitable healthcare resources; and cost considerations. Specifically, the consultants will assess the following:

**A. Veteran Population**

The analysis considers the distribution and concentration of veterans' residences throughout each county and trends regarding migration of veterans to and from select areas within each county. Such reviews are based on both historical statistics and actuarial forecasts. Not only will this criterion take into account the veteran population, but also veteran enrollees and usage statistics related to VA services.

**B. Transportation**

Access via public and private transportation corridors is a key consideration. This analysis will consider intra-county and intercounty transportation access and routes as they exist today – and as they may exist in the future should planned expansion occur. Given the uncertainty surrounding funding for certain transportation development initiatives, more reliance may be placed on development of corridors where funding is more predictable.

**C. Potential Hospital Partnerships**

The VA's strategy for delivering health services in underserved communities is partnering with established medical centers to share resources with general acute care hospitals that include emergency services. An analysis of regional providers' levels of care, financial stability, and array of services within a delineated area will be undertaken for the county-level assessment.

**D. Availability of Qualified Medical Staff**

The new VA facilities are expected to attract qualified staff who will reside in reasonable proximity to them. Nonetheless, there will be a transitional period when existing staff may need to travel additional distances to provide those services that have been relocated to these new VA facilities. Thus, the analysis will consider where current VA employees reside, current physician availability within the Central Valley and East Bay, and plans within each county to facilitate ongoing physician staffing needs.

**E. Other Considerations**

Other criteria will also be considered that may, but not necessarily, be limited to the following: availability of appropriate parcels, cost of land acquisition, and presence of other veteran services.