

planning recommendations, and final recommendations for CARES are summarized in Appendix Q. Briefly, 4 new SCI/D Units were proposed and will be forwarded for implementation as follows:

- 30-bed SCI/D Unit in Syracuse (alternatively, Albany) (VISN 2)
- 30-bed SCI/D Unit in VISN 16 (exact location still under study “proposed, North Little Rock)
- 30-bed SCI/D Unit in Denver (VISN 19)
- 30 to 40-bed unit in Minneapolis (VISN 23)

Expansion of 20 additional SCI/D beds in Augusta (VISN 7) was planned. Other initiatives included expansion of LTC (long-term care) SCI/D beds in conjunction with SCI/D Units as follows:

- 30 beds in Tampa (VISN 8)
- 20 beds in Memphis (VISN 9)
- 30 beds in Long Beach (VISN 22)
- 20 beds in Cleveland (VISN 10)<sup>35</sup>

Other planning issues addressed included the proposed consolidation of all VISN 3 SCI/D beds from Castle Point to the Bronx VAMC with an outpatient SCI/D program remaining at Castle Point. In addition, an outpatient SCI/D clinic will be developed at the Philadelphia VAMC.

#### *Future Directions*

#### *Mental Health, Domiciliary/ Homelessness*

The NCPO, CACI/Milliman, and representatives of the Mental Health SHG and the SMI (Seriously Mentally Ill) Committee have conducted a series of reviews of the mental health inpatient and outpatient projections. The intent of the reviews was to attempt to understand the drivers of the CARES projections for psychiatry and for programs related to mental health, such as the domiciliary programs. There was a general consensus that mental health

projections needed to be further studied and refined.

For the CARES planning process, the following workload projections were held constant:

- Outpatient mental health, whenever a decrease in projected visits projected was observed;
- All non-benchmarked residential rehab programs: Substance Abuse Residential Rehabilitation, Compensated Work Therapy, Residential Rehabilitation, Post-Traumatic Stress Disorder Residential Rehabilitation Treatment, Sustained Treatment and Rehabilitation (STAR) and Domiciliary Programs.

Domiciliary beds and other non-benchmarked services were originally projected based upon a national average utilization rate, which, in effect, would have resulted in a redistribution of beds from those VISNs or markets with larger numbers of beds to those with fewer beds. Such redistribution was felt to be inappropriate and raised a number of policy and programmatic questions, which are being explored further and will be revised as CARES is incorporated into the next strategic planning cycle.

The goals of the review will be to modify and improve the projection methodology for Mental Health services in general and residential rehabilitation programs in particular. Decisions regarding the utilization rates and distribution of the various Mental Health rehabilitation programs should be focused on the mission and programmatic content of these programs, and quantified by the available data. Recommendations should be “evidenced-based” to the extent possible. Any alternative projections methodology should be linked to VA’s official Veteran Population demographic database.

#### *Traumatic Brain Injury*

The VA has established four primary Traumatic Brain Injury (TBI) Centers, located at the VAMCs in Richmond, VA; Minneapolis, MN; Palo Alto, CA; and Tampa, FL. These four TBI Centers provide leadership for the additional 19 VAMCs and three military hospitals participating in the TBI Network for provision of specialized TBI services.<sup>36</sup>

TBI services were included in the current cycle of CARES, but workload data for this area were not separately listed. Applicable workload was included in various categories, including outpatient specialty care, inpatient rehabilitation, and outpatient primary care, as appropriate. The NCPO discussed the application of the CARES process in this specialty area with program officials within the Rehabilitation Strategic Healthcare Group for TBI programs. Research in the forecasting and geographic distribution of need for TBI services is on going and will be incorporated into VA’s strategic planning efforts as it becomes available.

#### **National CARES Plan**

Based upon projections for increased demand for services, several new Blind Rehabilitation Centers (VISNs 16 and 22) and SCI/D units (VISNs 2, 16, 19, and 23) have been included in the National CARES Plan. In addition, expansion of SCI/D long-term care beds in VISNs 8, 9, 10, and 22 have been recommended for implementation as well as additional acute/sustaining SCI/D beds in VISN 7. An outpatient SCI/D clinic at Philadelphia VAMC will be developed to meet the needs of veterans in the Eastern Market of VISN 4, including South Jersey, Eastern Pennsylvania and Delaware.

Table 7.1 below summarizes the cost of capital investments required to accomplish the proposed enhancements to Special Disability Programs outlined in this chapter.

**TABLE 7.1.—CAPITAL INVESTMENTS FOR SPECIAL DISABILITY PROGRAMS FY 2022–FY 2022**

Special disability program	Renovation of existing space (square feet)	New construction (square feet)	Lease (square feet)	Total costs in current \$
Blind Rehabilitation .....	31,106	35,500	0	\$9,587,628
Spinal Cord Injury .....	41,799	382,172	0	94,263,411
Residential Rehab .....	65,594	63,705	26,874	15,458,463
Domiciliary .....	328,419	111,153	0	52,330,817

**Note:** These cost estimates do not include the proposed Philadelphia outpatient SCI/D clinic.

<sup>35</sup> **Note:** although not originally an SDP-proposed planning initiative, the additional SCI/D LTC beds in Cleveland have been proposed by VISN 10 and

are supported by the CARES planning model projections for SCI/D LTC.

<sup>36</sup> Refer to IL 10–97–010, Traumatic Brain Injury Network of Care.