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Master Plan Development

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D1
Veteran Housing

Veteran Housing D1

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D1. Veteran Housing

Housing & Facility Types

Methodology

Methodology

California has the nation's most severe and highest rate of homelessness including chronic and Veteran homelessness. According to a recent report by The Center of Budget and Policy Priorities, California accounts for 24% of the nation's homeless Veteran population. VA and HUD data indicate that approximately 10% of the Veteran homeless population is concentrated in the greater Los Angeles area. The GLA community also accounts for the highest numbers of Veterans returning from Iraq and Afghanistan, female Veterans, and chronically homeless Veterans in the nation (Homeless Registry data, 2014).

Within GLA's service area, the average age of homeless and/or at-risk Veterans is 52 years, and approximately 56% of the Veterans are 55 years of age or older. Many within that Veteran population have significant medical, mental health, and addiction comorbidities, including diabetes, prolonged, and complicated hyper tension, chronic obstructive pulmonary disease, arthritis, and other cardiac conditions. These types of heath conditions can contribute to premature placement into nursing homes or other institutional care settings, and decreased life expectancies.

An important deliverable for the draft Master Plan is to estimate the short and long term need for permanent supportive housing (PSH) on the WLA Campus, in the context of the availability of PSH in the community, (HUD-VASH, section 8 vouchers and SSVF resources that help with permanent housing placements) and the principle of enabling Veteran choice. To accomplish this task data was analyzed from several valid and reliable sources: the most recent point-in-time counts (PIT) and demographic surveys conducted by the Los Angeles Homeless Services Authority, pursuant to HUD requirements, data from the Homeless Management Information System (HMIS), and administrative data from VA-GLA homeless programs.

It is important to note that housing on the WLA Campus is being prioritized for female Veterans, aging Veterans, and those who are severely physically or mentally disabled, including chronically homeless Veterans who are aging and female parent Veterans who have experienced trauma. The housing is being prioritized for those who need the closer proximity to the medical and other supportive services to successfully maintain the highest level of functioning along with improved quality of life. The analysis also accounted for the aging

WLA Town Hall

homeless Veteran population with a decreased life expectancy as the result of time spent on the streets. Both available data and the best estimates of well-informed individuals were used, and it was concluded that the immediate need (over the next 10 years) is for approximately between 700-900 units of PSH

Findings

Greater Los Angeles has the largest VA homeless program, while also providing care to some of the highest rates of homeless Veterans in the United States. The following outlines ways that Veterans can access housing resources on the WLA Campus, as well as in the Greater Los Angeles community. The following outlines ways that Veterans can access housing resources on the WLA Campus.

Building 402 / Integrated Community Care Center

The Building 402/Integrated Community Care Center (ICCC) offers co-located mental health and primary care services (Homeless Patient Aligned Care Teams or H-PACTs), as well as legal, benefits, and housing services.

Community Entry Events

Community Entry Events (CEEs) consist of multi-disciplinary teams that conduct outreach and assessment at community partner sites to bring services directly to Veterans and promote access to emergency housing.

Hospital Emergency Room Homeless Patient-Aligned Care Team

The Homeless Patient-Aligned Care Team (H-PACT) has a co-located clinic with the Greater Los Angeles Emergency Department to help engage homeless Veterans and direct them to a full range of services.

Jail Diversion

Greater Los Angeles works with several Veterans Treatment Courts in five counties (Los Angeles, Ventura, San Luis Obispo, Santa Barbara and Kern) to divert Veterans from the criminal justice system and into VA treatment programs. Working with the Los Angeles County Sheriff's Department, Greater Los Angeles is also piloting a program for early release of Veterans incarcerated on non-violent offenses.

D1. Veteran Housing

Housing & Facility Types

Findings

Transitional housing programs: VA Grant and Per Diem, Healthcare for Homeless Veterans

VA Grant and Per Diem (GPD) and Healthcare for Homeless Veterans (HCHV) are transitional housing programs that target female Veterans, older adults, OEF/OIF/OND Veterans, and recently incarcerated. The goal is to prepare participants for independent living and transition them into permanent housing. GPD is transitional or time limited housing. The majority of the GLA GPD beds are community based. Additionally, we have healthcare for homeless contract housing beds, which also provide short term emergency housing with services. In total, we have over 1,300 beds to assist homeless Veterans.

Domicilary Care

GLA has 296 short term treatment beds that address the mental health addictions and homeless needs of our Veterans. Programs focus on stabilization and community reintegration.

Permanent housing through Department of Housing and Urban Development – VA Supportive Housing

Through the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) program, Greater Los Angeles has access to more than 5,800 HUD-VASH vouchers awarded to GLA (allocated between 2008 and 2015). HUD-VASH provides permanent housing with case management support to help the Veterans maintain housing.

Permanent housing through Supportive Services for Veteran Families

SSVF is a competitively-funded program that awards grants to community-based non-profit organizations to provide homelessness prevention and rapid re-housing services to Veteran households. The program has become an integral component of VA's strategy to prevent and end homelessness among Veterans. The primary aim of the SSVF program is to help Veteran households who are either at-risk of homelessness or currently homeless achieve housing stability through the provision of a short-term, flexible intervention. SSVF is highly unique in that it is the only VA program that provides services to both Veterans and their family members.

SSVF provides homeless prevention services and rapid re-housing services keeping veterans connected to permanent housing. Supportive Services for Veteran Families (SSVF) Program Section 604 of the Veterans' Mental Health and Other Care Improvements Act of 2008, Public Law 110-387 (now codified at 38 U.S.C. § 2044), authorized VA to develop the SSVF Program. Supportive services grants will be awarded to selected private non-profit organizations and consumer cooperatives that will assist very low-income Veteran families residing in or transitioning to permanent housing. Grantees will provide a range of supportive services to eligible Veteran families that are designed to promote housing stability.

D1. Veteran Housing

Housing Need

An important deliverable for the Master Plan is to estimate the short- and long- term need for permanent supportive housing (PSH) on the WLA VA campus, in the context of the availability of PSH in the community, and the principle of enabling Veteran choice.

To accomplish this task data was analyzed from several valid and reliable sources: the most recent point-in-time counts and demographic surveys conducted by the Los Angeles Homeless Services Authority, pursuant to HUD requirements, data from the Homeless Management Information System (HMIS), and administrative data from VA GLA homeless programs.

It is important to note that housing on the WLA VA campus is being prioritized for female Veterans, aging Veterans, and those who are severely physically or mentally disabled, including chronically homeless Veterans who are aging,and female parent Veterans who have experienced trauma. We also took account of the fact that the homeless Veteran population is aging with a decreased life expectancy as the result of time spent on the streets. We used both available data and the best estimates of well-informed individuals.

We believe that the range between 700 and 900 units of permanent supportive housing represents a reasonable and actionable starting point.

Best Practices

Housing-First Model

Housing First is a low-barrier, supportive housing model that emphasizes permanent supportive housing to end homelessness. This approach provides individuals who are experiencing homelessness—particularly those who have been homeless for prolonged periods and have disabling conditions such as schizophrenia, bipolar disorder, recurrent major depression, post-traumatic stress disorder (PTSD), and addictive disorders—with permanent housing as quickly as possible and supportive services as needed. The Housing First approach provides housing without prerequisites for abstinence, psychiatric stability, or completion of treatment programs. The Housing First approach provides permanent housing as the initial service, followed by other supports based on the individual's needs and preferences. However, Housing First is not housing only, the model has a significant clinical service component; community-based clinical case management teams provide 24-hour, 7-days-a-week access to services including crisis intervention, financial management, landlord and family mediation, employment, community reintegration, and access to mental health, primary care, and addictions treatment.

Permanent Supportive Housing

Permanent Supportive Housing (PSH) is an evidence-based practice for individuals with disabilities and a history of homelessness. By making housing safe, affordable, and attractive for tenants and providing connected, supportive services, people are able to successfully maintain housing long-term. Tenants should have choice, whenever possible, about what services they receive, with whom they live, and how they integrate with the larger community. PSH units should look and function like existing market-rate housing. For example, market-rate apartment complexes do not have curfews or dictate when guests can visit, and neither should PSH programs.

Wellness and Recovery-Based Services

Wellness and Recovery-Based Services are rooted in the belief that recovery is possible for all persons. Each individual who experiences behavioral health issues has the ability to make choices that lead to a higher quality of life and "wellness." Recovery is a journey in which each person must discover the tools and support needed to

help them achieve their own wellness goals. Wellness plans should be driven by the individual, rather than treatment providers.

Housing Types

Emergency Housing

This type of housing provides temporary shelter to homeless Veterans. Some emergency housing may be on a nightly basis, and some may have stays of up to 30 days. There are typically low barriers to this type of shelter and individuals may or may not be linked to services from this point.

Transitional Housing

This type of housing is meant to give homeless individuals a temporary residence while they work to secure more permanent housing. Transitional housing often has a related service component, for example substance abuse treatment transitional housing or mental health treatment transitional housing. Often transitional housing is contingent on compliance with treatment and individuals may lose their housing if they don't participate in the treatment offered.

Permanent Housing

Permanent housing provides individuals with a home that they can reside in as long as they want. They typically have a lease the same as market rate housing, and can be expected to have the same and not more restrictions on their unit as the general population. Permanent housing may be community-living based, for example a board and care home for individuals with serious mental illness. There is on-site staff at these homes to assist individuals with tasks such as cooking and medications, for when they are no longer able to live independently. Supportive housing would be the next level for individuals with disabilities who require some assistance from staff, such as a weekly meeting to assist with meal planning. Independent housing is for individuals who require no assistance from staff to maintain their living arrangement.

Conclusion

Providing housing resources for homeless Veterans in the LA area is a critical need. The number of homeless Veterans in LA is more than twice that of New York City. In an eight-month period, the GLA homeless services staff did intakes on 710 individuals, the majority of whom had a behavioral health or physical health disability.

In total, there are a number of existing emergency housing units, transitional housing units and board and care facilities, and no long-term/permanent housing units currently available on the West Los Angles VA campus. The transitional housing programs are not currently at capacity, which may indicate that there are already sufficient facilities to serve the current need of most at risk Veterans. Without additional Permanent Housing units, there will continue to be a bottleneck in moving Veterans out of transitional and emergency housing programs. This housing deficiency perpetuates the cycle of homelessness, where people move from street to shelter and back again.

D1. Veteran Housing

Recommendations

Permanent Supportive Housing (PSH) is critically needed in the West Los Angeles area. Market-rate housing has a reported 3% vacancy rate, which means Veterans who are able to afford market rates (on their own or with the HUD-VASH program) have a difficult time finding housing. PSH on campus would be most beneficial for Veterans who utilize a high number of health/behavioral health services. These sub-groups include those Veterans with physical illnesses, mental health disorders, and substance abuse disorders. Veterans with fewer health and service needs are likely to self-select housing in the greater LA community through the existing HUD-VASH program. Most of the housing on campus should be designed for single adults, with the possibility of some family housing for adult Veterans with minor dependent children and/or spouses. PSH units would be best situated in the outlying areas of the north campus where they could look and feel like a neighborhood.

Veterans and service providers both identified a number of services as important. For Veterans housed in PSH on campus, certain services are best located in the same buildings or neighborhoods as the residences (site-based services) and other services are accessed on campus in the areas designated for services/programming (campus-based services). As in the larger community, the Veterans will leave their residence and take transportation to their appointments for campus-based services.

Site-based services that should be included in the same building as the PSH units include: case management (assisting Veterans with making and keeping medical and mental health appointments, making transportation arrangements, money management, and conflict resolution) and wellness and recovery planning. As Veterans move toward greater independence, they will rely less on case managers for coordination of care. It should be noted that people with serious and persistent mental illness may need ongoing and proactive case management to maintain and achieve their recovery goals. That is why it is important for case managers to be easily accessible in the residential neighborhoods.

D2
Excellent Healthcare

Veteran Housing D1

Excellent Healthcare D2

Coordinated Care, Programs, & Services D3

Connecting and Building the Veteran Community D4

The Master Plan D5

Excellent Healthcare

Methodology

In section B2, analyses were conducted to understand the patient demographics, size the homeless Veteran population that required housing, and project inpatient and outpatient volumes and associated capacity needs. Leveraging that work and data sources, as well as the user group interviews with key stakeholders, the Space Utilization and Pre Design for the New Bed Care Tower document can be validated to see if key capacity requirements are met.

Healthcare for Veterans Housed on the WLA VA Campus

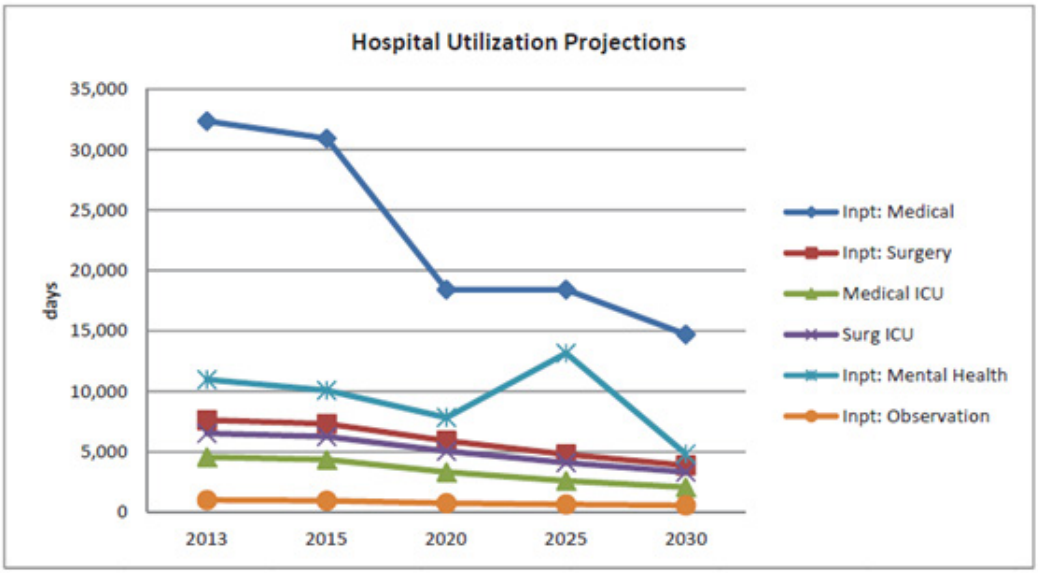
In total, there are a number of emergency, transitional housing units, and board and care facilities, and no long-term/permanent housing units currently available on the West Los Angles VA campus. Thus, the currently homeless Veterans are included in the healthcare services projections calculated in section B2 for FY2025.

In addition, placing previously homeless Veterans on the north campus will promote a higher visibility of this population and eliminate distance as a barrier to receiving care. During discussions with key stakeholders, there was consensus that care coordination can be increased, as the on-site housing program can have access to social workers and care managers. With better managed care there is a reduction in costly emergency department visits and inpatient visits.

Review of the Space Utilization Plan and Pre Design New Bed Care Tower Care Study

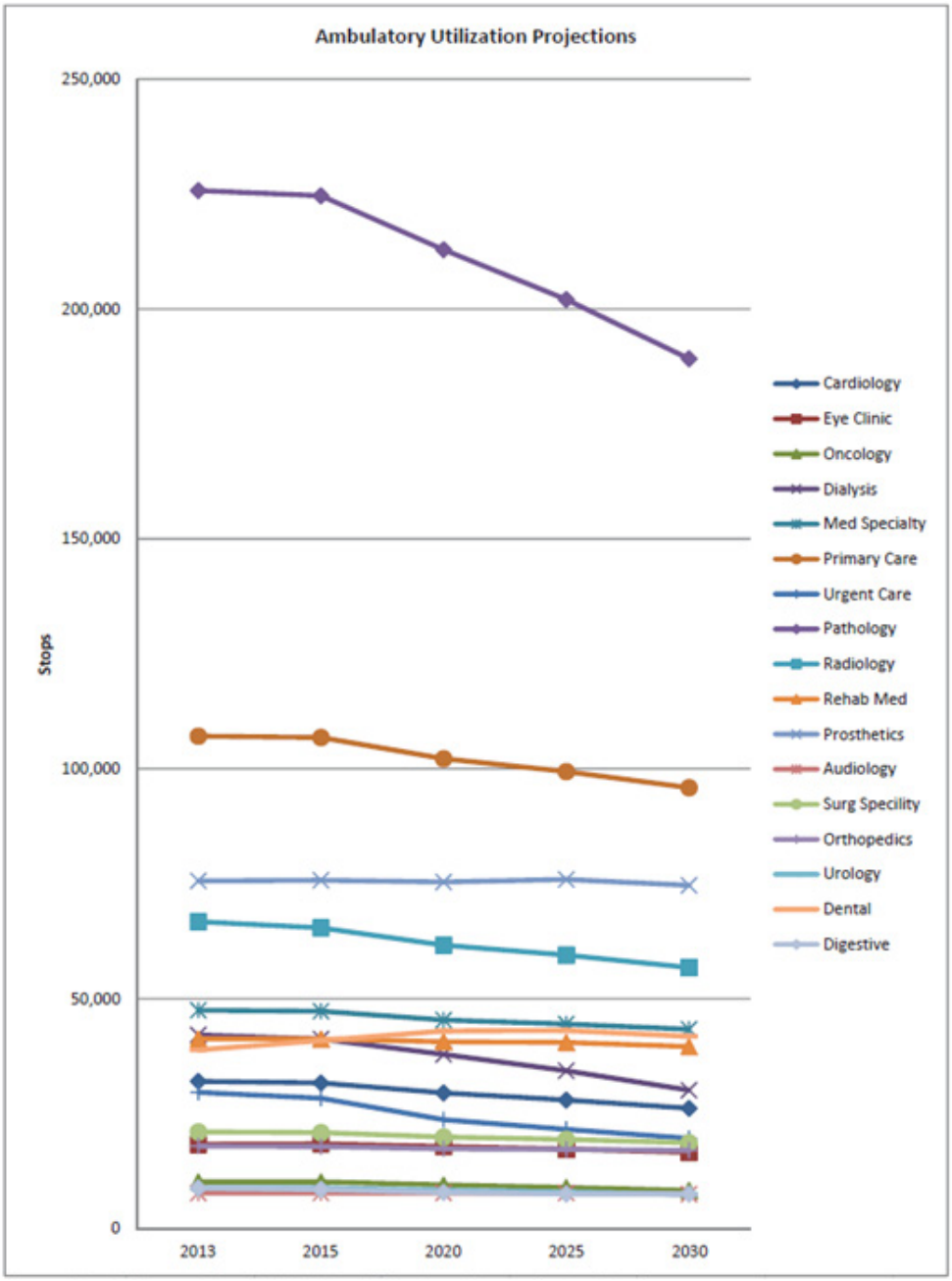
Due to seismic conditions of current facilities, it is determined that acute hospital facilities require replacement. In determining appropriate sizing of the new inpatient New Bed Care Tower, changes in care delivery and healthcare utilization were taken into account. The figures D.1 and D2, from the Space Utilization study show anticipated utilization changes for both inpatient and outpatient care.

Figure D.1 Hospital Utilization Projections



The workload units are defined by VA Strategic Planning Category Master Mapping

Figure D.2 Ambulatory Utilization Projections



The workload units are defined by VA Strategic Planning Category Master Mapping

D2. Excellent Healthcare

Excellent Healthcare

A decrease in hospital utilization is assumed and supported by the following:

1. A decrease in the Veteran enrollee population is projected at -8%, resulting in less population to care for
2. Those patients hospitalized for less than 24-48 hours can be shifted to observation, reducing the burden on resource-intensive inpatient care
3. Increased chronic care management of patients should result in a decreased need for hospitalization for chronic conditions

Although it is likely that overall inpatient utilization will decrease, increasing acuity of those patients remaining in the hospital can lead to an increase in intensive care utilization and bed need. Likewise, the shift of care from inpatient to observation may also lead to an increased need for observation services.

To support increased care coordination, it is assumed that an increase in outpatient care utilization would result. Patients are likely to be monitored more closely and have increased interaction with outpatient providers, especially in primary care. Technology innovations, such as e-visits and telemedicine may offset this increase by providing more care in patients' homes rather than in-person clinic visits.

Desirable Programs on Campus

During the multiple stakeholder meetings, several themes were recorded of key programs or services that should be included on the WLA VA campus to support Veterans housed on the north campus. Those themes include:

Clinical

- Increase female Veterans's clinic size
- Co-locate mental health services with other medical specialties
- Increase nursing home capacity
- Increase emergency department capacity, and create full spectrum of addiction services

Support Services

- Renovate Chapel
- Install a swimming pool for water therapy and collocate proximate to athletic complex
- Create emergency housing for homeless Veterans
- Build a community kitchen and a grocery store on campus
- Start a bike share program
- Increase security presence
- Plant community gardens
- Renovate hospitality or welcome center and include showers, food, clothing
- Improve signage and wayfinding
- Provide separate housing for female Veterans, children, and transgendered
- Build a larger kitchen and storage capacity for food preparation

The majority of services identified as having a clinical need relate to outpatient or diagnostic and treatment services. The Space Utilization Study projected a decrease in these services, and this study projected an increase in those services, even with the decrease of enrollees. This projection is based on analysis of the utilization data between 2011 and 2015. Thus, if the outpatient spaces are at capacity currently, there will need to be consideration to plan and build future capacity.

Location for Healthcare Programs on Campus

Development of the campus supports the zoning concept of locating healthcare services, both acute care and outpatient services, research, and healthcare support services on the south campus. This strategy is in alignment with the pre-design study for the New Bed Care Tower. In addition to decanting acute care services from the existing hospital Building 500, the study proposes redevelopment of the campus to provide world-class integrated healthcare to Veterans. This campus would provide the full spectrum of healthcare services to Veterans and support strategic partnerships in the areas of research and education. The initial phase of the proposed redevelopment of the south campus is a new acute care bed tower and diagnostic and treatment platform. In addition to design and planning concepts that support new and future models of care, there exists an opportunity for this platform to integrate components

of academic education and translational research. Subsequent phases of the south campus redevelopment will include outpatient, research, and support facilities. Redevelopment of the healthcare campus will support VA goals of reorganizing and streamlining care delivery processes.

Outpatient Facilities

An industry-wide shift from inpatient to outpatient care moves toward a more integrated healthcare model that reaches patients in the home. Outpatient services are currently located on the WLA VA campus and in surrounding communities making up the Greater Los Angeles Healthcare System. Outpatient services on campus have been reorganized operationally into the Patient-Aligned Care Team model (PACT). This model provides the Veteran with a team comprised of healthcare and mental health providers who collaborate to provide integrated treatment plans. The operational model is more efficient when the physical layout of the clinical space supports the PACT model. Redevelopment of the South campus provides the opportunity to design and plan spaces that support the PACT model.

The WLA VA campus serves as the hub of a system of VA community-based outpatient clinics (CBOCs) providing more accessible and coordinated care. Located near Veteran populations CBOCs support the goal of moving care upstream to engage in preventive care, avoiding unnecessary inpatient stays, reducing the length of inpatient stays and emergency department visits. Moving more care from inpatient to outpatient settings has been a transformative trend in the healthcare industry. VA has experienced the industry-wide downward trend in inpatient volume for the past decade. The trend is influenced by new technologies that allow tests and procedures to take place outside of the acute care setting.

Social and Veteran Benefits Services

Central to the concept of a supportive and healthy environment is the integration of social, community, and benefit services to Veterans. The area directly north of Wilshire has been identified as a transitional zone that is the entry point for Veterans living on campus or for those who are coming to the campus to find resources. This zone will include space for social, mental health, information, and Veterans benefits, as well as other support and community services.

Research Facilities

GLA's strategic planning initiatives have identified that the research space at the WLA Campus is inadequate and antiquated. To consolidate and modernize these facilities, it is estimated that approximately 200,000 SF of research space, both wet and dry lab,is needed on the campus. Currently research functions are decentralized, many located in spaces intended for administrative or domiciliary use. Centralizing research in space designed to accommodate the unique needs of both wet and dry lab research is recommended. Best practice in research design supports the concept of centralizing research activities to support interaction among researchers.

Regional Kitchen

A regional kitchen serving the WLA VA hospital is located in Building 300 on the north campus. The location of Building 300 is not optimal for delivery of the room service model of food service recommended for acute care. Meals prepared in the kitchen are transported via truck to the south campus loading dock where they are then trayed and delivered. The Master Plan recommendation is to improve the regional kitchen serving the acute care campus at a location proximate to the New Bed Care Tower on the south campus. Moving the kitchen will allow VA to design and build a modern and efficient kitchen, while reducing supply and delivery traffic between south campus and portions of north campus. Building 300 may then be repurposed for potential use as a culinary training and food service center that aligns with the neighborhood and community focus of the north campus.

Needs Assessment and Program Development

Distinguishing between individual needs and the wider needs of the community is important in the planning and provision of local health services. The information provided to the Master Plan team is highly influenced by the current model of care. It is recommended that VA implement a health needs assessment approach to systematically assess Veteran health service across a regional and VISN context. This approach will ensure that VA uses its resources to improve the health of the population in the most efficient way.

D3

Coordinated Care, Programs, & Services

Veteran Housing D1

Excellent Healthcare D2

Coordinated Care, Programs, & Services D3

Connecting and Building the Veteran Community D4

The Master Plan D5

D3. Coordinated Care, Programs, & Services

Coordinated Care Programs and Services

Health

Health

Improvements to quality, environments, services and operations integration of healthcare, mental healthcare and services, including Veteran centered and individualized case management to support housing stabilization.

Utilization

a. Entry points for care

b. Focus on effective healthcare/treatment models

c. Patient-aligned care team

Coordinated Care and Campus Organization

a. The primary program for the south campus is healthcare and research.

b. An integrated health campus that provides outpatient and low-acuity care in a flexible, individualized, and Veteran focused manner that is convenient/ accessible locations proximate to Veterans and their families.

c. Moving northward across Wilshire Boulevard, a zone for non-acute services of mental health, bridge, transitional and support services for the community of permanent Veteran residents housed on the campus is proposed. The zone is readily accessible to Veterans visiting the campus and will include a centralized welcome, outreach, benefits and service information center.

d. Green area and activity spaces are proposed throughout the campus and at the northernmost portion of the site.

D3. Coordinated Care, Programs, & Services

Coordinated Care Programs and Services

Community

Community

The coordinated care concept aligns with the overlay of campus zones. Housing and services on the north campus will serve as a hub within the larger integrated health campus.

a. Housing located in the northern zone is geared toward increased independent living.
b. Green area and activity spaces are proposed throughout the campus and at the northernmost portion of the site.
c. Neighborhoods
d. Controlled access

Community Services, Amenities, and Surroundings

a. Retail
b. Recreational
c. Social
d. Jobs and employment training
e. Wellness (gardens and alternative therapies such as gardening, yoga, tai chi, park)
f. Setting (leisure walking paths that can accommodate wheelchairs, blind Veterans, etc.)
g. Reliable and convenient transportation services
h. On-line shopping and delivery
i. Banking and mail services
j. Gym with separation of female Veterans and men Veterans areas
k. Co-ed basketball courts, pool, racquetball courts, scheduled use, no observation decks
l. Female Veteran-specific zones for safety and recreation on both north and south campus

D4

Connecting and Building the Veteran Community

Veteran Housing D1

Excellent Healthcare D2

Coordinated Care, Programs, & Services D3

Connecting and Building the Veteran Community D4

The Master Plan D5

D4. Connecting and Building the Veteran Community

Connecting and Building the Veteran Community

Vision and Objectives of the Master Plan

VA's "Blue Print for Excellence, and VA's I-CARE values, which are available at the two websites below, are the foundation for this Master Plan.

http://www.va.gov/HEALTH/docs/VHA_Blueprint_for_Excellence.pdf.

http://www.va.gov/icare/

Key principles and foci of the Blue Print for Excellence, and VA's I-CARE values include VA: improving performance; promoting a positive culture of service; advancing healthcare innovation for veterans; increasing operational effectiveness and accountability; and ensuring that the veteran is in control of how, when, and where they receive care and services. Veteran preference and Veteran choice regarding housing and services are essential, to building the new GLA Veteran community.

These principles and values are evident in VA's unequivocal priority to operate the campus as a vibrant, welcoming, and sustainable community where all Veterans – including homeless, severely disabled, female Veterans, and elderly Veterans will feel comfortable accessing, living, interacting, recreating, and socializing with one another, their families, VA personnel, and visitors. VA's intent is to transform the Campus into a vibrant community where all Veterans can receive healthcare, benefits, employment, and other supportive services, which they deserve and to which they are entitled. A key purpose of the Master Plan is to help VA determine (based on input from pertinent stakeholders including other Federal agencies, state and local authorities including the City of Los Angeles, and surrounding counties; legislators; Veterans and Veteran Service Organizations (VSOs); the former Plaintiffs in the Valentini v. McDonald litigation; and the local community) how best to utilize the Campus in a Veteran-focused manner. That vision includes efficient and dedicated functionality whereby Veterans visiting the campus would be able to experience a "gold standard" of care, support, convenience, and customer service, from VA's health, benefits, and cemetery administrations.

The Master Plan recognizes and takes into account VA's unequivocal priority to prospectively operate the Campus as a vibrant, welcoming, and sustainable community where all Veterans – including homeless, severely disabled, female Veterans, and elderly Veterans will feel comfortable accessing, living, interacting, recreating, and socializing with one another, their families, VA personnel, and visitors. VA's intent is to transform the Campus into a vibrant community where all Veterans can receive healthcare, benefits, employment, and other supportive services, which they deserve and to which they are entitled. A key purpose of the Master Plan is to help VA determine (based on input from pertinent stakeholders including other Federal agencies, state and local authorities including the City of Los Angeles, and surrounding counties; legislators; Veterans and Veteran Service Organizations (VSOs); the Plaintiffs' Representatives in the Valentini v. McDonald litigation (Plaintiffs' Representatives); and the local community) how best to utilize the Campus in a Veteran-focused manner. That vision includes efficient and dedicated functionality whereby Veterans visiting the campus would be able to experience a "gold standard" of care, support, convenience, and customer service, from VA's health, benefits, and cemetery administrations.

The vision also includes significant and adequate levels of permanent supportive housing, "bridge" and transitional housing, with short term treatment services that can provide state-of-the-art primary care, mental health, and addiction services to Veterans, particularly chronically homeless Veterans of the Los Angeles region, severely disabled, female Veterans, and aging Veterans. Such housing shall be structured based on state-of-the-art homelessness prevention and urban planning sciences, consistent with best practices and evidence-based approaches under the Housing First model. VA's objective under that model is for Veterans to have an attractive choice to decide whether to pursue housing on or off the Campus, while noting permanent housing on the Campus is intended for the most needy, most vulnerable Veterans. The housing will be carefully planned to help ensure a safe, dignified community environment, which will function effectively in its own right, and in coordination with the other care and services provided on the Campus, and in the greater Los Angeles area and surrounding community.

D4. Connecting and Building the Veteran Community

As we proceed, we will continue to actively interact and build relationships with the Veteran community, including engagements with Veteran Service

Organizations (VSOs), government and nongovernmental organizations, the State, City, and County, faith-based organizations; private sector organizations, philanthropic organizations, local neighborhoods, and many other individuals, organizations and stakeholders who advocate for Veterans. The intent is not only that the campus will be at 21st Century healthcare facility, a home, but also serve as a magnet to attract all Veterans and assist them with their reintegration back into the community.

To accomplish this vision, we will reach out to Veterans through public service announcements (PSAs); positive relationships with VSOs, Military Service Organizations, and other organizations that can help us reach Veterans; effective use of public affairs and social media, and a close and constant dialogue with Veterans. During the last year, we have heard from Veterans about the areas in which we must improve. VA takes this feedback seriously, and we are already changing many of our practices, policies, and procedures, instituting constant introspection, assessment, revalidation, and review. VA must be held accountable for actions and must work to achieve real-time measurements for customer satisfaction, and keep all lines of communications open in order to achieve sustained, long-term success.

WLA Campus and the Veterans Integrated Service Network 22

The West Los Angeles VA Medical Center (WLA) is part of the larger VA Greater Los Angeles Healthcare System (GLA) that serves Veterans in Kern, Los Angeles, San Luis Obispo, Santa Barbara, and Ventura counties. It is also part of and serves Veterans from the Veterans Integrated Service Network (VISN) 22 - VA Desert Pacific Healthcare Network.

VA Desert Pacific Healthcare Network is one of 21 regional Veterans Integrated Service Networks (VISNs) operated nationwide by the United States Department of Veterans Affairs (VA). The Network is comprised of five healthcare systems, with hospitals located in Las Vegas, Long Beach, Loma Linda, Los Angeles and San Diego, and 32 community clinics serving 1.2 million Veterans that reside in Southern California and Southern Nevada.

VA Desert Pacific Healthcare Network provides a full continuum of healthcare services including primary, acute, mental health, long term, and specialty care. VISN 22 employs over 16,000 employees and trains over 7,000 medical residents, nursing, and allied-health students each year. VISN 22 has strong academic affiliations with some of the most prestigious universities in the region. VISN 22 has one of the largest academic programs in the Veterans Health Administration and one of the largest research programs within the Department of Veterans Affairs.

VISN 22 also has the highest concentration of homeless Veterans in the country. All VISN 22 healthcare systems participate in the "25 Cities Initiative," a nation-wide project to intensify and integrate local VA and community efforts to end Veteran homelessness by the end of 2015 and chronic homelessness by 2016. In fiscal year (FY) 2014, VISN 22 provided 6,675 Veterans with permanent supportive housing and case management, more than any other VISN in the nation. In the same year, VISN 22 also provided outreach services to 16,806 Veterans and HUD VASH housing vouchers to 12,323 Veterans. Also in FY14, VA San Diego Healthcare System opened the "Aspire Center," a 40-bed residential treatment facility to provide temporary housing and rehabilitation for homeless Veterans.

D5
The Master Plan

Veteran Housing D1

Excellent Healthcare D2

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Connecting and Building the Veteran Community D4

The Master Plan D5

Site Analysis

Regional Context

The VA Greater Los Angeles Healthcare System (VAGLAHS) is one of the largest healthcare systems within the Department of Veterans Affairs. It is one component of the VA Desert Pacific Healthcare Network (VISN 22) offering services to Veterans residing in Southern California and Southern Nevada. VAGLAHS consists of three ambulatory care centers, a tertiary care facility, and 10 community-based outpatient clinics. VAGLAHS serves Veterans residing throughout five counties: Los Angeles, Ventura, Kern, Santa Barbara, and San Luis Obispo. There are 1.4 million Veterans in the VAGLAHS service area. VAGLAHS is affiliated with both UCLA School of Medicine and USC School of Medicine. (See Figure D.3 and D.4).

- Centrally located in West Los Angeles, North of Interstate 10 and West of Interstate 405
- Bus route and proposed Metro extension along Wilshire Boulevard
- Los Angeles International Airport located 10 miles south.
- UCLA Ronald Reagan Hospital less than 10 minutes away
- USC Health Sciences Campus 20 minutes away, USC Main Campus 15 minutes away

Connection of WLA Campus with Satellite Sites

The WLA Campus, when revitalized, will become a meaningful resource to Veterans in Southern California and those who serve them. The WLA Campus will function as a resource and connect functionally with satellite sites, such as the Sepulveda Ambulatory Care Center, the LA Ambulatory Care Center, and all 10 Community-Based Outpatient Clinics.

Figure D.3 Regional Context

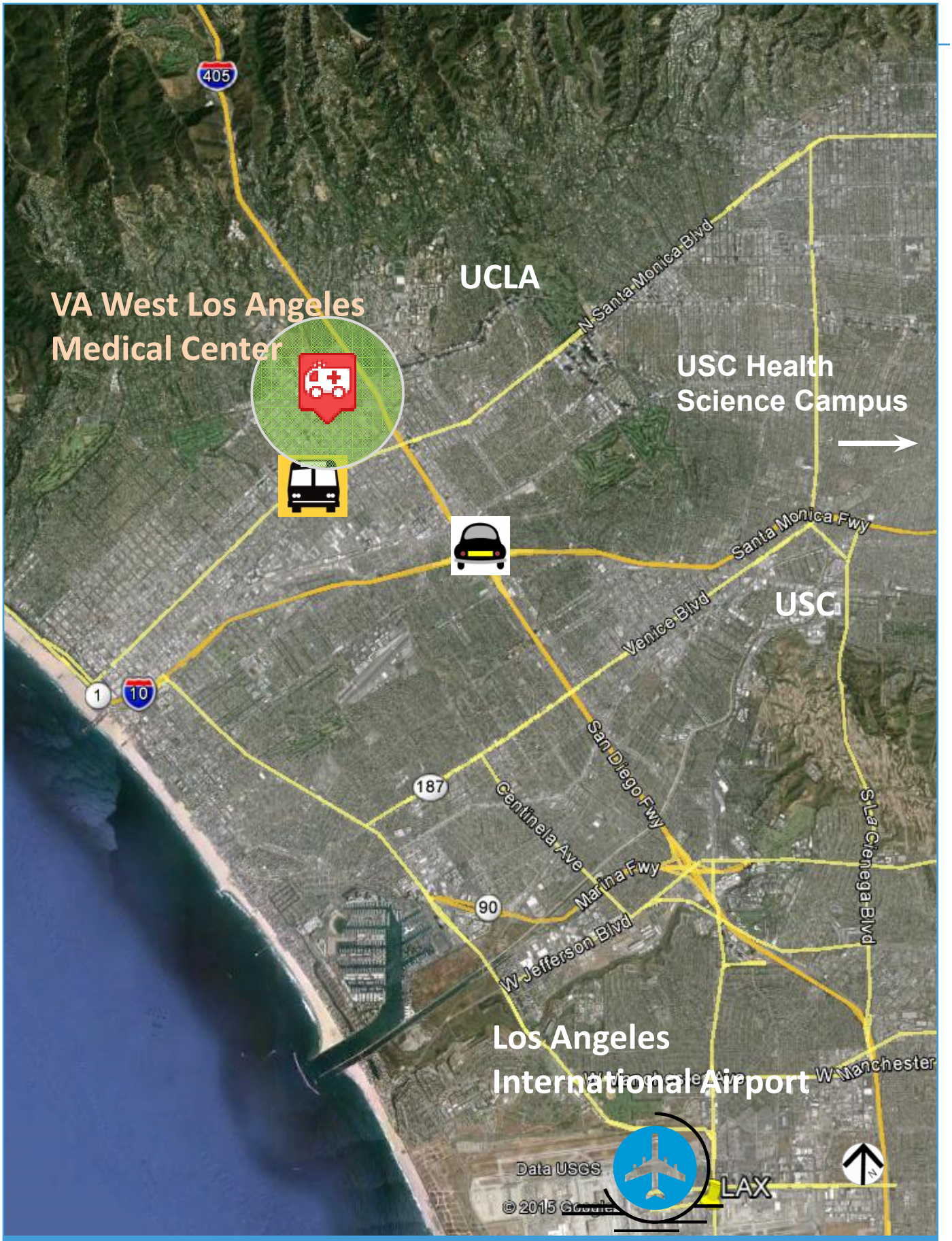

Figure D.4 VA West Los Angeles Medical Center Location

Site Analysis

Neighborhood Context

Surrounding Roads & Access Points

The West Los Angeles Veterans Affairs campus is located at the major intersection of Sepulveda Boulevard, Interstate 405 (also known as the San Diego Freeway), and Wilshire Boulevard in Los Angeles, California, and is generally bounded by Barrington Avenue, Bringham Avenue, San Vicente Boulevard and Federal Avenue on the west; Ohio Avenue on the south; and Veteran Avenue on the east. Located in the densely urbanized Brentwood neighborhood, the campus encompasses approximately 388 acres and retains a strong sense of time and place from the period between 1923 to 1952, when it was used as a Second Generation Veterans Hospital.

Transit & Proximity

Located at 11301 Wilshire Boulevard, West Los Angeles, California, the campus is 4 miles from downtown Santa Monica and 14 miles from downtown Los Angeles. The campus shares an edge with the Brentwood neighborhood on the west and to its north, with the Westwood neighborhood and the I-405 freeway on the east, and the West Los Angeles neighborhood on the south. Santa Monica is the nearest downtown area.

The north campus is currently served by two bus systems: the "MTA" along Wilshire Boulevard and the "Santa Monica Big Blue," which travels through the south campus from Wilshire Boulevard to Ohio Avenue. Other bus lines that travel through Wilshire Boulevard include: #4 San Vicente Boulevard, #3 Montana Avenue, #720 Metro Rapid Line, #2 Wilshire Boulevard, and #20 Metro Local Line. The commute into downtown Santa Monica is 16 minutes by car, 19 minutes by bus, 21 minutes by bike, and over an hour by foot.

Surrounding Neighborhoods and Land Uses

Zoning and Uses on campus:

The north campus is part of the West Los Angeles Healthcare Center Campus for the Greater Los Angeles Healthcare System and is zoned as Institutional/ Government Owned. (See "Figure D.5 Neighborhood Context").

Neighborhoods and Uses:

- The Los Angeles National Cemetery is to the east of the I-405 and is accessed via Constitution Avenue. It contains the remains of approximately 85,000 Veterans and their family members from the Mexican War to the present.
- The north campus surrounding land use includes two multi-unit residential neighborhoods, with supporting commercial and retail buildings along the western and northern boundary.
    - The northeast is bordered by single-family homes (Brentwood Glen). Brentwood Village, a small commercial district at Barrington and Sunset, has more than a dozen restaurants, and coffee shops.
    - Western San Vicente Boulevard has two grocery stores and numerous other shops, restaurants and cafes within walking distance of the VA campus.
- Sawtelle unincorporated, which is now owned partially by the federal government, state of California, and a private utility company, is under the zoning control of the Los Angeles County Board of Supervisors. This unincorporated area contains the Wilshire Federal Building, the Los Angeles National Cemetery for Veterans, the Wadsworth VA Hospital/West Los Angeles Medical Center, the site of a former major Veterans home, and many smaller federal office buildings.
- Sawtelle incorporated, which borders the southern Medical Campus south of Wilshire Boulevard, is a district of Los Angeles that began when the Pacific Land company purchased land just to the south of the Veterans campus to develop a new town. Residential lots were sold based on their proximity to the "beautiful Soldier's Home" to many Veterans and their families who were drawing services from the institution, which linked the Sawtelle community to the old Veterans home. The main street of Sawtelle ,Oregon Avenue, now called Santa Monica Boulevard , was served by a streetcar that connected the city to Los Angeles and had a branch that terminated on the West Los Angeles VA Campus.

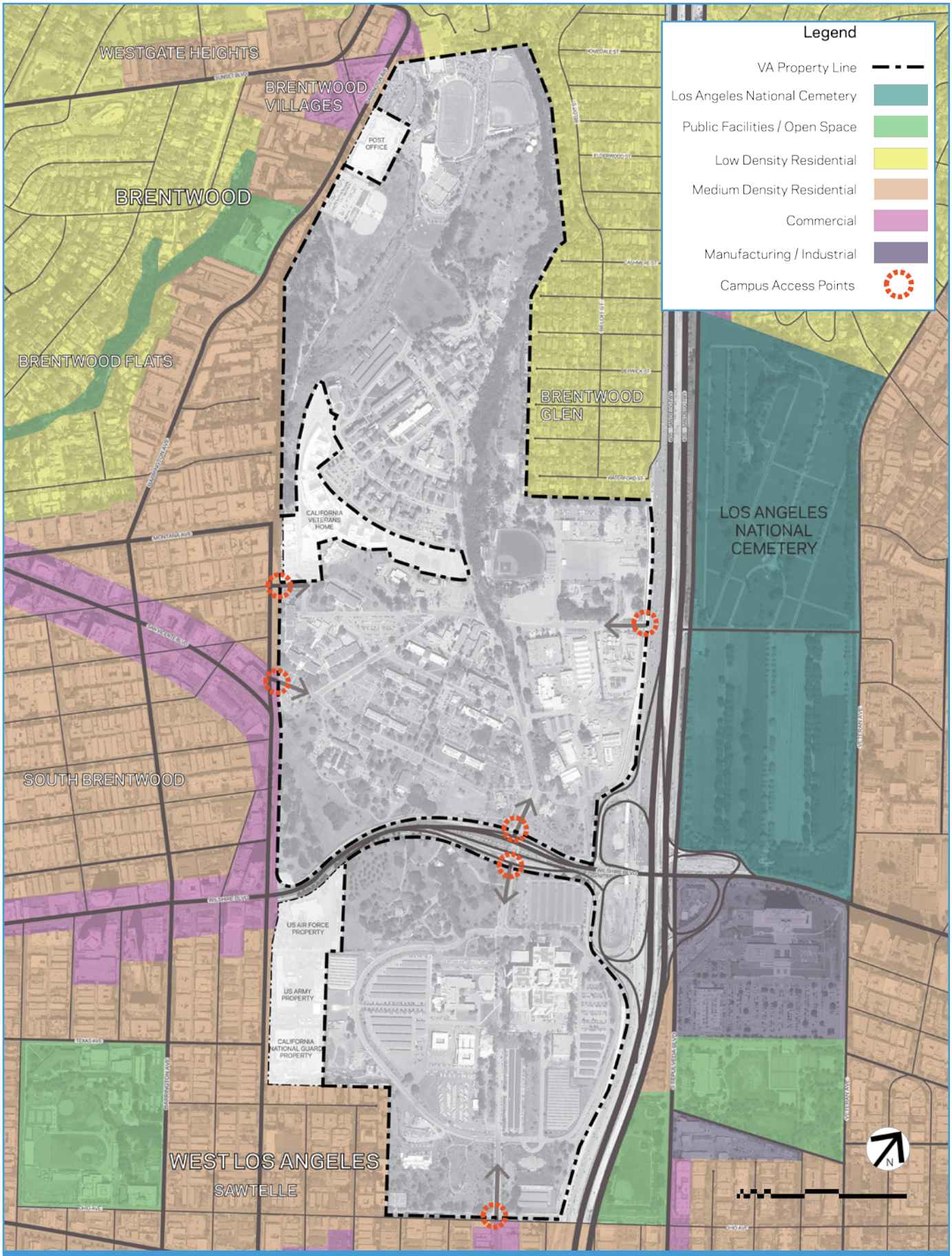

Figure D.5 Neighborhood Context

Note: Source for parcels provided by County of Los Angeles Assessor Office (2015)

D5. The Master Plan

Site Analysis

Introduction

The following Existing Conditions Analysis for the north campus summarizes the existing available record data information for the surrounding areas:

- Parcel data
- Environmental Context, including topography, natural areas, existing trees, native and naturalized plants, sensitive species, seismic activity, fault lines, liquefaction zones, soil conditions, flood hazards, rainfall, water tables, and aircraft flight patterns
- Open spaces and active recreational uses on campus
- Existing roadways, transit, and bicycle access on campus
- Existing parking
- Existing buildings
- West Los Angeles Veterans Affairs Historic District
- Existing Regulatory Requirements
- Legislative Overlay
- Pending NEPA and Historic Due Diligence
- Site Climate Information, including site responsive design strategies for this area's climate zone

This information is then summarized in the "Opportunities and Constraints" on page 186

The information provided for the site was based on record data provided by the VA Hospital, local agency records, and the public GIS database for the West LA region.

Parcel

Site Definition

The existing north campus is located within the 388 acres of the WLA Campus, just west of the Interstate 405 freeway (I-405) and north of Wilshire Boulevard. The northern and western property borders Brentwood and West Los Angeles, and the east is bordered by Westwood and Century City, directly east of the I-405. (See "Figure D.6 Parcel Map")

Portions of the site have existing possessory use agreements in place. The parcel exhibit identifies the California Veterans Home, U.S. Post Office, Brentwood School, and the US Air Force, US Army, and California National Guard Property along Federal Avenue. A title report for the property will need to be provided to identify all existing easements, deeds and other recorded information for the site.

Survey

An aerial topographic map for the north campus was prepared in July 2015 by Michael Baker International. It is included as exhibit Topographic Map (CO-TOPO-XHBT) in the "Civil Constraints" section E1 Civil. As a side note, in January 2014 an aerial topographic map was also prepared for the south campus.

Environmental Context

As summarized in the previous chapter, the VA medical center campus does not exist in isolation. It was conceived to house and support a range of activities for Veterans in response to the sociocultural, economic, and political needs of the 1930's and was erected in a natural and built environment that offers both opportunities and constraints for development. The topography, plant materials, and microclimate of the site all influence design decisions that are intended to enhance human comfort, as well as conserve energy and resources.

Consideration of these contextual forces begins with careful analysis of slopes,natural areas, existing trees, native and naturalized plant materials, sensitive species, seismic activity, soil conditions, flood hazards, drainage fields and water table elevation, and aircraft flight patterns.

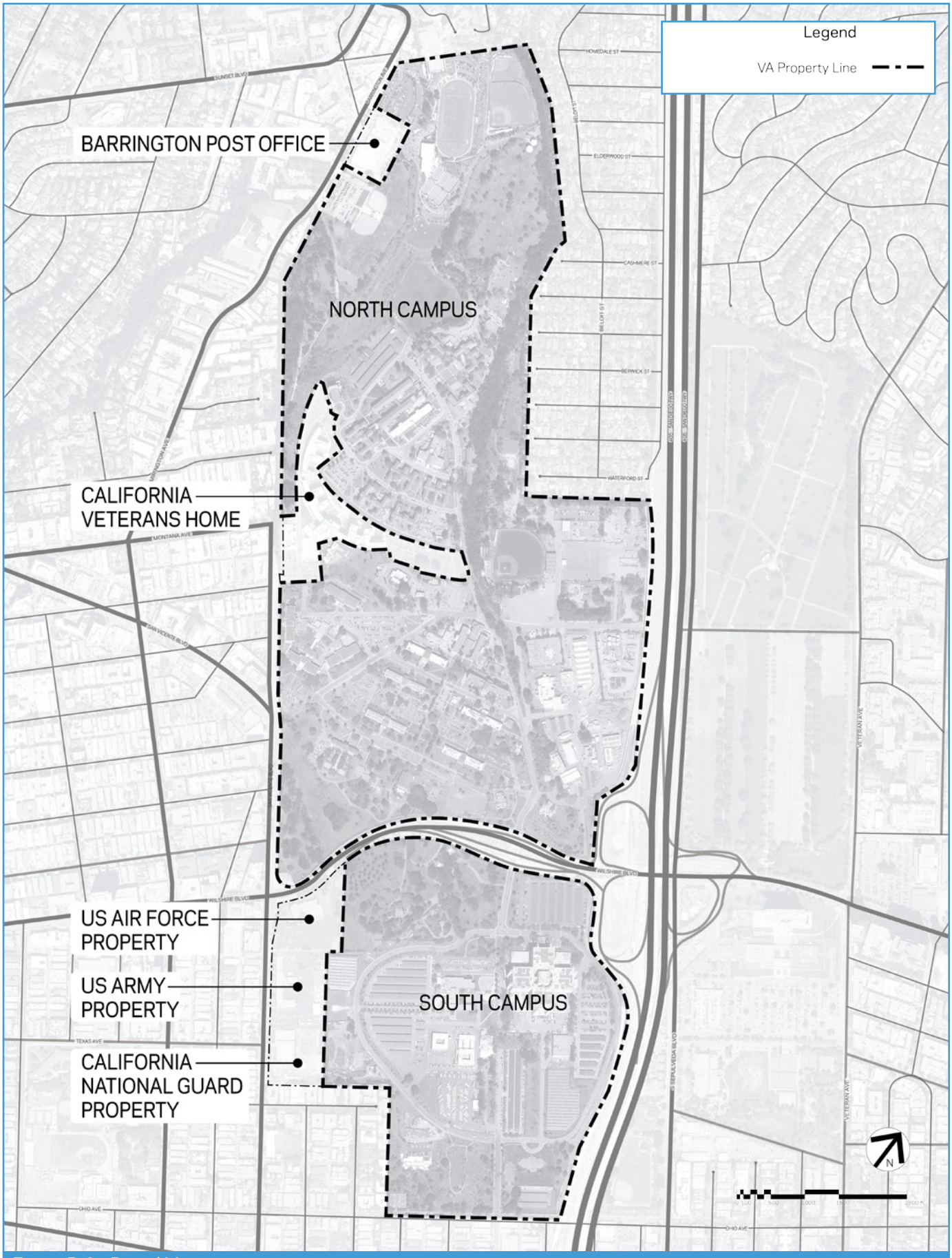

Figure D.6 Parcel Map

Note: Source for parcels provided by County of Los Angeles Assessor Office (2015)

Site Analysis

Topography

The campus site is north of Wilshire Boulevard and west of Interstate 405, located on a gently sloping terrace at the foot of the Santa Monica Mountains. Topographically, the site slopes from high on the north to low to the south as well as westerly from Bonsall Avenue (center of the site) to San Vicente Boulevard/Bringham Avenue, with elevations ranging from approximately 470 feet above mean sea level (MSL) to approximately 250 feet MSL. Along the east side of Bonsall Avenue, the existing topography slopes south to Wilshire Boulevard. Steep slopes up to approximately 30 feet in height descend from the western and northern edges of the campus, significantly impacting areas of potential development.

A 22-acre parcel at the northern portion of the property is currently being used by the Brentwood School, and is at an elevation of approximately 480 feet. The southern portion of the north campus is at an elevation of approximately 310 feet. The change in elevation is approximately 170 vertical feet from the Brentwood School site to Wilshire Boulevard (see "Figure D.7 Topography").

The northern half of the property has more variation in topography, with existing site improvements that include large flat pad areas and graded side slopes to fit the existing terrain. The area is mostly used for recreational purposes and includes the following site improvements: football and track field, baseball fields, golf course, dog park, soccer field, tennis courts, gardens, and the Arroyo drainage area. With these amenities, the density and paved areas are less than the southern portion and primarily used for parking and access drives.

The southern half of the north campus accommodates the majority of the campus infrastructure and provides services for long-term care and housing. The southeast portion of the north campus has the least amount of elevation change and is primarily industrial, including laundry facilities, engineering shops, an oil lease area, and a supply warehouse.

This report includes recommendations for construction on slopes in the event that slopes are integrated into the project. Unless otherwise recommended by the geotechnical consultant and approved by regulating agencies, permanent cut-and-fill slopes should not be steeper than 2:1 (horizontal to vertical).

Natural Areas

Arroyo

An arroyo, also called a wash, is a dry creek, stream bed, or gulch that temporarily or seasonally fills and flows after sufficient rain. A naturally occurring arroyo exists on the northwestern portion of the site. The tributary area and the arroyo course has been dramatically modified by natural and human means. With minimal intervention, the arroyo has returned to a more natural form with naturalized grade and planting. (See "Figure D.8 Existing Open Space" on page 165).

Existing Trees

A tree survey was included in the design analysis to avoid negative impacts to existing tree cover. A linear grove of mature Eucalyptus trees along the southern portion of Bonsall Avenue form a buffer on the east edge of the VA Property. Located on the east of the arroyo another Eucalyptus grove forms a buffer on the west edge of the north campus. Historic Moreton Bay Fig (*Ficus microphylla*) groves are located throughout the site.

Native Plant Materials

Located at the base of the Santa Monica Mountains, the project site is in the California chaparral and woodlands ecoregion of the California Floristic Province. This ecoregion has two predominant ecosystems, one coastal and one with chaparral and California oak woodlands at the project site. Chaparral is shaped by the Mediterranean climate, with its mild, wet winters and hot, dry summers and wildfire. The oak ecoregion includes Interior Live Oak, Tan Oak, Engelmann Oak, Canyon Live Oak, and Coast Live Oak.

These native plants are highly flammable but very drought-tolerant, which is important given the current climate. Future landscaping efforts associated with new buildings should include xeriscaping techniques and native planting appropriate for the slope conditions and proximity to residential structures.

Sensitive Species

The north campus is within the sensitive species area for the Monarch Butterfly, Silver-Haired Bat, Gertsch's Socalchemmis Spider, Mud Nama (plant), and Braunton's Milk-Vetch (plant).

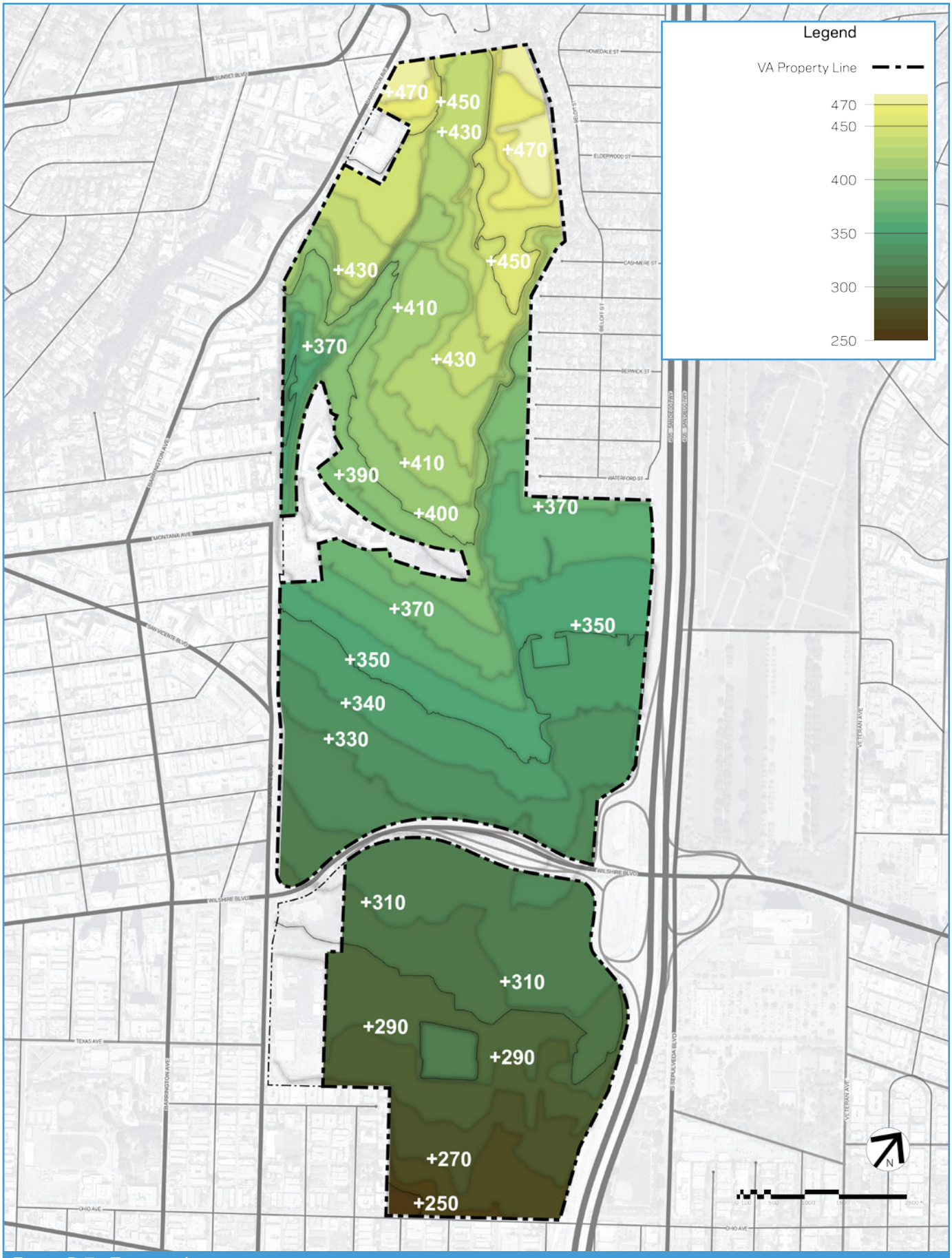

Figure D.7 Topography

Site Analysis

Open Space

Active Recreation Spaces

The VA GLAHS continues the long tradition of having a golf course on campus for Veterans. Operated by the United States Veterans Initiative (U.S. Vets) the Heroes Golf Course is open from sun up to sun down, 7 days a week and Veteran residents and inpatients receive first priority for play. Also existing within the campus boundaries are the athletic facilities at the Brentwood School playing fields, track and tennis courts, athletic fields, Barrington Recreation Center and Park, and Jackie Robinson Stadium. (See"Figure D.8 Existing Open Space")

Community-Level Open Spaces

These larger spaces exist already on campus for larger community events.

a. Formal Parade Grounds
b. Memorial (Rose) Garden
c. GLA Park Area
d. Wadsworth Historic Park
e. South Entry Lawn
f. Healing Garden

Neighborhood Open Spaces

These neighborhood-scale gathering and intermediate-level open spaces exist on campus currently.

a. Japanese garden
b. Buildings 205, 208, and 209 Quad
c. Open space between Buildings 214 and 217

Residential Gardens

The best example of this scale of outdoor space on the existing campus is the New Directions for Veterans' side yards and front patio entry. However most of the on-campus residential-scale landscaping surrounding existing buildings suffers from a lack of clear design intent and high-quality outdoor spaces for Veterans to use.

Existing Open Space Concerns:

- There are very few neighborhood-scale open spaces designated on the current campus with appropriately scaled spaces and program.
- Areas surrounding residential buildings do not take advantage of the opportunities for outdoor living spaces. Benches and seating are placed haphazardly, and privacy from the street is not maintained. Outdoor areas are not linked to sidewalks and the rest of the campus pedestrian circulation system.
- Lacking comfortable spaces.
- Use of natural shade.
- Lack of separation between pedestrian and vehicular zones.

Existing Green Space

Heroes Golf Course

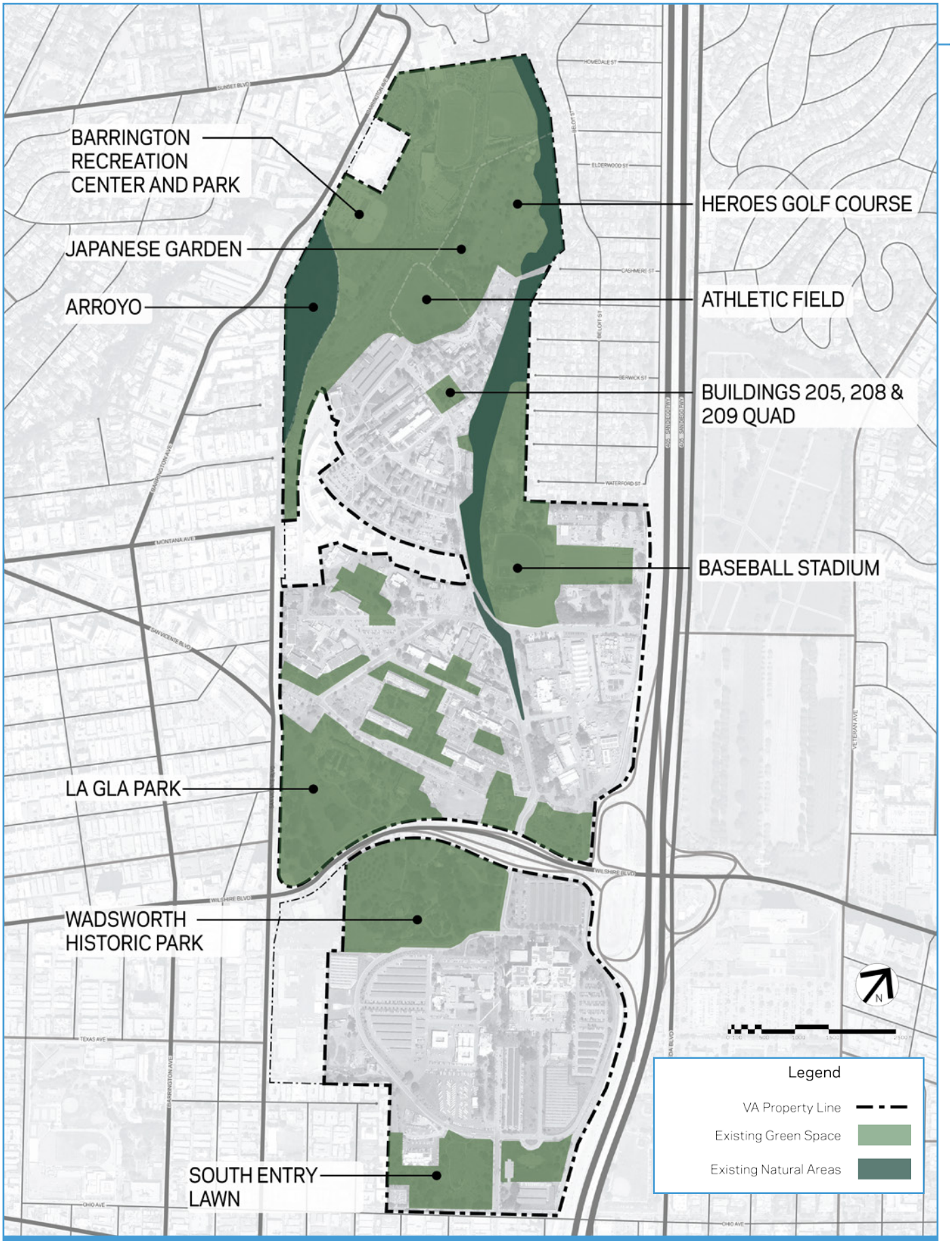

Figure D.8 Existing Open Space

Site Analysis

Primary Roadways

The campus is divided in two parts: a northern residential section and a southern hospital section, by Wilshire Boulevard. Interstate 405 separates the campus from its National VA Cemetery.

Both the northern and southern parts of campus are accessed primarily from Wilshire Boulevard in a deceleration lane that runs east and west. This deceleration lane descends to allow a tunnel underpass for Bonsall Avenue, connecting the two parts of campus.

Other access points for the northern campus include Eisenhower Avenue on the Bringham/San Vicente Boulevard side of campus, which is currently closed to vehicular traffic, and on the eastern edge of the site, Constitution Avenue crosses under Interstate 405 for both pedestrian and vehicular access to the National Cemetery. Pershing Avenue also intersects with Bingham Avenue on campus. Formerly used as a 'back' entry to the site for service functions, this entry is currently blocked off to both vehicular and pedestrian traffic. The southern portion of campus can also be accessed off Ohio Avenue by turning onto Dowlen Drive to enter the hospital site. There is currently no route for vehicular traffic to traverse the entire campus from south to north. (See "Figure D.9 Existing Road Network")

Bicycles

The campus currently contains few bicycle-friendly roads, with low traffic and gentle slopes. The City of Los Angeles adopted a Bicycle Plan as part of the transportation element of the city in 2011. The plan represents a commitment by the City of Los Angeles to complete streets as part of a move away from the auto-centric approach of the past toward a more sustainable transportation system that supports motor vehicle use, bicycling, walking, and transit.

The new Mobility Plan 2035, the city's new 20-year transportation vision, prioritizes safety and alternatives to driving and lays out hundreds of miles of new bicycle lanes. Nearest to campus, the western portions of San Vicente Boulevard are Class II bike routes (on-street marked bike lanes) while the strip that borders campus, and roads on-campus, are Class III bike routes (streets with signs denoting that it is a bicycle route, may include sharrows). The VA campus should follow the lead of the City of Los Angeles and encourage the use of cycling on-campus as an alternative mode of transportation that supports Veteran health and community access by providing bicycle parking facilities, shared roadways, signage, protection, and campus access to do so.

Issues with existing circulation and access:

- Lack of wayfinding and navigational signage.
- Primary roadways are not designed to be main thoroughfares for pedestrians, bicycles or shuttles. They are not visually emphasized with identity-forming landscaping.
- There are several areas on and around the campus where conflicts with vehicles are a safety hazard for pedestrians and cyclists. Some areas of concern are Eisenhower Avenue and Dewey Avenue, Dewey Avenue and Bonsall Avenue, crossing under Wilshire Boulevard to the south campus Medical Center, and crossing Barrington Ave to San Vicente Boulevard.
- Pedestrian access is largely blocked at Pershing Avenue, and vehicular access is entirely blocked, which is the closest campus entry point for those who live in the CalVet building.
- Accessibility is compromised due to topography challenges, lack of curb cuts, sidewalk conditions and width, safety lighting, traffic calming, and signage.
- Cycling has an overwhelmingly positive benefit for Veteran health and has grown in popularity recently. Veterans living on campus could cycle to their daily errands if conditions on-campus were improved. However, current bike lanes do not connect through the campus. Nor is there a Veteran-centric program to encourage bike share and cycling as a means to transverse the very long campus. The lack of clear, on-campus bike routes leads to potential confusion and conflicts.

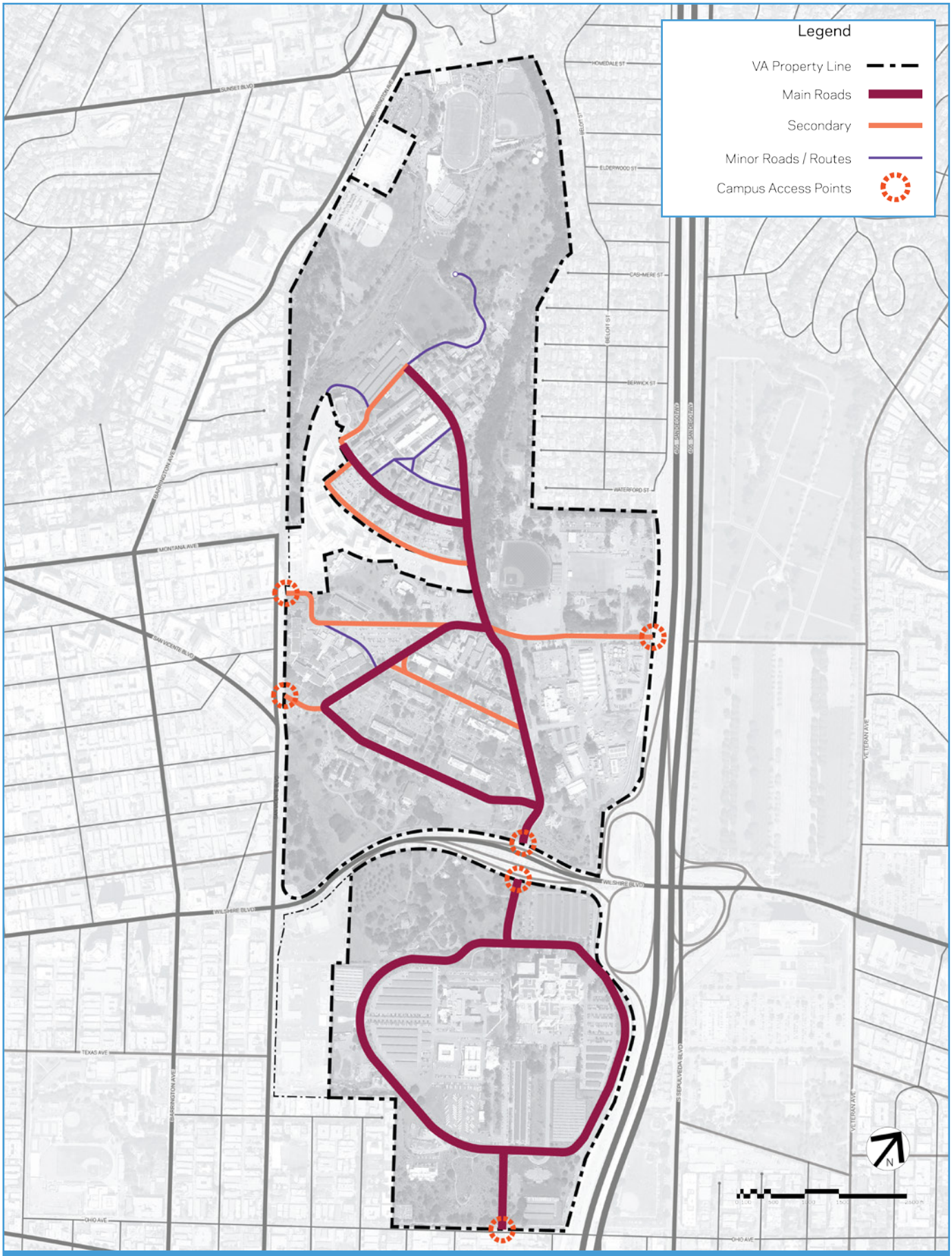

Figure D.9 Existing Road Network

Site Analysis

Onsite Parking

Currently, most of the parking occurs in surface-level lots. In future phases of development, the construction of multi-story parking garages in place of surface lots will enable VA to sustain a high-quality environment and support multiple methods of movement through the campus, as the campus population increases. (See"Figure D.10 Existing Parking")

Issues with existing parking:

- Too many surface parking lots scattered throughout the site, with no hierarchy.
- Areas of asphalt visually dominate the campus experience.
- Due to overabundance of surface parking substituting for secondary roadways, the campus circulation system is not clear.
- Roads and parking should be secondary to pedestrian routes on campus.
- Uneven distribution of parking creating parking congestion in some zones while other areas are unused.

Well designed pedestrian access with tree plantings

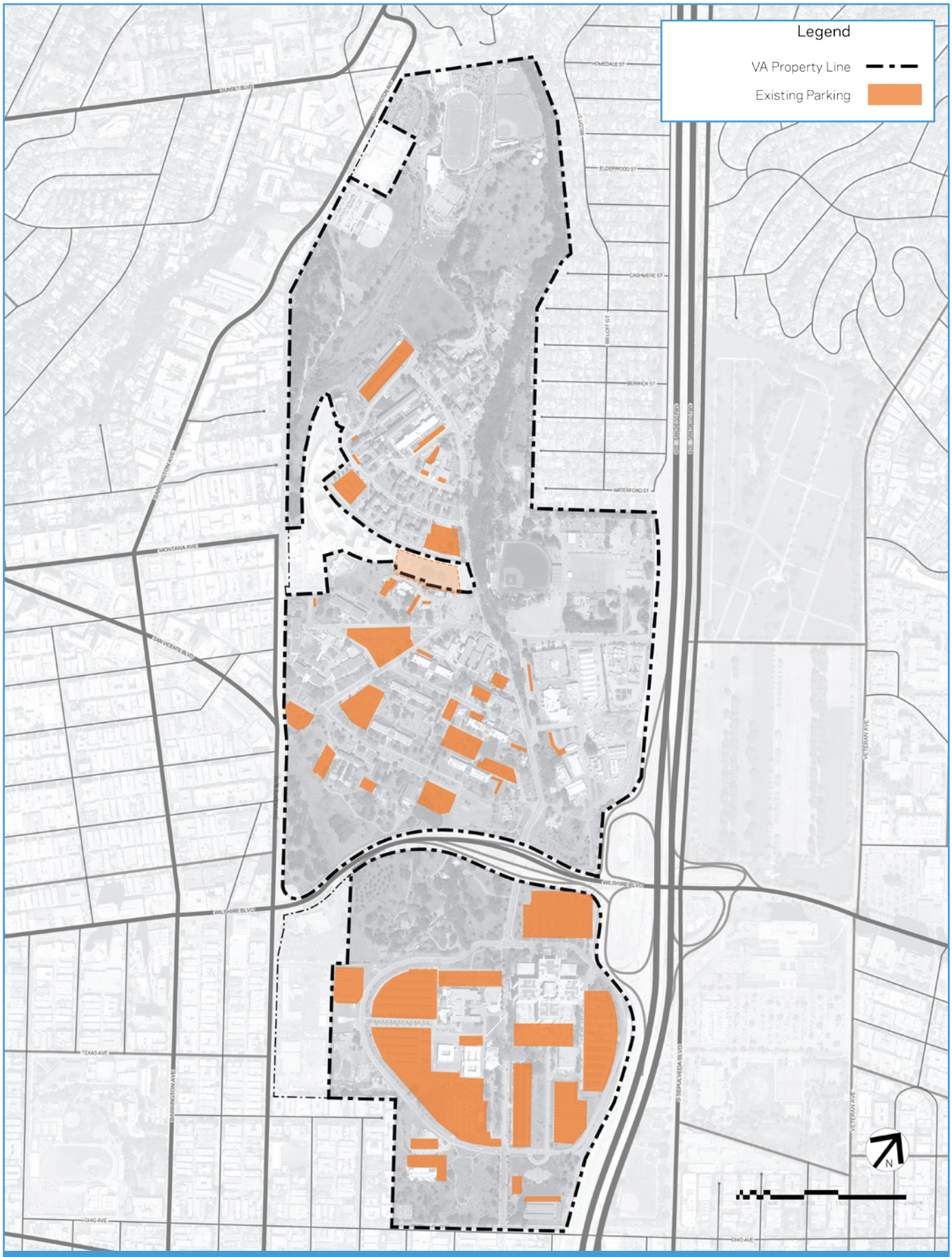

Figure D.10 Existing Parking

A B C **D** E F G

Site Analysis

Existing Building Inventory

Existing Building Inventory

Current programmatic uses have been identified and categorized into eleven varying facility types that are presently distributed throughout the campus as a whole. While some buildings may be primarily dominated by a singular facility type, the majority of the existing occupied building inventory is comprised of multiple types. For ease of understanding, buildings are currently identified by their dominant facility type, but the square footage numbers provided are specific to only the area occupied by the facility type. It should be noted that the square footages also exclude areas designated as common spaces.

The facility types are as listed below:

- Administrative
- Hospital
- Ambulatory
- Mental Health
- Residential Mental Health
- Residential Lodging
- Community Living Center
- Research
- Support and Logistics
- Vacant
- Shared

In this section facility types are more specifically defined with a breakdown of the programs and services that make up each of the facilities, as well as the square footages associated. Additionally, the dispersement of these facility types throughout the campus has been defined by the building locations, with buildings being specified when the facility category is the primary designation.

Each building is identified by number on the map found on "Figure D.11 Existing Buildings" on page 175.

Administrative

a. Departments and services breakdown
   1. Acquisition and Material Management Warehouse Administration (3,434 ft²)
   2. Chaplain (5,094 ft²)
   3. Director's Suite (17,033 ft²)
   4. Education (9,806 ft²)
   5. Fiscal (8,539 ft²)
   6. Human Resources (17,974 ft²)
   7. Library (1,901 ft²)
   8. Medical Administration (38,437 ft²)
   9. Medical Media (4,091 ft²)
   10. Medical Services Administration (31,448 ft²)
   11. Nursing Services Administration (10,497 ft²)
   12. Psychiatry Administration (4,462 ft²)
   13. Social Work (2,154 ft²)
   14. Voluntary Service (1,951 ft²)
   15. VSO/Veteran Administration (6,337 ft²)

b. Square footage total – 163,158 ft²

c. Location
   1. Building 205
   2. Building 218
   3. Building 220
   4. Building 258
   5. Building 301 (primary designation)
   6. Building 319
   7. Building 401
   8. Building 500

Architectural Character, Buildings 212-218

Hospital

a. Departments and services breakdown
   1. Units – 23 Hour Observation (10,597 ft²)
   2. Units – CCU (7,000 ft²)
   3. Units – Intermediate (11,931 ft²)
   4. Units – Medical (57,604 ft²)
   5. Units – MH/Behavioral Medicine (48,726 ft²)
   6. Units – MICU (6,325 ft²)
   7. Units – Rehab (18,802 ft²)
   8. Units – SICU (6,325 ft²)
   9. Units – Surgical (15,665 ft²)
   10. Pharmacy (7,013 ft²)
   11. Surgical (54,140 ft²)

b. Square footage total – 244,128 ft²

c. Location
   1. Building 304
   2. Building 500 (primary designation)

Ambulatory

a. Departments and services breakdown
   1. ACS – Primary Care (32,575 ft²)
   2. ACS – Secondary Care (47,675 ft²)
   3. Audiology (14,010 ft²)
   4. Cardiology (15,482 ft²)
   5. Dental (30,591 ft²)
   6. Dialysis (16,981 ft²)
   7. Digestive/Endoscopy (14,875 ft²)
   8. EEG/Neurology (3,878 ft²)
   9. Eye Clinic (16,545 ft²)
   10. Geriatrics (6,802 ft²)
   11. Home Based Healthcare (1,455 ft²)
   12. Nuclear Medicine (9,780 ft²)
   13. Pathology (30,046 ft²)
   14. Pharmacy (4,016 ft²)
   15. Prosthetics (10,300 ft²)
   16. Pulmonary/Respiratory Care (6,797 ft²)
   17. Radiation Therapy (11,455 ft²)
   18. Radiology (19,971 ft²)
   19. Rehab Medicine (17,740 ft²)

b. Square footage total – 310,974 ft²

c. Location
   1. Building 213
   2. Building 220 (primary designation)
   3. Building 304 (primary designation)
   4. Building 345 (primary designation)
   5. Building 401
   6. Building 500
   7. Building 507 (primary designation)

Mental Health

a. Departments and services breakdown
   1. Adult Day Care (4,478 ft²)
   2. Day Hospital (2,188 ft²)
   3. Day Treatment Center (9,599 ft²)
   4. Mental Health Clinic (106,874 ft²)
   5. Psychology (13,414 ft²)
   6. Recreational Therapy (16,080 ft²)
   7. Rehab Medicine (19,780 ft²)
   8. Substance Abuse Clinic (13,666 ft²)

b. Square footage total – 1586,079 ft²

c. Location
   1. Building 205
   2. Building 206 (primary designation)
   3. Building 208 (primary designation)
   4. Building 210
   5. Building 213
   6. Building 249 (primary designation)
   7. Building 256 (primary designation)
   8. Building 257
   9. Building 258 (primary designation)
   10. Building 259 (primary designation)
   11. Building 325 (primary designation)
   12. Building 326 (primary designation)
   13. Building 327 (primary designation)
   14. Building 329 (primary designation)
   15. Building 332 (primary designation)
   16. Building 333 (primary designation)
   17. Building 334 (primary designation)
   18. Building 401 (primary designation)
   19. Building 402 (primary designation)
   20. Building 512 (primary designation)
   21. Building 515 (primary designation)

Site Analysis

Existing Building Inventory

22. Building 518 (primary designation)
23. Building 521 (primary designation)

Residential Mental Health

a. Departments and services breakdown
   1. Units – Domiciliary (142,032 ft²)
      i. Domiciliary (DOM)
      ii. PTSD Residential Rehabilitation Treatment Program (PRRP)
      iii. Psychosocial residential rehabilitation treatment program (PRRTP)
      iv. Substance Abuse Residential Rehabilitation treatment Program (SARRTP)
      v. Homeless Chonically Mentally Ill (HCMI)

b. Square footage total – 142,032 ft²

c. Location
   1. Building 209 (primary designation)
   2. Building 214 (primary designation)
   3. Building 217 (primary designation)

Lodging

a. Departments and services breakdown
   1. Residential Quarters (28,847 ft²)

b. Square footage total – 28,847 ft²

c. Location
   1. Building 523 (primary designation)
   2. Building 535 (primary designation)

Community Living Center (CLC)

a. Departments and services breakdown
   1. Units – CLC (NHCU) (69,869 ft²)

b. Square footage total – 69,869 ft²

c. Location
   1. Building 213 (primary designation)
   2. Building 215 (primary designation)

Research

a. Departments and services breakdown
   1. Medical Research/Development (262,705 ft²)

b. Square footage total – 262,705 ft²

c. Location
   1. Building 113 (primary designation)
   2. Building 114 (primary designation)
   3. Building 115 (primary designation)
   4. Building 117 (primary designation)
   5. Building 208
   6. Building 210 (primary designation)
   7. Building 212
   8. Building 220
   9. Building 256
   10. Building 258
   11. Building 304
   12. Building 337 (primary designation)

Existing Building Roofscape, Building 157

Architectural Character, Buildings 256 & 257

13. Building 340 (primary designation)
14. Building 342 (primary designation)
15. Building 346 (primary designation)
16. Building 500

Support/Logistics

a. Departments and services breakdown
   1. Acquisition and Material Management Warehouse (37,262 ft²)
   2. Canteen Service (29,880 ft²)
   3. Engineering (104,703 ft²)
   4. Environmental Management (26,268 ft²)
   5. Information Resource Management (22,797 ft²)
   6. Linen Service (1,840 ft²)
   7. Nutrition/Food (48,382 ft²)
   8. On-Site Laundry (49,584 ft²)
   9. Pharmacy (10,362 ft²)
   10. Police/Security (6,108 ft²)
   11. Residential Quarters (19,578 ft²)
   12. Social Work (116 ft²)
   13. Sterile Process and Distribution Service (21,092 ft²)

14. Square footage totals – 377,972 ft²

b. Location
   1. Building 012 (primary designation)
   2. Building 014 (primary designation)
   3. Building 023 (primary designation)
   4. Building 033 (primary designation)
   5. Building 044 (primary designation)
   6. Building 046 (primary designation)
   7. Building 063 (primary designation)
   8. Building 090 (primary designation)
   9. Building 091 (primary designation)
   10. Building 113
   11. Building 158
   12. Building 199
   13. Building 215G (primary designation)
   14. Building 218
   15. Building 222 (primary designation)
   16. Building 231 (primary designation)
   17. Building 233 (primary designation)
   18. Building 236 (primary designation)
   19. Building 256
   20. Building 292 (primary designation)
   21. Building 296 (primary designation)
   22. Building 297 (primary designation)
   23. Building 299 (primary designation)
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   33. Building 312 (primary designation)
   34. Building 315 (primary designation)
   35. Building 318 (primary designation)
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