Purpose and Need for Reconfiguration of VA Black Hills Health Care System

The "purpose and need" element of an EIS explains why the action being proposed is needed, and serves as the basis for developing a reasonable range of alternatives.

Need: underlying condition or problem that leads the agency to propose the action.

Purpose: objectives of proposed action that address the underlying condition or correct the problem.

Purpose of Action

Provide quality, safe, accessible health care for Veterans well into the 21st century by:

- **Providing locations and structures that enhance and maintain quality and safety of care in the 100,000-square-mile service area**
- **Ensuring buildings comply with accessibility requirements, support current standards of care, and can be well-maintained within available budgets and resources**
- **Increasing access to care closer to Veterans' homes**
- **Reducing out-of-pocket expenses for Veterans' travel**

Need for Action

- **VA has difficulty maintaining high-quality, safe, and accessible care at the Hot Springs campus:**
  - **Quality and range of care are limited by staff recruiting/retention.**
  - **Does not comply with Architectural Barriers Act and VA accessibility requirements. Needs significant renovation to maintain clinical standards and for continued facility sustainment.**
  - **Limits residential care available to single parent Veterans.**
  - **Limits enhancements of the recovery model of care for residential treatment.**
  - **Facility costs negatively affect VA's stewardship of funds appropriated for Veterans health care.**
- **Existing locations and facilities constrain the quality and range of care, and access to that care, that VA offers to Veterans in the service area:**
  - **Current and projected future Veteran population centers in the BHHCS service area are not in the same locations as existing VA facilities.**
  - **To access primary, secondary, or tertiary care, Veterans currently face long distances, extended travel times, and travel costs.**

Black Hills Health Care System
Department of Veteran Affairs

Potential Services by Location: Basis for Alternatives for Changes to Facility Locations and Types

* *Other Cities:*

Alternatives A,B,C,D,F – No new facilities or closing existing facilities are proposed for locations other than Hot Springs and Rapid City.

Alternative E – A mobile clinic would be added.

****All services except dialysis and RRTP are also currently available at Fort Meade VAMC and will continue for foreseeable future.**

***Scope:* Actual changes to services provided by any VA facility, in the near term or future, are not subject to NEPA review. This EIS evaluates alternatives for new and existing facilities as indicated by the need for changes in services to meet the purpose of and need for action.**

CBOC = Community Based Outpatient Clinic

MSOC = Multi Specialty Outpatient Clinic

RRTP = Residential Rehabilitation Treatment Program

*	Service**	Action Alternative					F: No Action = Current State
		A	B	C	D	E: Save the VA	
Hot Springs	Primary care Dialysis Mental health	New CBOC	New CBOC	Hot Springs VAMC Bldg 12 renovation	New CBOC	Hot Springs VAMC, plus expanded educational programs	Hot Springs VAMC
	Inpatient beds	Community	Community	Community	Community	Hot Springs VAMC:15 beds + 3-bed ICU	Hot Springs VAMC: 10 beds
	Laboratory Pharmacy Urgent care	Community	Community	Community	Community	Hot Springs VAMC	Hot Springs VAMC
	Surgery	Community	Community	Community	Community	Hot Springs VAMC: advanced outpatient + community	Hot Springs VAMC: basic outpatient
	Specialty care	Expanded at new CBOC + community	Expanded at new CBOC + community	Expanded at new CBOC + community	Expanded at new CBOC + community	Greatly expanded at Hot Springs VAMC + community	Limited at Hot Springs VAMC + community
	Medical imaging	Mobile CT and MRI at new CBOC + community	Mobile CT and MRI at new CBOC + community	Mobile CT and MRI at new CBOC + community	Mobile CT and MRI at new CBOC + community	Hot Springs VAMC: x-ray, CT; 24/7 onsite ultrasound, echocardiogram.	Hot Springs VAMC: x-ray; mobile CT and MRI
	Community Living Center (nursing home)	Community	Community	Community	Community	Hot Springs VAMC: 15 beds	Hot Springs VAMC: 7 beds
	RRTP	None	New 100-bed RRTP	Renovate Hot Springs VAMC domiciliary to be 100-bed RRTP	New 24-bed RRTP	Hot Springs VAMC domiciliary: 200 beds + expanded services + demonstration project	Hot Springs VAMC domiciliary: 100 beds
Rapid City	Primary care	New MSOC	New MSOC	New MSOC	New MSOC	Same as is	Existing CBOC
	Specialty care	Expanded at new MSOC	Expanded at new MSOC	Expanded at new MSOC	Expanded at new MSOC	Same as is	Limited at existing CBOC
	Mental health	New MSOC	New MSOC	New MSOC	New MSOC	Same as is	Existing CBOC
	Pharmacy	New MSOC	New MSOC	New MSOC	New MSOC	Same as is	None
	Laboratory	New MSOC	New MSOC	New MSOC	New MSOC	Same as is	Samples drawn at CBOC and sent to lab at Fort Meade
	X-ray	New MSOC	New MSOC	New MSOC	New MSOC	Same as is	None
	RRTP	New 100-bed RRTP	None	None	New 76-bed RRTP	Same as is	None

Black Hills Health Care System
Department of Veteran Affairs

Integrating *National Historic Preservation Act* Section 106 Compliance into the NEPA Process

Section 106 of the *National Historic Preservation Act:*

Federal agencies must:

- Identify and assess effects of actions on historic properties
- Avoid, minimize, or mitigate those effects
- Provide the Advisory council on Historic Preservation a reasonable opportunity to comment

Agencies are encouraged to coordinate Section 106 compliance with NEPA.

Federal regulations permit "substitution" of NEPA review for the Section 106 process. Historic properties analysis is integrated into NEPA public involvement, agency coordination, impact analysis, and the agency decision.

Black Hills Health Care System
Department of Veteran Affairs

Notify Consulting Parties and Initiate Consultation

- Secretary of the Interior, State Historic Preservation Officers, Advisory Council on Historic Preservation, Tribal Historic Preservation Officers and other tribal representatives, and other stakeholders.
- Identify/discuss historic preservation issues associated with the Black Hills Health Care System reconfiguration alternatives.

Identify Historic Properties and Traditional Cultural Properties

- Establish areas of potential effect for the EIS alternatives.
- Identify known and potential cultural resources and their status or eligibility for listing on the National Register.
- Document findings as the Affected Environment for cultural resources in the EIS.

Assess Potential Effects

- Evaluate potential impacts to cultural resources using Section 106 criteria.
- With consulting parties, identify measures to avoid, minimize, or mitigate effects on historic properties.
- Document findings in the EIS as part of the Environmental Consequences and Mitigation Measures for cultural resources impacts.

Additional Consultation and Public Involvement

- Provide adequate opportunity for consulting parties' input prior to finalizing the Draft EIS.
- Notify National Park Service of potential effects on the Battle Mountain Sanitarium, a National Historic Landmark.
- Provide ongoing information to the public on the Section 106 process and its integration into the NEPA process.
- Document all Section 106 consultation activities in the EIS and its Administrative Record.

Concluding Section 106 Consultation

- If preferred alternative can potentially affect a historic property, identify mitigation strategy: Memorandum of Agreement, Programmatic Agreement, other binding mitigation commitment made in the VA's Record of Decision.
- Implement the selected alternative and any associated mitigation.