

**Draft Environmental Impact Statement
and
National Historic Preservation Act Section 106
Consultation:**

Reconfiguration of VA Black Hills Health Care System



**U.S. Department of Veterans Affairs
Black Hills Health Care System**



October 2015

What is NEPA and How Does it Apply to Federal Actions?

- Under the *National Environmental Policy Act* (NEPA), federal agencies must comply with the procedural requirements of NEPA before they make final decisions about major federal actions that could have effects on the human environment. For purposes of NEPA, “effects” and “impacts” mean the same thing. They include ecological, aesthetic, historic, cultural, economic, social, or health impacts, whether adverse or beneficial and whether direct, indirect, or cumulative. “Human environment” includes the natural and physical environment and the relationship of people with that environment.
- NEPA’s procedural requirements pertain to a federal agency’s projects, programs, plans, policies, and proposals. NEPA applies when a federal agency has discretion to choose among one or more alternative means of accomplishing a particular goal.
- NEPA requires federal agencies to consider environmental effects in their decision making. It does not require the decision maker to select the environmentally preferable alternative or prohibit adverse environmental effects. Decision makers in federal agencies often have other concerns and policy considerations to take into account in the decision-making process, such as social, economic, health, or national security interests. However, NEPA does require that decision makers be informed of the environmental consequences of their decisions.
- A federal agency must prepare an environmental impact statement (EIS) if it is proposing a “major federal action significantly affecting the quality of the human environment”.
- One key aspect of an EIS is the statement of the underlying purpose (objectives) and need (reasons) for the proposed action. Agencies draft a “Purpose and Need” statement to describe what they are trying to achieve by proposing an action. The purpose and need statement explains to the reader why an agency action is necessary, and serves as the basis for identifying a reasonable range of alternatives that meet the purpose and need.
- The identification and evaluation of alternative ways of meeting the purpose and need of the proposed action is the heart of the NEPA analysis. The agency objectively evaluates all reasonable alternatives, and for alternatives that were eliminated from detailed study, briefly discusses the reasons for their having been eliminated.
- Reasonable alternatives include those that are practical or feasible from a technical and economic standpoint and using common sense, rather than simply desirable. Agencies must evaluate all reasonable alternatives in enough detail so that a reader can compare and contrast the environmental effects of the various alternatives.
- The record of decision is the final step in the EIS process. This document states what the decision is; identifies the alternatives considered, including the environmentally preferable alternative; and discusses mitigation plans, including any enforcement and monitoring commitments.

From *A Citizen’s Guide to the NEPA*, Council on Environmental Quality, 2007.

ABSTRACT

LEAD AGENCY: U.S. Department of Veterans Affairs (VA), Black Hills Health Care System (BHHCS)

COOPERATING AGENCIES: None

TITLE OF PROPOSAL: Reconfiguration of VA Black Hills Health Care System

AFFECTED JURISDICTION: Western South Dakota, northwestern Nebraska, eastern Wyoming

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PROPONENT: VA BHHCS

DOCUMENT DESIGNATION: Draft Environmental Impact Statement (EIS) and *National Historic Preservation Act* Section 106 Consultation

VA proposes to reconfigure health care services throughout the VA BHHCS catchment area, including the addition of purchased care for Veterans from community providers (3 tertiary care facilities and 26 secondary care facilities), which would improve VA BHHCS's compliance with VA's "Geographic Access to Care" guidelines. This EIS analyzes the potential impacts of six alternatives for changes to VA's facilities in Hot Springs and Rapid City, South Dakota, to support the proposed services reconfiguration.

Alternatives A through D involve the addition of purchased care from community providers and varying combinations of new construction or leases in Hot Springs and Rapid City, and renovations to or vacating the Hot Springs VA campus. Alternative E is a proposal developed by Save the VA, a local community organization, for expanded VA health care services at the Hot Springs campus. Alternative F is the No Action alternative, which is required by the *National Environmental Policy Act* (NEPA) and its regulations and also provides a baseline for comparing potential impacts from the action alternatives. Supplemental Alternative G, repurposing all or part of the existing Hot Springs campus, could be implemented in concert with Alternatives A through D.

VA BHHCS's preferred alternative is Alternative A, which would add purchased care from community providers, construct a multi-specialty outpatient clinic and 100-bed residential rehabilitation treatment program facility in Rapid City, construct a community-based outpatient clinic in Hot Springs, discontinue services at the Hot Springs campus—which includes the Battle Mountain Sanitarium, a National Historic Landmark—and identify and approve appropriate re-use of the Hot Springs campus under Supplemental Alternative G.

The analysis uses the substitution procedures defined in the regulations for implementing Section 106 of the *National Historic Preservation Act*, by which agencies can substitute the NEPA process for effects analysis and consultation under Section 106, by developing an integrated NEPA analysis. Consultation and identification and resolution of effects to historic properties are documented throughout this EIS.

The EIS describes mitigation measures for the potential impacts to environmental resources that are identified in the analysis. Unavoidable adverse impacts include effects to air quality, cultural resources and historic properties, noise, socioeconomics, solid waste and hazardous materials, utilities, and transportation and traffic. With the exception of socioeconomics, mitigation measures would substantially decrease the magnitude of these impacts.

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ACRONYMS AND ABBREVIATIONS

ACHP	Advisory Council on Historic Preservation
ADT	average daily traffic
APE	area of potential effects
AST	aboveground storage tank
BHHCS	Black Hills Health Care System
Btu	British thermal unit
CBOC	community-based outpatient clinic
CEQ	Council on Environmental Quality
CERCLA	<i>Comprehensive Environmental Response, Compensation, and Liability Act</i>
CESQG	conditionally exempt small-quantity generator
CFM	VA's Office of Construction & Facilities Management
CFR	Code of Federal Regulations
CLC	community living center
CRGRID	Cultural Resource Geographic Research Information Display
CT	computerized tomography
CWT	compensated work therapy
DAV	Disabled American Veterans (organization)
dB	decibel
dBA	A-weighted decibel
EIS	environmental impact statement
EPA	U.S. Environmental Protection Agency
EUL	enhanced-use lease
FD	fire department
FEMA	Federal Emergency Management Agency
FIRM	flood insurance rate map
ft	foot, feet
ft ²	square feet
ft ³	cubic feet
FTEE	full-time equivalent employee
FWS	U.S. Fish and Wildlife Service
FY	fiscal year
gpd	gallons per day
GSF	gross square feet
HAP	hazardous air pollutant
IHS	Indian Health Service

L ₁₀ , L ₅₀ , L ₉₀	sound level at 10 th , 50 th , 90 th percentile
LEED	Leadership in Energy and Environmental Design
L _{eq}	equivalent sound level
L _{max} , L _{min}	maximum or minimum sound level
MPO	Rapid City Area Metropolitan Planning Organization
MRI	magnetic resonance imaging
MSOC	multi-specialty outpatient clinic
NAAQS	National Ambient Air Quality Standards
NE	Nebraska
NEPA	<i>National Environmental Policy Act</i>
NHDVS	National Homes for Disabled Volunteer Soldiers
NHL	national historic landmark
NHPA	<i>National Historic Preservation Act</i>
NOA	notice of availability
NOI	notice of intent
NPDES	National Pollutant Discharge Elimination System
NPS	National Park Service
NRHP	National Register of Historic Places
NSR	new source review
NWI	National Wetlands Inventory
PCBs	polychlorinated biphenyls
PD	police department
PM	particulate matter
PM ₁₀	particulate matter less than 10 micrometers in diameter
PTSD	post-traumatic stress disorder
RCRA	<i>Resource Conservation and Recovery Act</i>
ROD	record of decision
RRTP	residential rehabilitation treatment program
SD	South Dakota
SDCL	South Dakota Codified Laws
SDDENR	South Dakota Department of Environment and Natural Resources
SDDFG	South Dakota Department of Fish and Game
SHPO	State Historic Preservation Officer
SSPP	strategic sustainability performance plans
U.S.	United States
U.S.C.	United States Code
USACE	U.S. Army Corps of Engineers

UST	underground storage tank
VA	U.S. Department of Veterans Affairs
VAMC	VA Medical Center
VFD	volunteer fire department
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WY	Wyoming

EXECUTIVE SUMMARY

As required by the *National Environmental Policy Act* (NEPA), the U.S. Department of Veterans Affairs (VA) identifies, analyzes, and documents the potential physical, environmental, cultural, and socioeconomic impacts associated with the proposed reconfiguration of health care services within the Black Hills Health Care System (BHHCS) in this environmental impact statement (EIS). VA BHHCS provides health care to approximately 19,000 Veterans over 100,000 square miles in western South Dakota, northwestern Nebraska, and eastern Wyoming.

This EIS integrates NEPA review of the proposal with requirements for consultation on effects to historic properties under Section 106 of the *National Historic Preservation Act*. This integrated process complies with the Advisory Council on Historic Preservation's "Procedures for the Protection of Historic Properties" as well as published federal guidance for substituting the NEPA process for Section 106 review.

The *purpose* of VA's proposal to reconfigure health care services in the BHHCS is to provide high-quality, safe, and accessible health care for Veterans well into the twenty-first century by:

- Providing locations and facilities that support VA's efforts to enhance and maintain quality and safety of care in the 100,000-square-mile catchment area
- Ensuring facilities for Veterans receiving any services comply with accessibility requirements for handicapped individuals, support current standards of care, and can be well-maintained within available budgets and resources
- Increasing access to care closer to where Veterans reside
- Reducing out-of-pocket expenses for Veterans' travel

VA has identified a *need* to reconfigure health care services in the BHHCS catchment area because:

- VA has difficulty maintaining high-quality, safe, and accessible care at the Hot Springs campus.
- Existing locations and facilities constrain the quality of care, range of services, and access to care that VA offers to Veterans in the catchment area.

Decisions regarding appropriate physical buildings and infrastructure required to provide the proposed reconfiguration of services are the focus of this EIS and the NEPA process. **It is not within the scope of this EIS to determine the specific health care services that VA offers to Veterans at any location.** These are decisions made by the Veterans Health Administration's leaders, planners, and health care practitioners to further the mission to "Honor America's Veterans by providing exceptional health care that improves their health and well-being." **This EIS analyzes impacts from the alternatives for the physical facilities from which health care services are offered within the VA BHHCS catchment area.**

Six alternatives are considered in detail in this EIS, as well as a supplement to four of the alternatives. The alternatives propose different locations and combinations of facilities serving as a community-based outpatient clinic (CBOC), a multi-specialty outpatient clinic (MSOC), and a

residential rehabilitation treatment program (RRTP) facility; expanding, renovating, or vacating existing facilities; and taking no action:

- A. Hot Springs: new CBOC, cease services at existing VA campus
Rapid City: new MSOC (replacing leased CBOC) and 100-bed RRTP
- B. Hot Springs: new CBOC and 100-bed RRTP, cease services at existing VA campus
Rapid City: new MSOC (replacing leased CBOC)
- C. Hot Springs: renovations for new CBOC in Building 12 and 100-bed RRTP in domiciliary at existing VA campus
Rapid City: new MSOC (replacing leased CBOC)
- D. Hot Springs: new CBOC and 24-bed RRTP, cease services at existing VA campus
Rapid City: new MSOC (replacing leased CBOC) and 76-bed RRTP
- E. Save the VA Proposal
Hot Springs: renovations and construction to continue and expand inpatient and outpatient services at existing VA campus, including 200-bed RRTP
Rapid City: services from existing leased CBOC
- F. No Action
- G. Supplemental alternative to A, B, C, or D for re-use of part or all of existing Hot Springs campus

Alternative A is VA's preferred alternative.

The following table summarizes the potential environmental impacts of the alternatives.

Table: Summary of Impact Analysis

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Meets purpose of and need for action	Yes	Yes	No	Yes	No	No	Not applicable
Estimated 30-year cost	\$148,622,461	\$168,234,767	\$229,838,861	\$176,040,980	\$247,036,697	\$215,082,431	Would vary based on use
Aesthetics	Presence of construction equipment could temporarily obstruct views, affect visual quality, and cause nighttime light trespass. VA facilities could permanently change visual appearance of site; create noticeable contrast to surrounding views; and cause nighttime illumination, glare, or light trespass.	Similar to Alternative A, with impacts slightly less for Rapid City due to smaller facility footprint.	No impacts to visual quality of VA Hot Springs campus during construction. Construction and operation impacts for Rapid City similar to Alternative B.	Similar to Alternative A, with impacts slightly more for Hot Springs and slightly less for Rapid City.	Similar impacts to Alternative A, but would occur on VA Hot Springs campus.	Similar to Alternative C for VA Hot Springs campus; no impacts for Rapid City CBOC.	Similar to Alternative E.

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Air Quality	Construction and operation emissions would comply with all permit requirements and regulations, ensuring negligible impacts. Particulate emissions during construction would be below the <i>de minimis</i> threshold level. Decreased mobile source emissions due to improved geographic access to care.	Similar to Alternative A.	Impacts similar to but less than those from Alternative B. Less short-term emissions from construction than Alternative A or B.	Constructing and operating two RRTPs would result in increased emissions compared to Alternatives A and B, but impacts would otherwise be similar. Compliance with all permit requirements and regulations would ensure negligible impacts.	Short-term minor impacts during construction on the Hot Springs campus. Operations impact similar to or slightly greater than Alternative F, with all existing facilities plus new building(s) on the Hot Springs campus. Compliance with all permit requirements and regulations would ensure negligible impacts.	No or minimal construction impacts due to mostly interior renovations as budget allows. Ongoing operational emissions continue at current levels; continued regulatory and permit compliance would ensure negligible impacts.	Construction and operation impacts similar to Alternatives C, E, or F, depending on the extent of renovation or construction and the nature and intensity of activities from specific re-use.

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Cultural Resources and Historic Properties	<p><u>On-campus:</u> Change in use of VA Hot Springs campus would diminish historic character of National Historic Landmark and affect setting of Historic District, traditional use area. Actions to maintain or mothball campus buildings could alter historic features.</p> <p><u>Off-campus:</u> Ground disturbance could encounter and remove archaeological and cultural materials. Construction introduces audible and visual elements to historic setting.</p>		<p><u>On-campus:</u> Similar to Alternative A, except change in use of only some campus buildings and no effect to historic setting. Exterior and interior renovations could alter historic features.</p> <p><u>Off-campus:</u> Similar to Alternative A, except affects only Rapid City.</p>	<p><u>On-campus:</u> Similar to Alternative A.</p> <p><u>Off-campus:</u> similar to Alternative A.</p>	<p><u>On-campus:</u> Exterior and interior renovations, new construction could alter historic features. Ground disturbance could encounter and remove archaeological and cultural materials. Construction introduces audible and visual elements to historic setting.</p> <p><u>Off-campus:</u> None.</p>	<p><u>On-campus:</u> Actions to maintain or upgrade campus buildings could alter historic features.</p> <p><u>Off campus:</u> None.</p>	<p><u>On-campus:</u> Similar to Alternative E. Change in use of campus would diminish historic character of National Historic Landmark.</p> <p><u>Off-campus:</u> None/Not applicable.</p>

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Geology and Soils	Minor and short-term erosion and sedimentation potential during construction; would be minimized with best management practices and permit compliance. Possible impact to prime or unique farmland depending on locations. No impacts from operation.	Potential for construction impacts similar to but slightly higher than Alternative A due to slightly increased total ground area disturbed for new construction.	Potential for construction impacts similar to but less than Alternative A due to decreased total ground area disturbed for new construction.	Potential for construction impacts similar to but higher than Alternative A due to increased total ground area disturbed for new construction.	Potential for construction impacts similar to but much less than Alternatives A, B, or C due to likely smaller total ground area disturbed for new construction.	Potential for construction impacts similar to or less than Alternative C; would occur only in the case of exterior modifications requiring ground disturbance.	Construction impacts similar to or less than Alternative E, depending on the extent of renovation or construction.

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Hydrology and Water Quality	Minor and short-term spill, erosion, and sedimentation potential during construction; would be minimized with best management practices and permit compliance. Water supply and wastewater generation within capacity of existing sources / systems.	Potential for construction impacts similar to but slightly higher than Alternative A due to slightly increased construction footprint. Water supply and wastewater generation within capacity of existing sources / systems.	Potential for construction impacts similar to but less than Alternative A due to decreased construction footprint. Water supply and wastewater generation within capacity of existing sources / systems.	Potential for construction impacts similar to but higher than Alternative A due to increased construction footprint. Water supply and wastewater generation within capacity of existing sources / systems.	Potential for construction impacts similar to but much less than Alternatives A, B, or C due to small construction footprint. Water use and wastewater generation would be greater than Alternative F, and would also be met with existing capacity.	Potential for construction impacts similar to or less than Alternative E; would occur only in the case of exterior modifications requiring ground disturbance. Current rates of water use and wastewater generation would continue, within capacity of existing sources / systems.	Construction and renovation impacts similar to or less than Alternatives C or E, depending on the re-use. Water use and wastewater generation would be maintained within capacity of existing sources / systems.

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Wildlife and Habitat	Minimal habitat disturbance possible, depending on locations. Site survey for protected species, consultation and mitigation with state and federal wildlife agencies if needed would minimize potential for construction impacts. Negligible operation-related impacts to terrestrial or aquatic ecosystems.	Minimal habitat disturbance possible, depending on locations. Potential for construction impacts similar to but slightly higher than Alternative A due to slightly increased construction footprint. Negligible operation-related impacts to terrestrial or aquatic ecosystems.	Minimal habitat disturbance possible, depending on location for Rapid City MSOC. Potential for construction impacts similar to but less than Alternative A due to decreased construction footprint. Negligible operation-related impacts to terrestrial or aquatic ecosystems.	Minimal habitat disturbance possible, depending on locations. Potential for construction impacts similar to but higher than Alternative A due to increased construction footprint. Negligible operation-related impacts to terrestrial or aquatic ecosystems.	No construction or renovation in undeveloped areas; thus, no construction impacts. Negligible operation-related impacts to terrestrial or aquatic ecosystems.	No construction or renovation in undeveloped areas; thus, no construction impacts. Negligible operation-related impacts to terrestrial or aquatic ecosystems.	No construction or renovation in undeveloped areas; thus, no construction impacts. Negligible operation-related impacts to terrestrial or aquatic ecosystems.

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Noise	Construction-related noise and vibration impacts would be short-term and potentially moderate in magnitude, depending on the locations; daytime scheduling of construction activities and shielding would reduce impacts. Operation-related noise would be minor.	Similar to Alternative A, also depending on locations.	Construction and renovation-related noise and vibration impacts would be short-term and potentially moderate in magnitude for receptors on or near the Hot Springs campus, and depending on location of Rapid City MSOC; daytime scheduling of construction activities and shielding would reduce impacts. Operation-related noise would be minor.	Similar to Alternative A, also depending on locations.	Construction and renovation-related noise and vibration impacts would be short-term and potentially moderate in magnitude for receptors on or near the Hot Springs campus; daytime scheduling of construction activities and shielding would reduce impacts. Operation-related noise would be minor.	Renovation-related noise and vibration impacts would be short-term and potentially moderate in magnitude for receptors on or near the Hot Springs campus; daytime scheduling of construction activities and shielding would reduce impacts. Operation-related noise would be minor.	Similar to Alternative E.

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Land Use	Temporary disturbances to adjacent land uses and users during construction. Sites selected for VA facilities would be generally compatible with and not substantially conflict with current or planned future land uses and zoning designations.		No impact to land use on VA Hot Springs campus or in City of Hot Springs. Impact to land use in Rapid City similar to Alternative B.	Similar to Alternative B.	Similar to Alternative C, except no impact in Rapid City.	Similar to Alternative C, except no impact in Rapid City.	Similar to Alternative C, except transfer to and re-use by non-federal proponent would be subject to Hot Springs land use planning and zoning. No impact in Rapid City.
Floodplains and Wetlands	No construction would occur within 100-year floodplains. If not feasible to avoid wetlands in site selection, VA would comply with federal and state coordination and permit requirements and, as needed, compensate for lost function and value.		Similar to Alternative A for location of Rapid City MSOC. No impacts in Hot Springs.	Similar to Alternative A.	No impacts.	No impacts.	No impacts.

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Socioeconomics	<p><u>Hot Springs:</u> Beneficial negligible impact to employment and housing during construction. Adverse minor to moderate impact to housing and employment, adverse moderate to major impact to wages from operation.</p> <p><u>Rapid City:</u> Beneficial negligible impact to employment and housing during construction using local contractor. Beneficial but negligible impact to housing, employment, and wages from operation.</p> <p><u>Other Counties:</u> Adverse negligible impact.</p>	<p><u>Hot Springs:</u> Similar to Alternative A, except minor to moderate beneficial impact to employment and housing during construction, and slightly less adverse minor to moderate impact to employment, housing, and wages from operation.</p> <p><u>Rapid City:</u> Similar to Alternative A during construction but less. No measurable impact from operation.</p> <p><u>Other Counties:</u> Similar to Alternative A.</p>	<p><u>Hot Springs:</u> Similar to Alternative B during construction; same as Alternative B from operation.</p> <p><u>Rapid City:</u> Similar to Alternative B during construction; same as Alternative B from operation.</p> <p><u>Other Counties:</u> Same as Alternative B.</p>	<p><u>Hot Springs:</u> Similar to Alternative B but slightly less during construction; similar to Alternative A from operation but slightly less.</p> <p><u>Rapid City:</u> Similar to Alternative A but slightly less during construction and from operation.</p> <p><u>Other Counties:</u> Similar to Alternative A but slightly less.</p>	<p><u>Hot Springs:</u> Minor to major beneficial impact to employment and housing during construction. Major beneficial impact to wages and major increase in employment with potential adverse effects from operation if not enough employable persons to fill available jobs.</p> <p><u>Rapid City:</u> Negligible to minor beneficial impact to housing, wages.</p> <p><u>Other Counties:</u> Negligible beneficial impact.</p>	<p><u>Hot Springs:</u> Moderate beneficial impact to housing during construction; negligible impact from operation.</p> <p><u>Rapid City:</u> None.</p> <p><u>Other Counties:</u> None.</p>	<p><u>Hot Springs:</u> Similar to Alternative C or E.</p> <p><u>Rapid City:</u> None.</p> <p><u>Other Counties:</u> None.</p>

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Community Services	<p>Negligible construction-related impact on local clinics / hospitals; fire, police, and emergency response; school districts; and parks / recreational facilities.</p> <p>No increase in demand for fire, police, and emergency response in Hot Springs or Rapid City from operation.</p> <p>Minor decrease in school enrollment and minor to moderate decrease in revenue support in Hot Springs; negligible change in Rapid City.</p>	<p>Similar to Alternative A but slightly less for Hot Springs.</p>	<p>Construction-related impact similar to Alternative A but slightly less for Rapid City.</p> <p>Same as Alternative B from operation.</p>	<p>Similar to Alternative A but slightly less for Hot Springs and Rapid City.</p>	<p>Constructed-related impact similar to Alternative C, except impact to schools similar to Alternative A. Moderate additional demand on fire, police, and emergency services; moderate to major increase in school enrollment, beneficial impact to funding community services in Hot Springs from operation. Negligible change in Rapid City.</p>	<p>Negligible construction-related impact to Hot Springs community services; no impact to Rapid City. No operation-related impact.</p>	<p>Similar to Alternatives C or E.</p>

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Solid Waste and Hazardous Materials	Construction-related solid waste generation would have a negligible effect on remaining landfill capacities. Solid, medical, and hazardous waste generation rates (increased in Rapid City, decreased in Hot Springs) would have a negligible impact on treatment and disposal facilities.	Similar to Alternative A, except that operational rates of solid, medical, and hazardous waste generation would increase less in Rapid City, and decrease less in Hot Springs.	Similar to Alternative B, except that special wastes (asbestos-containing materials, lead-based paint) could also be generated.	Similar to Alternative A, except that operational rates of solid, medical, and hazardous waste generation would increase slightly less in Rapid City, and only slightly decrease in Hot Springs.	Construction- and renovation-related waste generation could include special wastes (asbestos-containing materials, lead-based paint); there would be a negligible effect on remaining landfill capacities. Solid, medical, and hazardous waste generation rates (increased in Hot Springs, unchanged in Rapid City) would have a negligible impact on treatment and disposal facilities.	Renovation-related waste generation could include special wastes (asbestos-containing materials, lead-based paint); would have a negligible effect on remaining landfill capacities. Solid, medical, and hazardous waste generation rates would not change and would have a negligible impact on treatment and disposal facilities.	Similar to Alternatives E and F.

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Transportation and Traffic	Temporary disruption to road networks and traffic circulation during construction. Vehicle trips decrease in Hot Springs; potential adverse impact on traffic congestion in Rapid City with operation. Potential increase in demand for public transportation.	Similar to Alternative A except impact more extensive for Hot Springs.	Similar to Alternative A but less extensive.	Similar to Alternative A but more extensive for Hot Springs and less extensive for Rapid City.	Similar to Alternative A but more extensive for Hot Springs. No impact for Rapid City.	Similar to Alternative C but less extensive. No impact for Rapid City.	Similar to Alternatives C or E. No impact for Rapid City.

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Utilities	Projected utility requirements are within the capacity of existing systems. Energy efficiency and water conservation improvements compared to existing facilities could be incorporated. If the Hot Springs VA campus is not in use, there could be a concern for proper functioning of the Hot Springs wastewater treatment plant, but the threshold for this issue is not known.		Projected utility requirements are within the capacity of existing systems. Renovations could include modifications to improve energy efficiency and water conservation at Hot Springs VA campus. Decreased wastewater flow to the Hot Springs wastewater treatment plant could occur, but the threshold effects to the plant's function is not known.	Similar to Alternative A.	Utility requirements in Rapid City would remain the same. Requirements in Hot Springs would increase but remain within the capacity of the existing systems. Renovations could include modifications to improve energy efficiency and water conservation at Hot Springs VA campus.	Utility requirements would remain the same, and continue to be within the capacity of existing systems. Renovations could include modifications to improve energy efficiency and water conservation at Hot Springs VA campus.	Similar to Alternatives C, E, or F, depending on the type of re-use.

Resource / Issue	A - Hot Springs CBOC, Rapid City MSOC and RRTP	B - Hot Springs CBOC and RRTP, Rapid City MSOC	C - Hot Springs Existing Campus CBOC and RRTP, Rapid City MSOC	D - Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP	E - Save the VA Proposal	F - No Action	Supplemental G - Re-use of Hot Springs Campus
Environmental Justice	No disproportionate health or environmental effects to environmental justice communities. Improved geographic access to care except for proximity to RRTP services for Veterans closer to Hot Springs than Rapid City.	No disproportionate health or environmental effects to environmental justice communities. Improved geographic access to care except for proximity to RRTP services for Veterans closer to Rapid City than Hot Springs.	No disproportionate health or environmental effects to environmental justice communities. Improved geographic access to care except for proximity to RRTP services for Veterans closer to Rapid City than Hot Springs.	No disproportionate health or environmental effects to environmental justice communities. Improved geographic access to care.	No disproportionate health or environmental effects to environmental justice communities. Similar impacts related to geographic access to care as Alternative F.	No disproportionate health or environmental effects to environmental justice communities. Would continue to not meet VA guideline for acceptable geographic access to care (driving time to obtain care) in service area.	No health or environmental effects to environmental justice communities expected.

Cumulative impacts from the incremental impact of the alternatives when added to other past, present, or reasonably foreseeable actions in the BHHCS service area are expected to be absent, negligible or minor for aesthetics, air quality, geology and soils, hydrology and water quality, wildlife and habitat, noise, floodplains and wetlands, solid waste and hazardous materials, utilities, and environmental justice. Any impacts to these resources would be similar to current VA health care services operations or to other new private and commercial developments that may occur within Hot Springs and Rapid City, and would include mitigation measures to minimize impacts. There are potential cumulative effects related to cultural resources, land use, socioeconomic conditions, and transportation and traffic, depending in most cases on the location(s) selected for new facilities. Mitigation measures, discussed in the EIS, would be applied to reduce any such impacts. In particular, effects to historic properties would be resolved by measures developed in consultation with the consulting parties for the integrated Section 106 process.

VA published a Notice of Availability (NOA) of this Draft EIS in the Federal Register, inviting public comments on the content of the document. VA BHHCS announced a 60-day comment period that officially started when the NOA for the Draft EIS was published by the Environmental Protection Agency in the Federal Register. VA BHHCS will host public comment meetings in six communities within the service area during the 60-day comment period. Responses to comments received during the comment period will be addressed in the Final EIS. After a 30-day review period for the Final EIS, VA will publish a record of decision that states the alternative selected for implementation and identifies associated mitigation commitments.

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1.0 INTRODUCTION, INCLUDING PURPOSE AND NEED

The United States (U.S.) Department of Veterans Affairs Black Hills Health Care System (VA BHHCS) announced in December 2011 their determination of a need to reconfigure VA BHHCS to enhance and maintain the quality and safety of care for Veterans in the 100,000-square mile service area, referred to as the “catchment area.” In this environmental impact statement (EIS), VA identifies, analyzes, and documents the potential physical, environmental, cultural, and socioeconomic impacts associated with the proposed reconfiguration of VA BHHCS.

This EIS is conducted in accordance with the *National Environmental Policy Act of 1969* (NEPA) (42 United States Code [U.S.C.] 4321 et seq.), the Council on Environmental Quality’s (CEQ’s) regulations for implementing the procedural provisions of NEPA (40 Code of Federal Regulations [CFR] Parts 1500-1508), VA’s NEPA regulations titled “Environmental Effects of the Department of Veterans Affairs Actions” (38 CFR Part 26), and VA’s “NEPA Interim Guidance for Projects” (VA 2010a). NEPA and these regulations require that VA, as a federal agency, must evaluate the potential environmental impacts of the agency’s major actions significantly affecting the quality of the human environment.

This EIS substitutes NEPA review for the Section 106 process, which requires consultation on effects to historic properties under Section 106 of the *National Historic Preservation Act* (NHPA) (16 U.S.C. 470f). CEQ’s regulations direct agencies to integrate NEPA requirements with other planning and environmental review procedures (40 CFR 1500.2(c)), including those required by NHPA (40 CFR 1502.25(a)). This integrated process complies with the Advisory Council on Historic Preservation (ACHP) “Procedures for the Protection of Historic Properties” (36 CFR Part 800), including the “Use of the NEPA process for Section 106 purposes” (36 CFR 800.8(c)) and the joint CEQ-ACHP guidance *NEPA and NHPA: A Handbook for Integrating NEPA and Section 106* (CEQ-ACHP 2013).

The potential environmental impacts of six alternatives for carrying out the proposed reconfiguration are analyzed in this EIS. Alternatives A through D incorporate varying combinations of new construction or leases, and use of existing facilities. Alternative E is a proposal developed by Save the VA, a local community organization. Alternative F is the No Action alternative, which is required by NEPA and its regulations and also provides a baseline for comparing potential impacts from the action alternatives. Supplemental Alternative G, repurposing all or part of the existing Hot Springs facility, is a supplemental alternative that could be implemented in concert with Alternatives A through D.

1.1 Black Hills Health Care System

VA BHHCS is one of eight regional health care systems that comprise Veterans Integrated Service Network (VISN) 23 (also called the Midwest Health Care Network), one of 21 geographically defined networks within VA’s Veterans Health Administration (VHA). VA BHHCS provides health care to approximately 19,000 Veterans over 100,000 square miles in western South Dakota (SD), northwestern Nebraska (NE), and eastern Wyoming (WY) (see Figure 1-1).

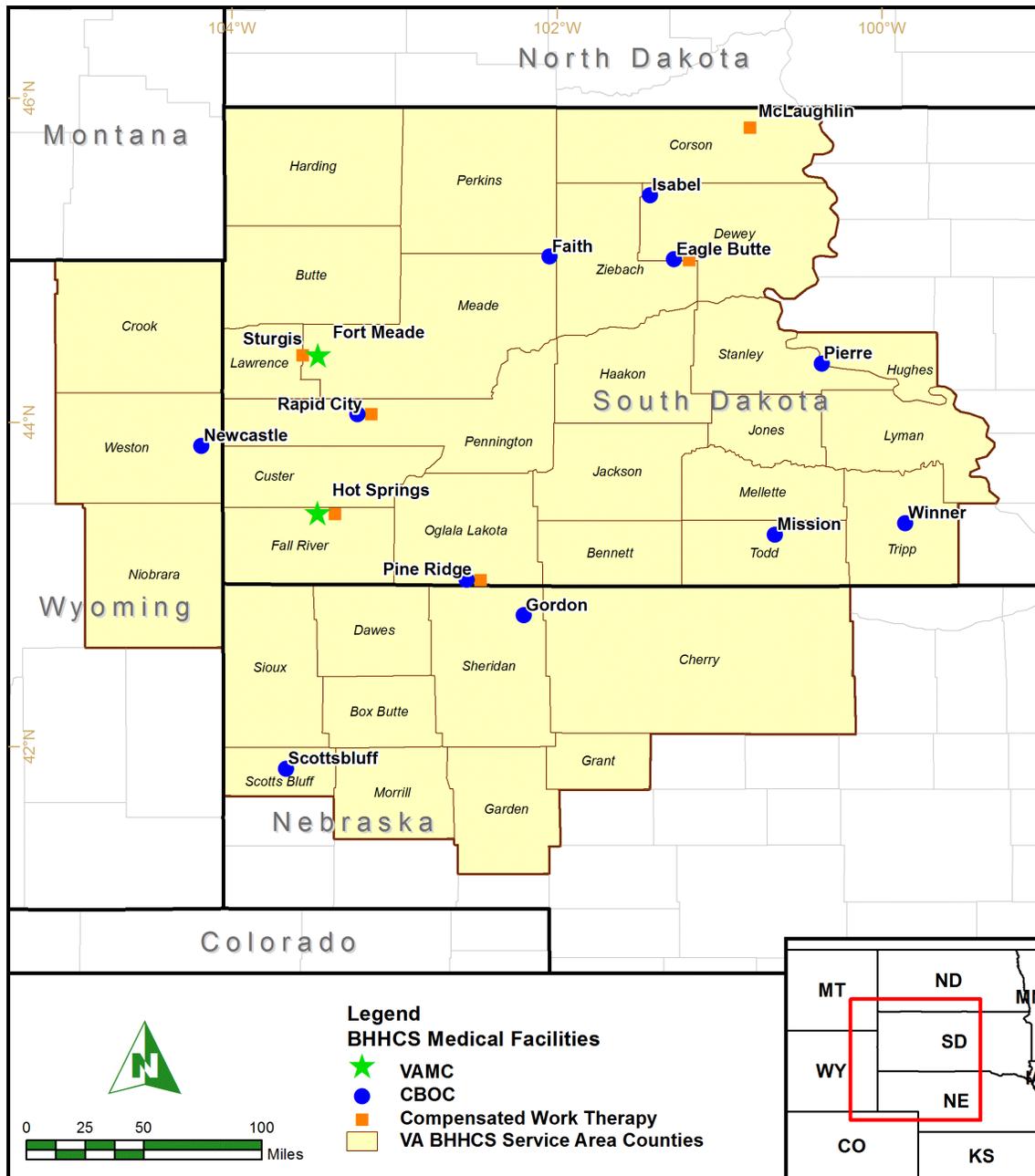


Figure 1-1. VA Black Hills Health Care System

1.1.1 Services and Partnerships

VA BHHCS provides the following services to Veterans at a network of facilities owned, leased, or where services are contracted by VA BHHCS:

- Compensated work therapy (CWT)
- Dialysis
- Home-based primary care
- Inpatient medical care (also referred to as “acute care”)
- Laboratory
- Long-term care (nursing home)
- Mental health
- Mobile imaging, such as magnetic resonance imaging and computed tomography scans
- Call center
- Pharmacy services
- Physical therapy
- Primary care
- Residential rehabilitation treatment program (RRTP)
- Specialty care
- Surgical services
- Urgent care
- X-ray
- Emergency care
- Rehabilitation medicine

In addition, VA BHHCS has service agreements with other federal, state, and private entities:

- Provides radiology services to non-Veteran Native Americans in cooperation with Pine Ridge and Sioux San Indian Health Service (IHS) facilities.
- Reimburses IHS for authorized care received by Native American Veterans at IHS facilities.
- A mutual aid agreement with Ellsworth Air Force Base for sleep study services, radiology services, mobile imaging, and some mental health services.
- Memorandum of understanding with South Dakota Army National Guard at Fort Meade to provide urgent care for officer candidate school students.
- Provide onsite social work, nutrition, and behavioral health care to eligible Veterans residing in the Michael J. Fitzmaurice State Veterans Home in Hot Springs.
- Provide dialysis at the Hot Springs facility for Medicare recipients, and bill Medicare for reimbursement (a VA/Medicare partnership unique to Hot Springs).
- Coordinate care of Veterans by a non-VA provider, which is called *purchased care, non-VA care, or fee care*. VA provides a referral, schedules an appointment in coordination with the Veteran, pays the fee, and manages the patient as needed based on outcome. Patients can often manage themselves for multiple purchased care appointments for services such as physical therapy.

1.1.2 Facilities

VA BHHCS consists of two medical centers, 11 community-based outpatient clinics (CBOCs), and six CWT locations. Table 1-1 summarizes the BHHCS facilities.

Table 1-1. Existing VA BHHCS Medical Facilities.

Medical Centers	Compensated Work Therapy
Fort Meade, SD – hospital and outpatient services Hot Springs, SD – hospital, outpatient services, and RRTP	Transitional residence care units (VA staffed): Hot Springs, SD – at VA Hot Springs campus Pine Ridge, SD – co-located with Pine Ridge CBOC Rapid City, SD VA-owned, separate building from CBOC Sturgis, SD – VA- owned building Therapy program offices (VA staffed): Eagle Butte, SD – leased facility, separate building from CBOC Pine Ridge, SD – co-located with Pine Ridge CBOC McLaughlin, SD (also provides mental health outreach) – leased facility
Community-Based Outpatient Clinics	
VA-owned and staffed: Pine Ridge, SD VA-staffed leased facility: Rapid City, SD Newcastle, WY Contracted: Eagle Butte, SD Faith, SD Isabel, SD Mission, SD Pierre, SD Winner, SD Gordon, NE Scottsbluff, NE	

1.1.2.1 Fort Meade VA Medical Center

The Fort Meade VA Medical Center (VAMC) is located at 113 Comanche Road in Fort Meade, SD. The VAMC offers primary care, emergency medical care, pharmacy services, inpatient (18 medical/surgical and 10 mental health staffed beds) and outpatient specialty and surgical care, intensive care unit (4 staffed beds), operating room, laboratory services, x-ray and mobile imaging, physical therapy, and mental health services. Fort Meade VAMC also has 57 staffed beds for long-term care in a Community Living Center (nursing home).

The VA BHHCS reconfiguration proposal does not include any changes to the facilities at the Fort Meade VAMC; thus, it is not described or evaluated further in this EIS.

1.1.2.2 Hot Springs VA Medical Center

The Hot Springs VAMC campus occupies 71.7 acres at 500 North 5th Street in Hot Springs, SD. It opened its doors in 1907 as the Battle Mountain Sanitarium National Home for Disabled Volunteer Soldiers, and was listed as a National Historic Landmark in 2011. Section 3.3 of this EIS provides a detailed description of the historic significance of the Hot Springs campus.



Aerial view of Battle Mountain Sanitarium, Hot Springs.

The VAMC provides primary care, urgent care, pharmacy services, outpatient procedures, inpatient medical care (10 beds), dialysis, x-ray and mobile imaging, specialty care, laboratory services, mental health services, and a call center. The medical center also includes 7 beds (co-located with the 10-bed medical unit) for long-term care in a Community Living Center (nursing home) and 100 RRTP beds. The RRTP serves homeless Veterans and provides mental health services for post-traumatic stress disorder, substance abuse, alcohol abuse, and other conditions.

1.1.2.3 Community-Based Outpatient Clinics

The 11 CBOCs in the BHHCS provide mainly primary care service, as summarized in Table 1-2.

Table 1-2. BHHCS Community-Based Outpatient Clinics.

Location	Hours	Services ¹	Facility and Staffing
3625 5th Street Rapid City, SD 57701	Monday – Friday 7:00 a.m. – 4:30 p.m.	Primary care, specialty care, and mental health	Leased facility. Staffed and equipped by VA.
8000 Highway 212 Eagle Butte, SD 57625	Monday – Friday 8:00 a.m. – 3:30 p.m.	Primary care	Contract clinic operated by Prairie Community Health
112 N. 2nd Ave. W. Faith, SD 57626	Monday – Friday 8:00 a.m. – 3:30 p.m.	Primary care	Contract clinic operated by Prairie Community Health
118 N. Main St. Isabel, SD 57633	Monday – Friday 8:00 a.m. – 3:30 p.m.	Primary care	Contract clinic operated by Prairie Community Health
153 Main Street Mission, SD 57555	Monday – Friday 7:30 a.m. – 5:00 p.m.	Primary care	Contract clinic operated by Horizon Health Care Inc.
1601 North Harrison Suite 6 Pierre, SD 57501	Monday – Friday 8:00 a.m. – 5:00 p.m.	Primary care	Contract clinic operated by Linn Medical Clinic

Table 1-2. BHHCS Community-Based Outpatient Clinics (continued).

Location	Hours	Services ¹	Facility and Staffing
Next to Dialysis Building, across from IHS Hospital Pine Ridge, SD 57770	2nd and 4th Mondays 8:00 a.m. - 3:30 p.m.	Primary care and CWT	VA-owned facility. Staffed by VA.
1436 East 10th Street Winner, SD 57580	Monday – Friday 8:00 a.m. – 5:00 p.m.	Primary care	Contract clinic operated by Avera Health.
300 East 8th Street Gordon, NE 69343	Monday – Friday 8:00 a.m. – 5:00 p.m.	Primary care	Contract clinic operated by Gordon Memorial Hospital.
1720 E Portal Place Scottsbluff, NE 69361	Monday – Friday 7:00 a.m. – 4:30 p.m.	Primary care	Contract clinic operated by STGI.
1124 Washington Blvd. Newcastle, WY 57555	1st and 3rd Mondays 8:30 a.m. - 2:30 p.m.	Primary care	Leased space. Staffed by VA.

¹ The facility provides services that fall within the listed category, but does not necessarily provide the entire range of services in that category.

1.1.2.4 Compensated Work Therapy

CWT is a VA vocational rehabilitation program that matches and supports work-ready Veterans in competitive jobs in consultation with business and industry regarding their specific employment needs. VA BHHCS staff provide CWT services at leased facilities in Eagle Butte and McLaughlin, SD, and a VA-owned facility in Pine Ridge, SD. The health care system also has four CWT transitional residence care units, in Hot Springs, Pine Ridge, Rapid City, and Sturgis, SD.

1.1.3 Veteran Population in BHHCS Catchment Area

The 34 counties in the VA BHHCS catchment area were home to over 35,000 Veterans in fiscal year (FY) 2014. Approximately 60 percent of these Veterans were both eligible for and had enrolled to receive care at a VA facility. Eligibility for VA health care is determined by type of service in military, condition of separation from service, and length of duty. Once enrolled, a Veteran is assigned to one of eight priority groups. Availability of the congressionally allocated funds for Veterans health benefits is prioritized among these groups, considering factors such as service-connected disabilities, former prisoners of war, Purple Heart or Medal of Honor recipients, other aid received from VA, income, VA pension recipients, Medicaid eligibility, and certain specific service assignments, exposures, or conflicts (VA 2015a).

Numbers of Veterans residing in the catchment area, enrolled in VA health care, and receiving health care services provided by VA BHHCS vary with the time period covered if they are actual counts, or with the model and its baseline if they are projections. The sources and data for current and projected Veteran population and health care enrollees and service recipients are described in Section 1.2.2.2.

1.1.4 Employees

At the end of FY 2014, VA BHHCS employed 1,103 individuals, with 1,021 full-time and 82 part-time. The workforce represented a total of 1,069 full-time equivalent employees. The staff included 42 physicians, 271 nurses, and 29 physician assistants and nurse practitioners. Other employees included ancillary medical, housekeeping, administrative, and facilities management staff. There were also 301 volunteers that provided transportation; served in the Honor Guard; visited patients; and provided information desk, clerical, and other services.

1.2 Purpose of and Need for Reconfiguration of the BHHCS

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. The purpose consists of the objectives of the proposed action that address an underlying condition or correct a problem. The need is the underlying condition or problem that leads the agency to propose the action.

1.2.1 Statement of Purpose and Need

The *purpose* of VA’s proposal to reconfigure health care services in the BHHCS is to provide high-quality, safe, and accessible health care for Veterans well into the twenty-first century by:

- Providing locations and facilities that support VISN 23’s efforts to enhance and maintain quality and safety of care in the 100,000-square-mile catchment area
- Ensuring facilities for Veterans receiving any services comply with accessibility requirements for handicapped individuals, support current standards of care, and can be well-maintained within available budgets and resources
- Increasing access to care closer to where Veterans reside
- Reducing out-of-pocket expenses for Veterans’ travel

VA has identified a *need* to reconfigure health care services in the BHHCS catchment area because:

- VA has difficulty maintaining high-quality, safe, and accessible care at the Hot Springs campus.
- Existing locations and facilities constrain the quality of care, range of services, and access to care that VA offers to Veterans in the catchment area.

The factors that contribute to this determination of need are described in Section 1.2.2.

1.2.2 Factors Resulting in Need for Reconfiguration of BHHCS

The factors listed below, described more fully in the subsections that follow, contributed to the determination of need:

- The quality of care offered at the Hot Springs facility is constrained because VA has difficulties recruiting and retaining qualified staff to work at that location, and maintaining clinical competency of Hot Springs staff due to low patient volume.

- The Hot Springs VAMC campus needs significant renovation to maintain clinical standards and for continued facility sustainment. It does not comply with the *Architectural Barriers Act* and with VA accessibility requirements.
- The existing RRTP at Hot Springs limits care available to single parent Veterans or Veterans with families.
- The existing RRTP at Hot Springs does not meet the facility requirements for the VA's recovery model of care and has limited potential for enhancement to meet the requirements.
- Facility costs at the Hot Springs campus negatively affect VA's stewardship of funds appropriated for Veterans health care.
- Current and projected future Veteran population centers in the BHHCS catchment area are not in the same locations as existing VA facilities.
- Veterans currently face long distances, extended travel times, and travel costs to access primary and secondary care.

1.2.2.1 Factors Contributing to VA's Difficulty Maintaining High-Quality, Safe, and Accessible Care at the Hot Springs VAMC

1.2.2.1.1 Difficulty Recruiting and Retaining Qualified Staff, and Maintaining Clinical Competencies

VA BHHCS has difficulty recruiting and retaining qualified staff at the Hot Springs VAMC. This difficulty has been encountered for physicians, nurses, and some ancillary medical positions. The issues that contribute to this factor include:

- Low patient volume detracts from a licensed professional staff member's ability to attain and retain core competencies. In patient care, a reduced volume of procedures and decreasing familiarity with medications and treatment modalities increases the risk of error. In the Joint Commission's advice to the public *Helping You Choose: Quality Hospital Care*, the first question of 25 that are recommended is "Ask about the operation or treatment that you need. How often is it performed?" (Joint Commission 2013). Medical professionals may be expected to factor procedure volume into their decisions about where to practice, and providers will likewise consider this when evaluating what medical services to offer from a particular facility (see Section 1.2.2.2.1 discussion of "Critical Mass of Patients to Support a Service or Specialty").
- The federal government has difficulty in matching private sector salaries in addition to competing with a nationwide shortage of professional medical staff (see, for example, HRSA 2013). Some specialties are difficult to recruit in Hot Springs (orthopedics, laboratory technologists, sleep laboratory technicians, internal medicine, psychiatry, respiratory therapists, mental health professionals), even given the availability of the Education Debt Reduction Program, recruitment incentives, and enhanced salary rates.
- The rural location limits the appeal of relocating to Hot Springs. The U.S. Department of Labor's Bureau of Labor Statistics stated that "Job prospects should be good for physicians who are willing to practice in rural and low-income areas, because these areas tend to have

difficulty attracting physicians” (BLS 2015). VA offers recruitment/relocation incentives of up to 25 percent of basic pay, but recruitment for this location remains a challenge.

- Overall, affecting both public and private sector healthcare providers, Fall River County, SD, is designated as a “health professional shortage area” for all three categories reviewed: primary care, dental care, and mental health care (HHS 2015).

These recruiting and retention difficulties have resulted in high staff turnover, prolonged position vacancies, and more dependence on physicians who specifically seek positions for only a short period, usually a few weeks to a few months (referred to as “locum tenens” physicians).

The positions in and of themselves are not unattractive. The only part-time medical positions in Hot Springs for which VA BHHCS has tried to recruit are a surgeon and a certified registered nurse anesthetist, in both cases because full-time positions could not be supported by the workload.

The recruiting difficulties also affect and are affected by the limits on the designated level of medical services that VA can provide at the Hot Springs VAMC (basic-level ambulatory; see Section 1.2.2.2.1 discussion of “Critical Mass of Patients to Support a Service or Specialty”).

1.2.2.1.2 Accessibility and Needed Renovations

Federal agencies must comply with the *Architectural Barriers Act* (42 U.S.C. 4151 et seq.) to ensure accessibility for handicapped individuals. (The *Americans with Disabilities Act* later extended similar protections to facilities of state and local governments and the private sector.) Specifically, federal agencies follow the regulations published as “*Architectural Barriers Act Accessibility Guidelines*” (36 CFR 1191 App. C). In addition, VA requires that its health care facilities follow the supplemental and more stringent “Barrier Free Design Guide” (VA 2011), which specifies greater accessibility related to the following:

- Ramp slope, length, clear width, and size of level landings where doors swing into landing.
- Handrail height.
- Elevator door width, car size. Double handrails required.
- Maximum window sill height in patient rooms.
- Minimum patient bedroom and toilet room entrance door width.
- Grab bar configurations in water closets and shower stalls.
- Minimum size for accessible and wheelchair front-transfer toilet stalls, and shower stalls.
- Grab bars required in all (not just accessible) toilet stalls.
- Higher knee clearance for a percent of cafeteria tables.
- Lower cutlery and supply height in cafeterias.
- 100 percent of patient bedrooms and toilet rooms are accessible (compared to 10 percent).

The facilities at Hot Springs were constructed as early as 1907. The 2015 Facility Condition Assessment of the Hot Springs VAMC (VA 2015b) identified 15 conditions specifically related to

accessibility, as listed in Table 1-3. The estimated total repair cost for only those conditions identified as accessibility deficiencies was estimated at \$15,218,115. The assessment also listed many more repair and maintenance requirements at substantial additional costs to correct (see Chapter 2 for detailed information on estimated costs by alternative).

The 2015 Facility Condition Assessment for Hot Springs identified an additional \$33,972,546 required to correct deficiencies in the architectural, electrical, mechanical, plumbing, steam generation/distribution, structural, transport, information technology, and hazardous materials (asbestos) systems of the campus buildings; and site work relating to parking lots, roads, and other items. The total cost to address all facility condition deficiencies was estimated to be \$49,190,661 (VA 2015b).

Table 1-3. Accessibility Issues at Hot Springs VA Medical Center (2015).

Cost	Building Number	Building Name (current use)	Accessibility Issue
\$62,325.00	10	Catholic Chapel, Electric Room	Renovate ramps to provide accessible route. Replace door knobs with lever hardware along accessible routes. Renovate public and staff toilets to comply.
\$18,697.00	11	Auditorium, Library	Small diameter (1-inch) handrails at connector do not meet criteria and should be replaced.
\$987,222.00	12	Hospital	Many public and staff toilets do not comply or partially comply. Accessible toilets are limited to Ground and 1st Floor but not on the upper floors. Remodel to provide accessible facilities where required. Replace door knobs with lever hardware along accessible routes (approx 25 percent of doors).
\$8,414.00	14	Facilities Management, MAS	Interior accessible routes and public and staff toilets on Floor 1 partially comply. Floor 2 Offices not accessible (less than 2,000 sf, no action recommended). Replace door knobs with lever hardware on Floor 1. Install lever faucets and grab bars at Floor 1 toilet.
\$560,922.00	2	Dom Kitchen, EMS	Renovate public and staff toilets. Replace door knobs with lever hardware along accessible routes.
\$157,114.00	20	Day Care/Quarters	Exterior entrances, interior accessible routes and stairs, and toilets partially comply with criteria. Ground Floor: accessible from rear. Construct ramps and landings for accessible entries to Floor 1. Renovate at least one (1) toilet for accessibility on Floor 1. Replace door knobs with lever handles along accessible routes.
\$249,298.00	21	Apartments	Exterior entrances and interior accessible routes and stairs do not comply with criteria. Replace door knobs with lever hardware along accessible routes. Provide ramps to Ground and Floor 1. Renovate at least one (1) Apartment Unit for accessibility
\$2,056,713.00	3	Dom Quarters, AMMS, Fiscal	* Interior accessible routes and ramps, public and staff toilets, Domiciliary resident rooms, toilets and bathing facilities do not comply with criteria. Renovate resident rooms, toilets and bathing facilities to meet accessibility criteria. Ramps from Arcade are up to 1:6 slope. Rework ramp from B to C Levels. Install elevator to provide access to all floors. * Replace door knobs with lever hardware throughout.
\$2,461,823.00	5	Dom Quarters, Canteen	* Interior accessible routes and ramps do not comply. Ramps from Arcade are up to 1:6 slope. Rework ramp from B to C Levels and install elevator to provide access to all floors. * A Level Domiciliary resident rooms and A and B Level resident toilets and bathing facilities do not comply. Renovate resident rooms toilets and bathing facilities to meet accessibility criteria. C Level public and staff toilets do not comply and should be renovated.
\$24,930.00	53	Nutrition Food Svc, Eye, Podiatry	* Replace door knobs with lever hardware on approx 50 percent of all doors. Public and staff toilets partially comply; remodel toilets and showers to meet criteria. Replace door knobs with lever hardware along accessible routes. (Basement toilets and locker costs included with Interior Finish/Door)
\$2,337,173.00	6	Dom Quarters, Warehouse	* Interior accessible routes and ramps do not comply. Ramps from Arcade are up to 1:6 slope. Rework ramp from B to C Levels and install elevator to provide access to all floors. * Domiciliary resident rooms and toilets and bathing facilities do not comply. Renovate resident rooms toilets and bathing facilities to meet accessibility criteria.
\$31,162.00	66	Fire & Security	* Replace door knobs with lever hardware throughout building. Replace door knobs with lever hardware. Renovate public (office) toilet to meet criteria.
\$3,116,231.00	7	Dom Quarters, Arts & Crafts	* Interior accessible routes and ramps do not comply. Ramps from Arcade are up to 1:6 slope. Rework ramp from B to C Levels, and install elevator to provide access to all floors. * Domiciliary resident rooms, and toilets and bathing facilities do not comply. Renovate resident rooms, toilets and bathing facilities to meet accessibility criteria. * Replace door knobs with lever hardware throughout.
\$3,116,231.00	8	Dom Quarters, Recreation	* Interior accessible routes and ramps do not comply. Ramps from Arcade are up to 1:6 slope. Rework ramp from B to C Levels, and install elevator to provide access to all floors. * Replace door knobs with lever hardware throughout. * Domiciliary resident rooms, and toilets and bathing facilities do not comply. Renovate resident rooms, toilets and bathing facilities to meet accessibility criteria.
\$49,860.00	9	Protestant Chapel	Renovate ramps to provide accessible route. Replace door knobs with lever hardware along accessible routes. Renovate public and staff toilets to comply.
\$15,218,115.00	TOTAL		

A separate study, “Analysis of VA Cost Options for VA Facilities with Status Quo Option; Updated with Input from Historic Architect” (Jones Lang LaSalle 2012a) reported the following (Table 1-4) overall costs of needed renovations and continuing operations at the Hot Springs VAMC:

Table 1-4. 30-Year Costs of Renovations and Continuing Operations at Hot Springs VAMC

Item	Cost ¹
Non-recurring (renovation and other capital investment) life cycle costs	\$63,184,331
Recurring life cycle operating costs:	\$140,797,070
Total	\$203,981,401

¹ In 2012 dollars.

1.2.2.1.3 Limited Ability to Meet Current VA Standards for Residential Treatment

The facility requirements outlined in the VA Design Guide PG-18-12, Mental Health, are based upon the VA Office of Mental Health Services operating principles. These principles emphasize residential rather than institutional-like settings and include the ability to accept single Veterans with children. The residential setting should help Veterans improve their life skills and be complemented by access to jobs, long-term housing, education, and social services agencies.

Single Parent Veterans

Eleven percent of women service members are single parents, compared with four percent of men (DAV 2014). The American Legion (n.d.) has published statistics identifying this emerging issue:

Women who are separating from service are 3.6 times more likely to become homeless than their non-military counterparts. A very disturbing fall out from the war is that, according to the National Coalition for Homeless Veterans . . . , 9 percent of the homeless veterans of the War on Terror are women. There is also an increase in the number of homeless women veterans who have children.

Disabled American Veterans published an in-depth analysis (DAV 2014) of challenges faced by female veterans; key statements include the following:

- Key Recommendation 5: VA should establish child care services as a permanent program to support health care, vocational rehabilitation, education and supported employment services.
- VA’s efforts to eliminate veterans’ homelessness have been impressive and are showing measurable success. However, women veterans still have higher rates of homelessness than their non-veteran counterparts and housing support needs to be enhanced, particularly for women with dependent children.
- Key Recommendation 25: VA and [the Department of Housing and Urban Development] should invest in additional safe transitional and supportive beds designated for women veterans.
- Key Recommendation 26: VA should work with community partners to provide housing programs to accommodate women veterans with families.

- On average, women are younger than men who use the VA health care system and many new veterans are of childbearing age. . . . This changing demographic has also meant that there has been increasing demand for on-site drop-in child care for veteran parents using VA medical and social support services.
- Finding: VA’s efforts to eliminate veterans’ homelessness have been impressive and are showing measurable success. Women veterans still have higher rates of homelessness than their non-veteran counterparts and housing support needs to be enhanced particularly for women with dependent children.
- Recommendation: VA and [the Department of Housing and Urban Development] should invest in additional safe transitional and supportive beds designated for homeless women veterans, especially those with children.

The need for VA to ensure that new or renovated health care and residential facilities can accommodate single-parent Veterans has been recognized by VA BHHCS, although VA does not currently have a formal policy or statement identifying this as an agency goal or priority. VA BHHCS intends to improve support for single parent Veterans, particularly for the residential services available.

Recovery Model of Care

The domiciliary’s location in Hot Springs is not consistent with the “recovery” model of care. The setting of an RRTP should help Veterans improve their life skills and be complemented by access to jobs, public transportation, long-term housing, education, acceptable activities/diversion, and other social services agencies. A larger city would offer a greater depth of community services, more housing choices and capacity, a wider range of employment and educational opportunities, and a more robust clinically skilled labor force to support recovery.

Layout of Hot Springs Domiciliary

The current Hot Springs VAMC domiciliary layout, including open-bay sleeping and communal bathrooms, does not meet current VA standards for delivery of health care for RRTP.

VHA Handbook 1162.02, “Mental Health Residential Rehabilitation Treatment Program (MH RRTP),” establishes the procedures for VA’s RRTP level of care. The existing domiciliary layout is not consistent with one item within this standard, which, states that the Facility Director must, among other requirements, “ensure the environment is designed to promote an individual sense of well-being, optimism, and integration with the surrounding community (as opposed to a hospital- or dormitory-like dwelling).”

The VA “Mental Health Facilities Design Guide” (VA 2010b) provides further technical, architectural, and engineering specifications; and “emphasizes principles, and strategies for building state-of-the-art, recovery-oriented environments” for VA mental health settings. The existing configuration of the residential facilities at the Hot Springs VAMC does not fully meet that guidance for the issues listed in Table 1-5.

Table 1-5. Hot Springs VAMC Deficiencies – Design of Mental Health Facilities.

VA “Mental Health Facilities Design Guide” Principal or Criteria	Hot Springs VAMC Description
Principle #1: Mental health services should be recovery-oriented <ul style="list-style-type: none"> • Patient and family-centered • Rehabilitation/recovery-focused • Evidence-based • Emphasis on community reintegration 	No accommodations for single-parent Veterans. Small town setting offers limited opportunities for employment, housing, and permanent re-integration.
Principle #2: Mental health services should be provided in a therapeutically enriching environment <ul style="list-style-type: none"> • Home-like • Familiarity • Visual and physical access to nature to promote healing • Patient autonomy, respect, and privacy 	The domiciliary is an institutional (dormitory or hospital-like) setting. Patient autonomy and privacy are constrained by partial bedroom walls and shower-curtain doors, and the unit-wide restroom, shower, laundry, and kitchenette facilities.
Principle #5: Mental health services should be provided in settings that respect and can accommodate a diverse range of patient populations and care needs <ul style="list-style-type: none"> • Provide appropriate accommodations for specific patient groups • Promote safety, privacy, and dignity of female Veterans • Provide separation within inpatient units or provide distinct units, where necessary 	Patient privacy is constrained by partial-height bedroom walls and shower-curtain doors, and the unit-wide restroom and shower facilities.
Key design concepts for RRTPs (Chapter 3 of Guide) include independent living: <ul style="list-style-type: none"> • Resident rooms within a MH RRTP facility should be residential in character. • The multiple occupancy living units accommodates living, dining and limited kitchen facilities shared by up to four residents. The goal of this space is to replicate an independent living setting including simple meal preparation. 	Resident rooms are institutional in character. Living, dining, limited kitchen, laundry facilities are shared by 8 to 16 residents.

1.2.2.1.4 Facility Costs Negatively Affect VA’s Stewardship of Funds Appropriated for Veterans Health Care

VISN 23 (Midwest Health Care Network) includes the following health care systems: Fargo, Iowa City, Minneapolis, Nebraska Western Iowa, Sioux Falls, St. Cloud, Black Hills, and Central Iowa.

VISN 23's responsible stewardship of appropriated funds is impacted by VA BHHCS's high operating costs: the VA BHHCS cost per unique patient is the highest among VISN 23 health care systems, many of which have facilities that offer more costly and more highly complex medical services compared to those available in VA BHHCS. Based on FY 2014 data, VA BHHCS's cost per unique patient (see text box) was approximately \$9,404 and was \$8,960 and \$8,958 in FY 2013 and FY 2012, respectively (2015c). The FY 2014 cost was approximately 22 percent higher than the next highest cost (VA Minneapolis Health Care System at \$7,713) and 23 to 65 percent higher than the other health care systems VISN-wide (whose costs per unique veteran ranged from \$5,690 to \$7,670 in FY 2014 (VA 2015c). At the Hot Springs VAMC specifically, the FY 2013 per-patient cost was \$9,099, compared to \$7,605 at Fort Meade VAMC (FY 2014 data not available) (Email message from DeAnne Pavel, VISN 23, to James Stewart et al., August 25, 2014).

A *unique patient* is counted as unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, they will be counted as one unique patient in each.

A contributing factor to the relatively high costs within VA BHHCS is the increasing age and cost of operating, maintaining, and improving buildings that range from 40 to over 100 years old. VA BHHCS maintains 464,000 square feet and 77 acres of property at Hot Springs and 820,000 square feet and 220 acres at Fort Meade. Both of these campuses must maintain a full suite of site services (fire department, security, laboratory, nutrition and food, radiology, and others) serving a total of more than 1.2 million square feet of space. Maintaining this costly infrastructure diverts financial resources from direct patient care.

As an executive branch agency, VA is subject to the provisions of the *Energy Policy Act of 2005* and the *Energy Independence and Security Act of 2007* that require federal agencies to achieve mandated energy and sustainability goals in new and existing buildings. Both acts define high-performance buildings as the integration and optimization on a life-cycle basis of all major high-performance attributes, including energy and water conservation, environment, safety, security, durability, accessibility, cost-benefit, productivity, sustainability, functionality, and operational consideration. The following excerpts from *Innovative 21st Century Building Environments for VA Health Care Delivery (Parts 1 and 2)* (VA 2009) concisely describe the basis for VA's direction toward providing services from modern new facilities compared to continued use of older, existing facilities:

- Transformation to 21st century care delivery presents . . . VA with critical challenges similar to those confronting private sector healthcare facility owners and operators. New healthcare facilities are subject to growing requirements for patient-centered care, increased productivity, reduced operating and maintenance expenses, enhanced energy and sustainability, higher disaster resistance, improved accessibility, and other societal objectives. Existing healthcare facilities can quickly become outdated as new medical practices and technologies emerge; older facilities are recognized as vulnerable to disasters and inaccessible to patients, caregivers, and other users. In addition, increasing operating costs in both new and existing buildings lead to deferred maintenance resulting in significant reductions in system performance.
- At the same time that energy and sustainability demands are forcing innovations in building design and operation, new care delivery methods and technologies are changing where, how, and by whom care is provided. The demand for higher performing facilities and the desire to provide world-class service to veterans and their families are driving VA to pursue new and

innovative solutions for care delivery. VA's buildings have been and are being produced under conditions that are insufficient to support future care delivery and technology developments, and, in fact, can often constrain their implementation *[emphasis added]*. True high-performance buildings will support the VA healthcare delivery mission and goals for transformation to 21st century care.

- Changes in healthcare delivery are taking place more quickly than present healthcare facilities can adapt. The facility itself will constrain care if it cannot be changed to accommodate newer methods of care delivery. Responsive, effective design based on optimized workflow has a strong impact on staffing required to deliver care as well as the quality of that care, resulting in a care model that delivers high quality outcomes for less costs and resource requirements than is the standard today. Future healthcare facilities should be designed with flexibility to accommodate growth and expansion and critical changes in clinical flow patterns.

1.2.2.2 Factors Contributing to Constraints on Services and Access Due to Existing Locations

1.2.2.2.1 Locations of Veteran Population Compared to VA Medical Facilities

Current and Projected Veteran Population Locations

The existing VA BHHCS facilities are not in the same locations as Veteran population centers. Pennington County, SD, had the highest population of Veterans in FY 2014 at 12,433; approximately 60 percent were enrolled to receive VA health care services.

Proximity to an individual's primary care provider, in particular, is important. In FY 2014, 16,876 Veterans were receiving primary care through the VA BHHCS, with the majority going to Fort Meade, followed by Rapid City, Hot Springs, Pierre, and other sites. Figure 1-2 illustrates the proportion of patients receiving primary care from each source (Email message from L. Epperson, VA BHHCS, to C. Modovsky, October 29, 2014).

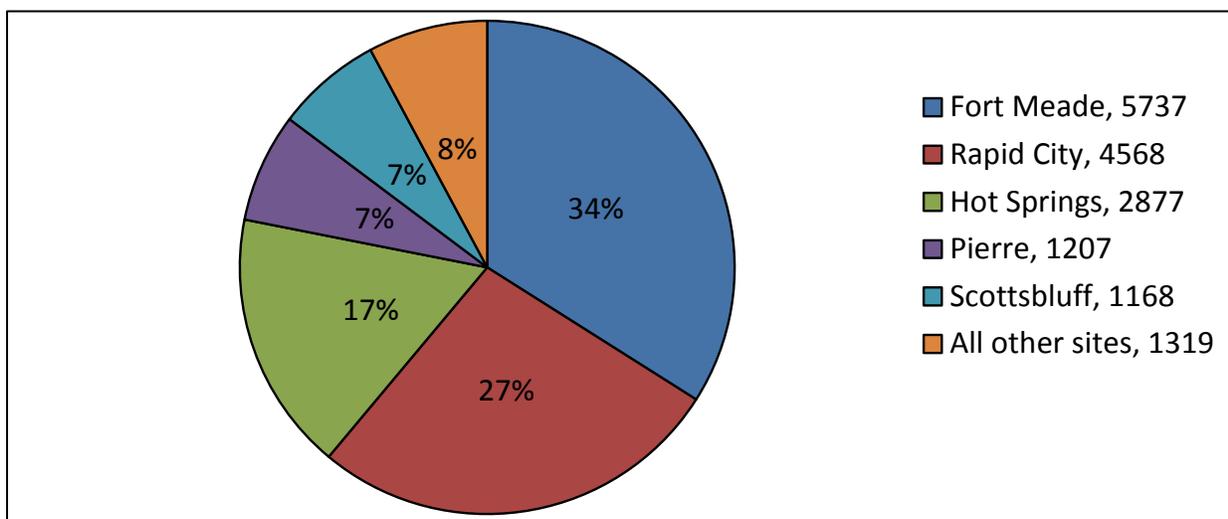


Figure 1-2. Patients Receiving Primary Care by Location, FY 2014.

Population data show that, for FY 2012 through FY 2013, VA BHHCS health care facilities served 983 unique patients residing in Fall River County (where the Hot Springs VAMC is located), compared to 5,928 unique patients from Pennington County (where the Rapid City CBOC is located). These data indicate that Rapid City would be a more central location for providing medical services to Veterans compared to Hot Springs.

Exhibit 1 on the following pages provides additional detailed discussion of Veterans' locations compared to services received.

Critical Mass of Patients to Support a Service or Specialty

Hot Springs VAMC has insufficient patient volume to support services or specialties in addition to those currently provided. In fact, some of the services currently provided are not adequately supported.

For any particular health service, a certain patient volume is required for a facility to responsibly offer that service, medically and financially. In 2010, VA completed a nationwide review of surgical facilities and classified each one to ensure that scheduled (non-emergency) surgical procedures do not exceed the infrastructure capabilities (see www.va.gov/health/surgery/). Facility infrastructure refers to diagnostic evaluation; consultation; surgical physician staffing; operating room staffing, instruments, equipment, coverage, and radiology; anesthesia services; post-anesthesia care unit; intensive care unit; ward; supply, processing, and distribution; and other support services related to a surgical procedure. Each inpatient surgical program was assigned a "surgical complexity" level of *standard* (such as an appendectomy), *intermediate* (such as a shoulder joint reconstruction), or *complex* (such as coronary artery bypass surgery); and each ambulatory (outpatient only) surgery center was assigned a surgical complexity level of either *basic* (for example, surgical removal of a skin cancer) or *advanced* (such as laparoscopic gallbladder removal). A facility can request a change to a more or less complex designation in compliance with VA policies on restructuring clinical programs and with documented changes in infrastructure.

Exhibit 1 Discussion: Locations of Veterans and Services

VA BHHCS provides health care services to Veterans primarily from the states that the service area covers (South Dakota, Nebraska, and Wyoming) but also to Veterans from a number of other states outside the service area. The table below shows the number of Veterans by their location of residence who had been served by the VA BHHCS between FY 2012 and FY 2014. Of the 22,334 Veterans served over the past three years, approximately 74 percent (16,470) were from the 34 counties that comprise the VA BHHCS service area. South Dakota represents the largest concentration of Veterans (inside and outside the service area) served by VA BHHCS. Veterans from 41 different states and territories received service, with Colorado and North Dakota the residence of the largest number of Veterans outside the service area at 592 and 528, respectively.

Number and Residence of Veterans Served by VA BHHCS, FY 2012-2014.

Veteran Residence Location	Number of Veterans Served
<i>Within VA BHHCS Service Area</i>	
South Dakota	13,335
Nebraska	2,564
Wyoming	571
Subtotal	16,470
<i>Outside VA BHHCS Service Area</i>	
South Dakota	1,394
Colorado	592
North Dakota	528
Wyoming	470
Nebraska	398
Montana	342
Arizona	255
Texas	174
Florida	166
Minnesota	161
California	158
Other States/Territories	1,226
Subtotal	5,864
Total	22,334

Source: VA 2015d.

One way that VA tracks health care services is by patient care encounters (PCEs). A PCE is a contact between patient and a provider who has primary responsibility for assessing and treating the patient during an appointment, by telephone, or as a walk-in. A patient may have multiple PCEs for one appointment or during a single visit to a VA facility.

Exhibit 1

Discussion: Locations of Veterans and Services (continued)

The following table lists the number of PCEs at each VA BHHCS facility for FY 2014, along with the number of patients (Veterans) that generated the PCEs. One Veteran can have multiple PCEs at more than one facility; however, each Veteran is counted only once in the patient totals for each facility regardless of the number of visits or PCEs recorded for the Veteran at that facility. As shown in the table, there were 362,272 PCEs by 32,851 patients at 13 VA BHHCS facilities during FY 2014. The majority (52.1 percent) of all PCEs occurred at the Fort Meade facility and 34.1 percent occurred at the Hot Springs facility. The number of patients with a PCE at Fort Meade (15,326) was more than double the number of patients with a PCE at Hot Springs (6,861).

Patient Care Encounters at VA BHHCS Facilities, FY 2014.

VA BHHCS Facility Location	Patient Care Encounters	Percent Total	Patients
Fort Meade	188,571	52.1%	15,326
Hot Springs	123,668	34.1%	6,898
Rapid City	33,914	9.4%	6,462
Scottsbluff	5,925	1.6%	1,389
Pierre	4,340	1.2%	1,381
Winner	1,833	0.5%	515
Eagle Butte	1,772	0.5%	258
Pine Ridge	876	0.2%	179
McLaughlin	436	0.1%	162
Gordon	422	0.1%	140
Mission	325	0.1%	84
Newcastle	193	0.1%	57
Total	362,272	100%	32,851

Source: VA 2015e, 2015f.

Exhibit 1

Discussion: Locations of Veterans and Services (continued)

The PCEs completed at the Hot Springs facility (123,589) in FY 2014 were further evaluated to understand the specific types of services and encounters that occurred most often. As shown below, encounters related to the RRTP (41,827) represented 33.7 percent of the total. Telephone encounters, which include 16 sub-categories, represented the next largest number of PCEs at 15,006 or 12.0 percent of the total. There was an average of 341 PCEs per calendar day during FY 2014 at the VA Hot Springs facility.

Types of Patient Care Encounters at VA Hot Springs Facility, FY 2014.

Type of Encounter	Total	Average/ Calendar Day	Percent Total
All RRTP	41,827	115	33.7%
All telephone	15,006	41	12.0%
Respiratory therapy	8,249	23	6.7%
All outpatient primary care	8,121	22	6.5%
Clinical pharmacy	6,189	17	5.0%
All mental health	4,410	12	3.5%
Urgent care unit	3,697	10	2.9%
X-ray	3,691	10	2.9%
Assisted hemodialysis	3,157	9	2.6%
Optometry	2,270	6	1.6%
Physical therapy	2,268	6	1.6%
Dental	2,089	6	1.6%
Home telehealth non-video monitoring	2,026	6	1.6%
All nutrition	1,904	5	1.5%
Electrocardiogram	1,662	5	1.5%
Dermatology	1,541	4	1.2%
Podiatry	1,355	4	1.2%
Computerized tomography	1,011	3	0.9%
All home-based primary care	1,010	3	0.9%
Social work service	972	3	0.9%
All others	11,134	31	9.1%
Total	123,589	341	100%

Source: VA 2015e.

Exhibit 1

Discussion: Locations of Veterans and Services (continued)

The table below shows the PCEs that occurred at the VA Hot Springs facility during FY 2014 by the locations of the Veterans' residence. Veterans residing within the VA BHHCS service area accounted for 72.1 percent of the total PCEs (123,589). Veterans from other states outside the three-state area of South Dakota, Nebraska, and Wyoming accounted for more than 20.8 percent of the total PCEs.

Patient Care Encounters at VA Hot Springs Facility by Veterans Residence, FY 2014.

Veteran Residence Location	Patient Care Encounters	Percent Location Total	Percent Facility Total
<i>Within VA BHHCS Service Area</i>			
Fall River County, SD	31,727	35.6%	25.7%
Pennington County, SD	12,047	13.5%	9.7%
Other South Dakota counties	25,154	28.2%	20.4%
Nebraska counties	17,307	19.4%	14.0%
Wyoming counties	2,848	3.2%	2.3%
Location Total	89,083	100%	72.1%
<i>Outside VA BHHCS Service Area</i>			
South Dakota	3,571	10.3%	2.9%
Nebraska	2,652	7.7%	2.1%
Wyoming	2,520	7.3%	2.0%
Other states	25,763	74.6%	20.8%
Location Total	34,506	100%	27.9%
Hot Springs Facility Total	123,589	100%	100%

Source: VA 2015e.

In addition to the 362,272 PCEs (65.7 percent) that occurred at VA BHHCS facilities, another 189,254 encounters (34.3 percent) occurred at non-VA facilities for a total 551,526 encounters during FY 2014 (VA 2015e). The encounters at non-VA facilities are recorded into broad categories. The categories that accounted for almost two-thirds of the total encounters in FY 2014 included:

- Evaluation and management (emergency room, critical care, inpatient) – 20,388
- Medicine (physical therapy, acupuncture, chiropractic care, cardiovascular, ophthalmology) – 46,466
- Pathology and laboratory – 19,761
- Radiology and nuclear medicine – 18,182
- Surgery – 17,472

The Hot Springs VAMC was designated as a basic-level ambulatory surgical facility. This current designation limits the types of procedures that surgeons and the support team can conduct at the facility. Prior to this designation in 2010, VA BHHCS had been discontinuing providing certain medical services at the Hot Springs VAMC at points when the infrastructure (as described in the preceding paragraph) was determined to no longer safely support that service or type of care. This prospective mitigation of risk was to specifically prevent an increased rate of unfavorable medical events. For current inpatients at the Hot Springs VAMC, physicians carefully review the support care known to be needed or that potentially could be needed to determine whether it is available, and, if not, the patient is transferred to Fort Meade or to a community provider where the appropriate level of medical care can be provided to the patient.

Some of the concerns generated by the low patient volume at Hot Springs VAMC include:

- The availability of a surgeon and other health care providers after a surgery in the case of post-operative complications.
- The Hot Springs VAMC has a low inpatient census, averaging 5 patients in the 10 available beds. When alcohol detoxification, which is provided on an outpatient basis in most treatment settings, is subtracted, the average inpatient census decreases to less than 4 patients. This low patient volume detracts from a licensed professional staff member's ability to attain and retain core competencies; see Section 1.2.2.1.1.
- Within a finite budget, VA must ensure that resources are appropriately allocated and reasonably balanced among all eligible Veterans throughout the entire VISN. A consideration in determining which medical specialties are offered at specific VISN locations is whether the size of the Veteran population within a reasonable driving distance (see Section 1.2.2.2.2) correlates with an appropriate per-patient cost. If the size of the area containing a sufficient Veteran population for supporting a specialty must be drawn too widely, choices must be made regarding offering that specialty in-house and whether non-VA care purchased from community providers could offer better geographic access to the Veteran population, as funds generally do not allow for both approaches to providing a single specialty service within the same geographic area

Because community providers of urgent care and specialty services are available in this highly rural area, VA BHHCS maintains a program for Veterans to obtain purchased care from non-VA providers. VA has found this approach to be medically responsible and fiscally reasonable. In addition, it relieves Veterans throughout the catchment area from the travel burdens that would be imposed if, in order to support a particular specialty at Hot Springs, Veterans were then required to use a VA provider to ensure adequate patient volume to support that service.

1.2.2.2.2 Distance Veterans Must Travel for Care

Maintaining multiple VA providers of advanced care and specialty services in a highly rural (seven or fewer Veterans per square mile) health care system like VA BHHCS can be inconsistent with ensuring that Veterans have reasonable distances to travel to receive care. This is because VA would not be able to both support the costs of maintaining a specialty in-house and pay outside providers for the same specialty services. Table 1-6 lists VA guidelines for driving time.

Table 1-6. VA Driving Time Guidelines.

Level of Care	Driving Time (minutes)			Threshold Criteria
	Urban Setting	Rural Location	Highly Rural	
Primary Care Main health care provider seen on regular basis; first, most generalized stop for symptoms.	30	30	60	70%
Secondary Care Care by someone with specific expertise in condition, generally by reference from primary care physician.	60	90	120	65%
Tertiary Care Hospitalized patient needing higher level of specialty care within the hospital; includes highly specialized equipment and surgery.	240	240	Within VISN	65%

Source: VA 2004.

There is a need to provide better geographic access (and reduce driving times) to health care facilities for Veterans living in the highly rural catchment area. By VA standards, driving times now are too long, especially to reach secondary health care facilities. Secondary/specialty care is currently provided at the Hot Springs VAMC (limited) and the Fort Meade VAMC; VA tertiary care facilities are located in Omaha and Minneapolis. Scarce medical specialties are either not available or not accessible in the catchment area. Figure 1-3 shows current driving times for secondary care access.

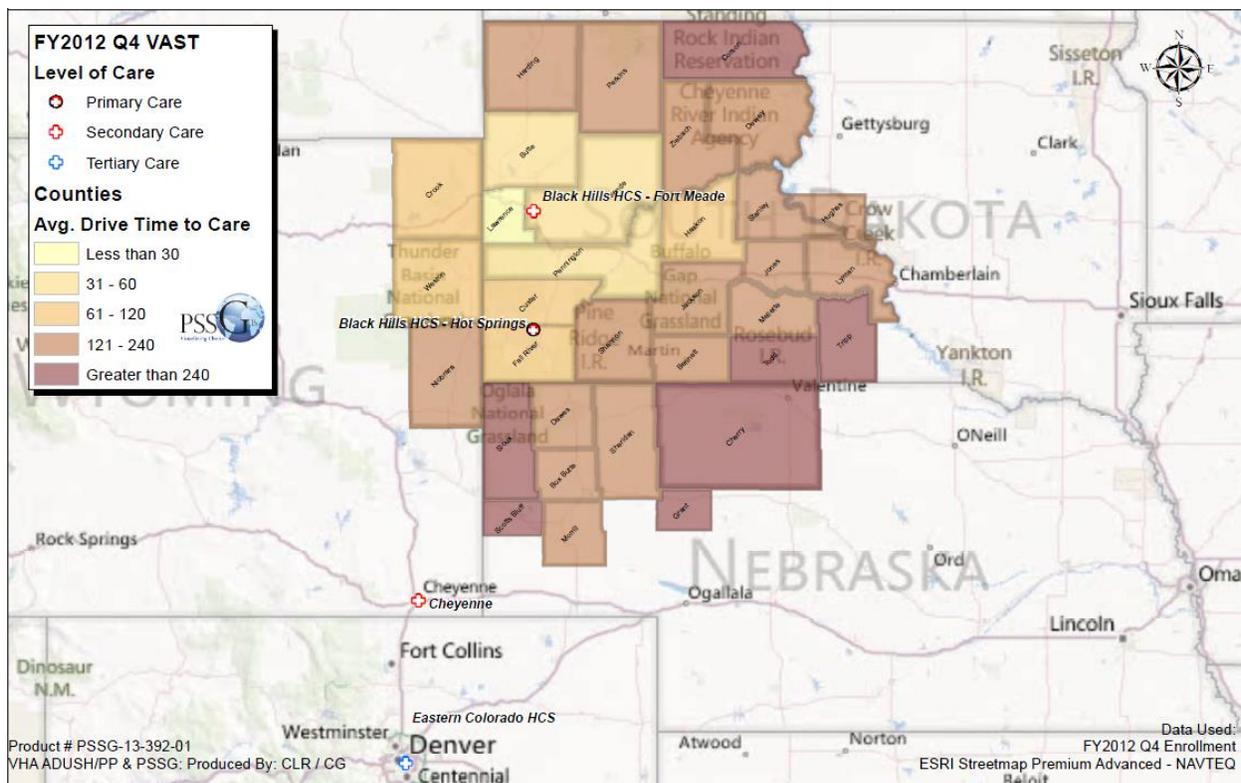


Figure 1-3. Driving Times for Secondary Care in VA BHHCS.

Total Veterans and enrollment for the VA BHHCS catchment area are projected to remain stable over the next 20 years, but with a shift toward more Veterans and enrollees in the existing higher population centers. Pennington, Meade, and Lawrence Counties, SD, and Scotts Bluff County, NE, are the population centers and are all projected to increase in Veteran population and enrollment within the 20-year horizon. Other counties in the catchment area are projected to remain stable or slightly decline.

1.3 Scope of this EIS

The scope of the analysis in this EIS is evaluating the potential environmental impacts of alternatives that might meet the purpose of and need for the proposed reconfiguration of the VA BHHCS. As required by NEPA, the potential environmental impacts of taking no action on the proposal are also evaluated.

This EIS analyzes impacts to the natural and built environment from the alternatives for changes to the physical facilities from which health care services are offered within the VA BHHCS catchment area. These physical facilities are owned or leased by VA. Constructing, leasing, renovating, re-using, re-purposing, or vacating one or more facilities to meet the stated purpose and need for reconfiguration is the focus of this EIS. VA BHHCS has invited public input to the NEPA process on the proposal and potential environmental impacts of the alternatives. The alternatives that involve vacating the existing Hot Springs campus have attracted public attention and generated other alternatives offered by the public and considered by VA. The public's concerns related to potential impacts to historic resources and socioeconomic conditions are within the scope of this NEPA analysis and are evaluated in detail in this EIS.

It is beyond the scope of this EIS to determine the specific health care services that VA offers to Veterans at any location. These are decisions made by VHA's leaders, planners, and health care practitioners to further the VHA mission to "Honor America's Veterans by providing exceptional health care that improves their health and well-being." Each facility's medical services and associated support processes are monitored and adjusted based on VHA standards of care to ensure that Veterans and their families receive high-quality and safe care. These standards of care also ensure that, when needed, a patient is moved or referred to a facility that provides a higher level of care or a specialty service.

Although decisions about health care services are not within the scope of this EIS, decisions regarding appropriate physical buildings and infrastructure required to provide these services are the focus of this EIS and the NEPA process. For example, the number of patients receiving primary care determines the size of waiting rooms, number of exam rooms, size of the parking lot, and number of physician offices. Specialty services such as laboratories or operating rooms require spaces specifically designed for those purposes. Thus, while decisions on health care services offered are not subject to NEPA analysis, the scope of the NEPA decision does include changes to the facilities whose design is driven by VA's projections for services. The EIS often refers to the types of services needed wherever this information clarifies the need for a specific type of facility, new/changed facility, or size of a building.

In addition, the EIS includes information on alternatives for Veterans to receive some care that would be paid for by VA, at community or IHS clinics and hospitals. VA's decisions about reimbursing other providers of health care for Veterans, or the comparative quality or advisability of

using other providers, is an important agency responsibility. Such decisions are not subject to an environmental impact analysis under NEPA; however, they are an important consideration in identifying where VA facilities should be located to adequately meet the needs of Veterans throughout the catchment area and are thus discussed where appropriate in this EIS.

1.4 Integration of *National Historic Preservation Act* Section 106 Process

Section 106 of NHPA requires a federal agency to determine and consult on the effects of its undertaking on historic properties. The Hot Springs VAMC occupies the buildings constructed in 1907 as the Battle Mountain Branch of the National Home for Disabled Volunteer Soldiers. This property is listed on the National Register of Historic Places as a National Historic Landmark and as a contributing resource to the Hot Springs Historic District.

Section 106 review and consultation usually is carried out separately from the NEPA process. However, in the interest of efficiency, completeness, and facilitating public involvement, VA is substituting the implementation and review procedures of Section 102 of NEPA for consultation under Section 106 of the NHPA. This process meets the integration intent of the NEPA regulations (40 CFR 1500.2(c) and 1502.25(a)) and the substitution intent of the NHPA regulations (36 CFR 800.8(c)). Under the integrated substitution process, Section 106 review and consultation proceeds concurrently with the EIS, and the EIS includes identification and evaluation of impacts to historic properties. This process follows the joint CEQ-ACHP guidance for integrating NEPA and Section 106 compliance (CEQ-ACHP 2013) to complete the following activities:

- **Initiate the process.** VA determined the undertaking, described in Chapter 2; notified the ACHP, the State Historic Preservation Office (SHPO), the National Park Service (NPS), and affected Tribal Historic Preservation Officers of VA's intent to use the NEPA process for Section 106 purposes; identified tribes and other consulting parties to participate in the Section 106 process; and through extensive EIS scoping offered all interested stakeholders and members of the public mechanisms to obtain details of the undertaking as well as provide input to the issues evaluated in the integrated NEPA/NHPA process. The agency coordination and public involvement activities, including Section 106 consultation, are described in Chapter 6.
- **Identification of historic properties.** Section 3.3 describes the Affected Environment for this NEPA analysis as it relates to cultural resources, including the area of potential effects and historic properties, as developed in consultation with consulting parties and public scoping input.
- **Assessment of adverse effects.** The potential effects of the alternatives to historic resources that are listed or eligible for listing on the National Register of Historic Places are evaluated in Section 4.3. Consultation with SHPO, ACHP, NPS, and other consulting parties and scoping input from the public was considered throughout this evaluation.
- **Resolution of adverse effects.** In consultation with SHPO, ACHP, NPS, and other consulting parties, VA developed mitigation measures to resolve adverse effects to historic properties. These are described in Section 4.3 and summarized in Chapter 5.

1.5 Relevant Statutes, Regulations, and Executive Orders

National Environmental Policy Act

NEPA requires federal agencies to consider the potential impacts of projects, policies, programs, funding decisions and other agency actions on the environment. NEPA integrates environmental planning requirements into agency decision-making.

National Historic Preservation Act

NHPA declared that it is the policy of the federal government to, among other goals, “Administer federally owned, administered, or controlled prehistoric and historic resources in a spirit of stewardship for the inspiration and benefit of present and future generations.” The most relevant provisions of the Act for this EIS are Sections 106 and 110.

Section 106 requires all federal agencies to review the effects of actions permitted or funded directly or indirectly by the federal government (“an undertaking”) on any district, site, building, structure, or object that is included in or eligible for inclusion in the National Register of Historic Places, and to take those effects into account as part of the assessment of the project. Federal agencies must also provide the ACHP the opportunity to comment on such undertakings. While such undertakings are often necessary to fulfill the mission of an agency, this section ensures that the agency considers cultural resources in the planning of such projects, and seeks to avoid, minimize, or mitigate adverse effects to the cultural resources in its decisions and agreements. The implementing regulations for the Section 106 process are provided at 36 CFR Part 800: Protection of Historic Properties.

Section 110 ensures that historic preservation is fully integrated into the ongoing programs of all federal agencies. Among its requirements are for each agency to establish a preservation program to identify, evaluate, nominate to the National Register, and protect historic properties; consult with other federal, state, and local agencies, tribes, and other parties on its historic preservation planning activities; and minimize harm from its undertakings to National Historic Landmarks. Section 110 states that “Prior to acquiring, constructing, or leasing buildings for purposes of carrying out agency responsibilities, each federal agency shall use, to the maximum extent feasible, historic properties available to the agency in accordance with Executive Order No. 13006.” This executive order is titled *Locating Federal Facilities on Historic Properties in our Nation’s Central Cities*, and states “the Federal Government shall utilize and maintain, wherever operationally appropriate and economically prudent, historic properties and districts, especially those located in our central business areas.”

Council on Environmental Quality Regulations for Implementing NEPA

The CEQ is a division of the Executive Office of the President that coordinates federal environmental policy by working closely with agencies and other executive offices. The Chair of CEQ acts as the top environmental policy advisor to the President. Congress established CEQ through NEPA to ensure federal agencies meet their obligations under the Act. CEQ developed regulations for implementing NEPA (40 CFR Part 1500) and publishes guidance documents to assist agencies with compliance.

Executive Order 11593 – Protection and Enhancement of the Cultural Environment

This executive order directs federal agencies to locate, inventory, and nominate properties under their jurisdiction or control to the National Register of Historic Places if they qualify.

Executive Order 11988 – Floodplain Management

Federal agencies are required to avoid actions that adversely impact floodplains where there are practicable alternatives and to minimize environmental harm. Each federal agency must evaluate the potential effects of an action in a floodplain and ensure planning programs and budget requests consider flood hazards and floodplain management.

Executive Order 11990 – Protection of Wetlands

Each federal agency must take action to minimize the destruction, loss, or degradation of wetlands and preserve and enhance the values of wetlands in carrying out agency responsibilities. An agency must follow this order when acquiring, managing, and disposing of federal lands and facilities; financing, constructing, or assisting in construction and improvements; and conducting federal activities and programs affecting land use. The order does not apply to permits, licenses, or other activities involving wetlands on non-federal property. Each agency must allow the public to review plans or proposals for new construction in wetlands early in the planning process.

Executive Order 12898 – Environmental Justice

Executive Order 12898 directs each federal agency to make environmental justice part of its mission. A federal agency will identify and address the human health or environmental effects of its actions on minority and low-income populations.

Executive Order 13007 – Indian Sacred Sites

Federal agencies are directed to accommodate access to and ceremonial use of American Indian sacred sites by their religious practitioners, and avoid adversely affecting the physical integrity of such sacred sites. Where appropriate, agencies are to maintain the confidentiality of sacred sites.

Executive Order 13175 – Consultation and Coordination with Indian Tribal Governments

This order supplements the Executive Memorandum (dated April 29, 1994) entitled, “Government-to-Government Relations with Tribal Governments,” and states that each executive branch department and agency shall consult with tribal governments on, and assess the impacts of, federal plans, projects, programs, and activities that may affect tribal resources.

Executive Order 13287 – Preserve America

Federal policy is established to advance the protection, enhancement, and contemporary use of the historic properties owned by the federal government and promote intergovernmental cooperation and partnerships for the preservation and use of historic properties.

Executive Order 13423 – Strengthening Federal Environmental, Energy, and Transportation Management

This order instructs federal agencies to conduct their environmental, transportation, and energy-related activities in support of their respective missions in an environmentally, economically and fiscally sound, integrated, continuously improving, efficient, and sustainable manner.

Executive Order 13693 – Planning for Federal Sustainability in the Next Decade

This 2015 order sets policy and goals for federal agencies to maintain federal leadership in sustainability and greenhouse gas emission reductions. Through a combination of more efficient federal operations as detailed in the order, agencies are directed to reduce direct greenhouse gas emissions by at least 40 percent over the next decade while at the same time fostering innovation, reducing spending, and strengthening the communities in which federal facilities operate. The order

also includes specific sustainability goals related to building energy conservation, efficiency, and management; using renewable and alternative sources for electrical energy, with specific goals for clean energy use by year; improving water use efficiency and management, including stormwater management; improving fleet and vehicle efficiency and management; use of recycled and sustainably produced materials; advancing waste prevention and pollution prevention; and promoting electronics stewardship.

Appendix A lists environmental permits potentially required to implement the project proposal.

1.6 Organization of this Environmental Impact Statement

This EIS is organized in the format recommended by CEQ (40 CFR 1502.10) and includes:

- Cover Sheet, Executive Summary, Table of Contents, and Acronyms and Abbreviations.
- **Chapter 1: Introduction, including Purpose and Need** presents background information and the purpose and need for proposing to reconfigure the VA BHHCS health care services.
- **Chapter 2: Alternatives** describes each of the alternatives evaluated, including taking no action, and summarizes alternatives that were considered but not evaluated in detail.
- **Chapter 3: Affected Environment** describes the natural and human environment within the area that could be affected by the proposal.
- **Chapter 4: Environmental Consequences** is the assessment of the potential environmental impacts of the alternatives.
- **Chapter 5: Mitigation, Monitoring, Minimization, and Best Practices** discusses the measures identified to minimize or mitigate for the adverse impacts identified in Chapter 4.
- **Chapter 6: Public Involvement and Agency Coordination** summarizes the process to involve the public and the input received during the scoping process, integrated NHPA Section 106 consultation process, and, in the Final EIS, comments received on the Draft EIS. This chapter also summarizes coordination with federal, state, and local agencies.
- **Chapter 7: List of Preparers** provides the names, education, and experience of the individuals involved in the preparation of the EIS.
- **Chapter 8: References** lists the references cited in the EIS.
- **Chapter 9: Glossary** provides definitions of the technical terminology used in the EIS.
- **Appendices:**
 - A. Permits
 - B. Save the VA Proposal
 - C. NEPA/NHPA Substitution Process
 - D. Summary of Public Scoping
 - E. Draft EIS Comments and Responses (in Final EIS)

2.0 ALTERNATIVES

The *National Environmental Policy Act* (NEPA) and the Council on Environmental Quality's and Department of Veterans Affairs (VA's) NEPA regulations require rigorous exploration and objective evaluation of all reasonable alternatives for implementing a proposal. This environmental impact statement (EIS) evaluates the potential environmental consequences of six alternatives including No Action, as well as a supplement to four of the alternatives. This chapter describes the development of the alternatives, the details of the alternatives, and other alternatives identified but eliminated from detailed analysis.

2.1 Development of Alternatives

As early as 2006, VA Black Hills Health Care System (BHHCS) recognized that the issues described in Section 1.2 *Purpose of and Need for Reconfiguration of the BHHCS* would require changes to the health care system. VA BHHCS also recognized that they would need to do more than change the set of services offered from existing locations, and would have to consider changes to the actual facilities from which the health care system operates. By 2011, VA BHHCS's internal analysis had coalesced around specific recommendations for reconfiguring services that involved changes to the facilities from which VA BHHCS operated. In July 2011, VA BHHCS presented the Secretary of VA with a preliminary option for a phased approach to (1) re-locating services from the VA-owned Hot Springs VA Medical Center (VAMC) and Rapid City community-based outpatient clinic (CBOC) leased space; (2) providing these services from a new Hot Springs CBOC, Rapid City multi-specialty outpatient clinic (MSOC), and Rapid City residential rehabilitation treatment program (RRTP); and (3) offering the Hot Springs campus for an enhanced-use lease. These features have been incorporated into one of the alternatives analyzed in this EIS, Alternative A. At the Secretary's direction, VA BHHCS developed details of requirements, timelines, and compliance needs, and presented the reconfiguration proposal for public feedback at 15 public town hall meetings and 8 VA employee meetings from December 2011 through June 2012. During this time, VA BHHCS leadership also met with local, state, and federal government officials; Veterans service organizations; representatives from private health care facilities; and community and tribal leaders. For the next two years, VA continued discussions with the community, identified and evaluated aspects of alternative approaches, and responded to inquiries.

The May 16, 2014, *Notice of Intent to Prepare an Integrated EIS* identified seven potential action alternatives and the no action alternative:

- Building/leasing a CBOC in Hot Springs and an MSOC/100-bed RRTP in Rapid City
- Building/leasing a 100-bed RRTP in Hot Springs and an MSOC in Rapid City
- Renovating Building 12 for a CBOC and the domiciliary for a 100-bed RRTP at VA's existing Hot Springs campus and building/leasing an MSOC in Rapid City
- Building/leasing a CBOC and 24-bed RRTP in Hot Springs and an MSOC and 76-bed RRTP in Rapid City
- The "Save the VA" proposal
- An as-yet unidentified alternative use that might be proposed during the EIS process

- A supplemental alternative to repurpose all or part of the Hot Springs campus through an enhanced-use lease or other agreement with another governmental agency or private entity in conjunction with one of the other action alternatives
- No action

This EIS evaluates the potential environmental impacts of alternatives for new facilities and changes to existing facilities; the need for changes to facilities is based on the need for changes in medical services to meet the purpose of and need for action. Actual changes to medical services provided by any VA facility, in the near term or future, are not subject to NEPA review. However, the proposed changes to the facilities result from the services reconfiguration throughout the VA BHHCS catchment area. Scoping for this EIS identified the location of specific VA medical services as a topic of great interest and concern to the Veteran community. The health care service offerings in Hot Springs and Rapid City associated with each alternative for new or renovated facilities are summarized in Table 2-1, but the health care services themselves are not an inherent or unchangeable component of any alternative evaluated in this EIS.

As shown in Table 2-1, under some of the alternatives, there are some services that have been provided for Veterans by VA BHHCS that would no longer be offered at a VA facility in Hot Springs, but these services would be available locally through purchased care (care from non-VA community providers).

The overall services reconfiguration proposal for VA BHHCS under Alternatives A, B, C, and D also includes the addition of purchased care for Veterans from 3 tertiary care facilities and 26 secondary care facilities within the VA BHHCS catchment area, which would provide notable improvement to the system's compliance with VA's "Geographic Access to Care" guidelines (VA 2005), as shown in Table 2-2.

Tertiary care is a higher level of specialty care within a hospital, including highly specialized equipment and surgery. The three proposed additional community providers are St. Mary's Healthcare Center (Pierre, SD); Regional West Medical Center (Scottsbluff, NE); and Rapid City Regional Hospital (Rapid City, SD)

Secondary care providers have specific expertise in a condition, generally by reference from primary care physician. The 26 proposed additional community providers include 18 critical access hospitals (6 in NE, 8 in SD, 4 in WY) and 8 Indian Health Service (7 in SD and 1 in ND).

Source: VA 2015.

Table 2-1. Health Services by Location Associated with the EIS Alternatives.¹

Service	Source					
	Alternative A	Alternative B	Alternative C	Alternative D	Alternative E	Alternative F
Hot Springs Area						
Primary care Dialysis Mental health	New CBOC	New CBOC	CBOC in Building 12	New CBOC	Hot Springs VAMC	Hot Springs VAMC
Inpatient beds	Community	Community	Community	Community	Hot Springs VAMC: 15 acute care beds 3 intensive care unit beds	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 – outpatient surgery: <ul style="list-style-type: none"> • General surgery: screening / diagnostic endoscopy (upper gastrointestinal system and colon exams) and similar complexity • Specialty surgery: orthopedic, urologic, ophthalmic 	Hot Springs VAMC (basic outpatient)

Table 2-1. Health Services by Location Associated with the EIS Alternatives¹ (continued).

Service	Source					
	Alternative A	Alternative B	Alternative C	Alternative D	Alternative E	Alternative F
Specialty care	Expanded at new CBOC + community	Expanded at new CBOC + community	Expanded at CBOC (Building 12) + community	Expanded at new CBOC + community	Hot Springs VAMC: <ul style="list-style-type: none"> • Cardiology • Internal medicine • Urology • Ear/nose/throat clinics • Respiratory care • Medical rehabilitation, including cardio-pulmonary • Clinical dietetics • Optometry • Clinical pharmacy • Dental 	Limited at Hot Springs VAMC + community
Medical imaging	Mobile computed tomography (CT) and magnetic resonance imaging (MRI) at new CBOC + community	Mobile CT and MRI at new CBOC + community	Mobile CT and MRI at CBOC (Building 12) + community	Mobile CT and MRI at new CBOC + community	Hot Springs VAMC: <ul style="list-style-type: none"> • Diagnostic radiology • Ultrasound (24/7) • Echocardiogram (24/7) • CT (24/7) 	Hot Springs VAMC
Community living center (nursing home)	Community	Community	Community	Community	Hot Springs VAMC: 15 beds	Hot Springs VAMC (7 beds)

Table 2-1. Health Services by Location Associated with the EIS Alternatives¹ (continued).

Service	Source					
	Alternative A	Alternative B	Alternative C	Alternative D	Alternative E	Alternative F
RRTP	None in Hot Springs area	New 100-bed RRTP	100-bed RRTP in existing domiciliary	New 24-bed RRTP	Hot Springs domiciliary: <ul style="list-style-type: none"> • 200 beds, including substance abuse (40), after care treatment (40), compensated work therapy (CWT) (32), care management (50), post-traumatic stress disorder (PTSD) (30) • Integrated family counseling and onsite temporary accommodations for families who wish to participate in family therapy • Legal and benefits counseling would be provided • Virtual learning center, learning support, virtual and onsite classes, library 	Hot Springs domiciliary (100 beds)
Rapid City Area						
Primary care	New MSOC	New MSOC	New MSOC	New MSOC	Existing CBOC	Existing CBOC
Specialty care	Expanded at new MSOC	Expanded at new MSOC	Expanded at new MSOC	Expanded at new MSOC	Limited at existing CBOC	Limited at existing CBOC
Mental health	New MSOC	New MSOC	New MSOC	New MSOC	Existing CBOC	Existing CBOC
Pharmacy	New MSOC	New MSOC	New MSOC	New MSOC	None	None
Laboratory	New MSOC	New MSOC	New MSOC	New MSOC	Samples drawn at CBOC and sent to lab at Fort Meade	Samples drawn at CBOC and sent to lab at Fort Meade
X-ray	New MSOC	New MSOC	New MSOC	New MSOC	None	None
RRTP	New 100-bed RRTP	None in Rapid City area	None in Rapid City area	New 76-bed RRTP	None	None

¹ Supplemental Alternative G is not included in this table as it is not associated with reconfigured VA BHHCS health care services, but instead represents options for re-use of the current Hot Springs VAMC.

Table 2-2. Improved Geographic Access with VA BHHCS Services Reconfiguration Proposal.

Type of Care	Drive Time (minutes) Guideline for Level of Rurality ^a	Percent of Enrollees Meeting Guideline		
		Threshold for Acceptable Level of Access ^b	Current VA BHHCS ^c	With Services Reconfiguration ^d
Primary	30 – urban 30 – rural 60 – highly rural	70%	87%	88%
Acute hospital	60 – urban 90 – rural 120 – highly rural	65%	65%	99%
Tertiary	240 – urban 240 – rural Community standard– highly rural	65%	13%	100%

^a Urban = urbanized area or urban cluster with core census block groups or blocks that have a population density of at least 1,000 people per square mile and surrounding census blocks that have an overall density of at least 500 people per square mile. Rural = outside of urbanized area or urban cluster. Highly rural = 1 to 6 people per square mile (VA 2015).

^b VA 2005.

^c VA 2013a.

^d Alternatives A through D include additional purchased care from 3 tertiary care facilities and 26 secondary care (including acute hospital) facilities.

The specific mechanisms by which VA covers the costs of a community provider’s care may change over time, but include the nationwide Veterans Choice Program (www.va.gov/opa/choiceact/) and the VA BHHCS’s current purchased care program for providing referrals or authorizations for service from non-VA community providers (billed to VA), which would be expanded by the services reconfiguration proposal.

In addition to obtaining services from the new Hot Springs and Rapid City VA facilities and community providers, Veterans may seek care from other VA locations (such as Rapid City or Fort Meade), receive prescriptions from a VA pharmacy by mail, and, for some health conditions, continue to take advantage of “telehealth.” Telehealth uses a telecommunications link for real-time interaction between the patient and provider, or two providers. A patient can participate from a local VA health care facility, or in some cases from home, in a consultation or examination with a remote VA medical professional using closed-circuit television and devices that measure and transmit medical data.

The EIS scoping process did not yield new action alternatives that were defined sufficiently for meaningful analysis, so the placeholder for an unidentified alternative was deleted. The first five action alternatives are now labeled as A through E, the no action alternative is labeled as F, and the supplemental alternative is labeled as G. Commenters did offer specific suggestions for re-use of part or all of the campus by non-VA entities; these are captured within Supplemental Alternative G, which is described in Section 2.3.8.

2.2 Alternatives Overview

Figure 2-1 illustrates the major components of the six stand-alone alternatives evaluated in detail in this EIS. Supplemental Alternative G could be implemented in conjunction with Alternative A, B, C, or D.

Location	Alternatives*					
	A	B	C	D	E	F No Action
Hot Springs	<p>CBOC New Location in Hot Springs</p> <p>Existing VA Campus</p>	<p>CBOC New Location in Hot Springs</p> <p>RRTP 100 beds New Location in Hot Springs</p> <p>Existing VA Campus</p>	<p>CBOC Building 12 Renovation</p> <p>RRTP-100 beds Domiciliary Renovation</p>	<p>CBOC New Location in Hot Springs</p> <p>RRTP 24 beds New Location in Hot Springs</p> <p>Existing VA Campus</p>	<p>Renovate Building 12 for expanded inpatient and CLC services</p> <p>RRTP-200 beds Domiciliary Renovation</p> <p>Other Upgrades / Renovations New programs & services</p>	<p>(No Change) Continued VA healthcare services from existing campus</p> <p>RRTP 100 beds</p> <p>Upgrades / Renovations Maintenance and clinical standards</p>
Rapid City	<p>MSOC</p> <p>RRTP 100 beds</p>	<p>MSOC</p>	<p>MSOC</p>	<p>MSOC</p> <p>RRTP 76 beds</p>	<p>CBOC (No Change)</p>	<p>CBOC (No Change)</p>
<p>*Scoping did not yield new action alternatives. "No Action," (previously "H") was re-labeled "F", which had been a placeholder.</p> <p>**Alternative G: future re-use by others of all/part of Hot Springs VA campus; supplement to Alternatives A-D. Would include "Medical Miracle" proposal.</p>						<p>CBOC = Community Based Outpatient Clinic CLC = community living center (nursing home) MSOC = Multi Specialty Outpatient Clinic RRTP = Residential Rehabilitation Treatment Program</p>

Figure 2-1. Alternatives.

There are three important aspects of this set of alternatives:

- Alternatives A through D involve an expanded presence in the Rapid City area while maintaining locations in the Hot Springs area. There was a common misconception during scoping, also appearing in subsequent editorials and social media posts, that expansion in the Rapid City area meant that all services in the Hot Springs area would be discontinued. VA has clearly stated, and reiterates in this EIS, that **continuation of outpatient primary care services in the Hot Springs area (either at the current location or a new facility) is and always has been part of every alternative.**
- For the alternatives that include a new facility in the Hot Springs area or Rapid City area (A through D), **VA BHHCS has not yet identified any specific site on which to construct a new building or lease space for a new facility.** VA would follow departmental facility specifications, standards, and guidelines in any site selection, planning, design, and construction for a new CBOC, MSOC, or RRTP. These requirements include

those that are available online for public access from the Technical Information Library of VA's Office of Construction & Facilities Management (CFM) (www.cfm.va.gov/til/). The general parameters of proposed new facilities are outlined under the alternatives descriptions that follow. If the characteristics of the proposed site(s) for a new facility in either Hot Springs or Rapid City could be associated with potential environmental impacts not evaluated in this EIS, additional NEPA review would be undertaken.

- **It is not within the scope of this EIS to determine the specific health care services that VA offers to Veterans at any location.** Although decisions about health care services are not subject to NEPA review, decisions regarding appropriate physical buildings and infrastructure required to provide these services are the focus of this EIS and the NEPA process. Section 1.3 fully discusses this point.

Figure 3.3-12, in Section 3.3, provides a facility map of VA's Hot Springs campus that can be referenced when specific buildings are discussed.

2.3 Description of Alternatives

The following sections describe Alternatives A through F and Supplemental Alternative G, which were summarized in Figure 2-1.

2.3.1 Alternative A - Hot Springs CBOC, Rapid City MSOC and RRTP

Under Alternative A, VA BHHCS would build or lease a CBOC in the Hot Springs area, build or lease an MSOC and 100-bed RRTP in the Rapid City area, and cease providing services from the existing Hot Springs campus and Rapid City CBOC. The subsections that follow address the physical facilities, employment, estimated cost, and timeline for Alternative A.

2.3.1.1 Facilities

2.3.1.1.1 New Facilities

Hot Springs CBOC

VA would construct or lease a building in the Hot Springs area to serve as a CBOC. The CBOC is estimated to require approximately five acres, with 16,711 square feet of building space and 100 parking spaces. The actual concept or design for the proposed Hot Springs CBOC is unknown, but Figure 2-2 illustrates modern CBOCs of similar size based on VA's current design guidelines and approaches. CFM provides detailed and extensive guidelines for all VA construction projects, which are available online at www.cfm.va.gov/til/index.asp. VA has not identified a specific location for the proposed Hot Springs CBOC, although it would be expected to be within or near the city limits of Hot Springs.



Figure 2-2. New VA Outpatient Clinics Similar in Size to Proposed Hot Springs CBOC.

The proposed Hot Springs CBOC would either be constructed under contract to VA on land purchased by VA, or an existing building modified or new building constructed (“build to suit” arrangement) according to VA specifications by a developer who would enter into a long-term lease with VA. VA has not identified a specific location for the proposed Hot Springs CBOC, although it is expected to be within or near the city limits of Hot Springs.

Site selection criteria would include existing natural and built site features and improvements, public transportation access, location outside of a 100-year floodplain, availability of the property, cost of the property, and other factors identified in VA’s “Site Development Design Manual” (VA 2013b). VA would also comply with its “Strategic Sustainability Performance Plan” (VA 2014), and would consider the “Recommendations on Sustainable Siting for Federal Facilities” (DOT et al. 2010). Site selection also considers a location’s potential to achieve integration of the proposed facility into the surrounding environment, blending existing conditions and future facility requirements (low-impact development). The proposed facility’s “fit” within the existing property lines would be assessed, along with which orientation would provide the best energy reduction opportunities.

Rapid City MSOC and RRTP

VA would construct or lease buildings in the Rapid City area, at a single location, to serve as an MSOC and RRTP. The co-located Rapid City MSOC and RRTP would require an estimated 132,942- to 144,956-square-foot facility with 620 parking spaces on approximately 14 to 17 acres.

The actual concept or design for the proposed Rapid City MSOC is unknown, but Figure 2-3 provides examples of modern VA outpatient clinics of similar size based on VA's current design guidelines and approaches.



Figure 2-3. New VA Outpatient Clinics Similar in Size to Proposed Rapid City MSOC.

The actual concept or design for the proposed Rapid City RRTP is unknown, but Figure 2-4 illustrates a modern RRTP based on VA's current design guidelines and approaches. It is likely to be a single- and multi-story apartment and townhouse setting, similar to the facility shown in Figure 2-4. The Veterans' residences would consist of patient care units, each with single and double rooms for up to four residents with shared living, kitchen, laundry, and bathroom space. The Rapid City RRTP would have a sweat lodge in a secluded location; a central patient dining area; and a common area for therapy, education, training, recreation, conference, and administration.



Figure 2-4. Example of Modern RRTP Layout

The proposed Rapid City MSOC and RRTP would either be constructed under contract to VA on land purchased by VA, or an existing building modified or new building constructed (“build to suit” arrangement) according to VA specifications by a developer who would enter into a long-term lease with VA.

VA has not identified a specific location for the proposed Rapid City MSOC and RRTP, although it would be expected to be within or near the city limits of Rapid City. General site selection criteria would be the same as those described above in the subsection *Hot Springs CBOC*.

2.3.1.1.2 Vacated Facilities

Under Alternative A, VA BHHCS would no longer offer health care services from the existing Hot Springs campus or the existing Rapid City CBOC.

VA would consider various options for the Hot Springs campus, most of which is a National Historic Landmark. Under Supplemental Alternative G, Re-Use by Others, VA would evaluate proposals from other entities for new use(s) of the Hot Springs campus (see Section 2.3.8). VA would continue to maintain the property until a re-use of the campus is identified and approved. If necessary, VA would secure and maintain the property following the National Park Service’s guidance for mothballing historic buildings, which “involves controlling the long-term deterioration of the building while it is unoccupied as well as finding methods to protect it from sudden loss by fire or vandalism. This requires securing the building from unwanted entry, providing adequate ventilation to the interior, and shutting down or modifying existing utilities” (NPS 1993).

The existing Rapid City CBOC is a leased facility from which the VA could re-locate with no future actions required of the VA.

2.3.1.2 Employment

Under Alternative A, VA BHHCS would gradually reduce the number of employees in Hot Springs from the current level, which is 357 full-time equivalent employees (FTEEs), and increase the number of employees in Rapid City, which is currently 30 FTEEs:

One **full-time equivalent employee**, or **FTEE**, represents either one full-time employee working 40 hours per week, or two or more part-time employees whose combined working hours total to 40 hours per week.

- Approximately 67 FTEEs would staff the proposed Hot Springs CBOC and maintain the vacated campus, a decrease of 290 FTEEs in Hot Springs.
- Approximately 128 FTEEs would staff the proposed Rapid City area MSOC and RRTP, an increase of 98 FTEEs in Rapid City.
- The remaining Hot Springs FTEEs not transitioned to Rapid City would decrease through eligible retirements, early retirements, buy-outs, and voluntary separations. No VA employees would lose VA employment, although they may need to fill a different job, with retraining as needed.

2.3.1.3 Estimated Cost

The estimated costs for Alternative A are summarized in Table 2-3. These costs were estimated by Jones Lang LaSalle (2012a) and included real property and operational costs, using the methodology described as follows:

- Isolate the cost components for each alternative (based on facility needs and acquisition method).
- Estimate 30-year life cycle costs of non-recurring (that is, capital investment) and facility recurring costs (that is, lease payments and operating costs). The 30-year life cycle cost represents the present value of recurring and non-recurring cash flows between 2013 and 2043. Data sources included:
 - VA resources such as CFM’s Facility Condition Assessment and Capital Resource Survey
 - Adjusted CFM renovation cost estimates based on recommendations from a historic architect (Treanor 2012).
 - Private sector resources such as Building Owners and Managers Association, Co-Star Realty Information, Inc., and RSMeans (construction cost data supplier).
- Aggregate 30-year life cycle costs of the cost components within each alternative.

Table 2-3. Estimated Cost for Alternative A.

Build / Lease Options	Estimated 30-Year Life Cycle Cost
Build both Hot Springs CBOC and co-located Rapid City MSOC/RRTP	\$148,622,461
Lease Hot Springs CBOC and build co-located Rapid City MSOC/RRTP	\$149,358,949
Build Hot Springs CBOC and lease co-located Rapid City MSOC/RRTP	\$152,285,341
Lease both Hot Springs CBOC and co-located Rapid City MSOC/RRTP	\$153,021,829

Source: Jones Lang LaSalle 2012a.

2.3.1.4 Timeline

Alternative A would be implemented over a five-year timeline beginning at some point after publishing the Record of Decision for this EIS and based on available funding, as summarized in Table 2-4.

Table 2-4. Implementation Timeline for Alternative A.

Location		Services at VA Facilities			
		Current	Years 1–2	Years 2–4	Year 5
Hot Springs	VAMC	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Limited specialty care ▪ Dialysis ▪ Lab ▪ Pharmacy ▪ Imaging ▪ Urgent care ▪ Basic outpatient surgery Inpatient <ul style="list-style-type: none"> ▪ Hospital ▪ Nursing home RRTP Call center	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Limited specialty care ▪ Dialysis ▪ Lab ▪ Pharmacy ▪ Imaging RRTP Call center	—	—
	CBOC	—	—	Outpatient ^a <ul style="list-style-type: none"> ▪ Primary care ▪ Limited lab services ▪ Mental health ▪ Expanded specialty care ▪ Dialysis ▪ Imaging ▪ Call center 	Outpatient ^a <ul style="list-style-type: none"> ▪ Primary care ▪ Limited lab services ▪ Mental health ▪ Expanded specialty care ▪ Dialysis ▪ Imaging ▪ Call center
Rapid City	CBOC	<ul style="list-style-type: none"> ▪ Primary care ▪ Limited specialty care ▪ Mental health 	<ul style="list-style-type: none"> ▪ Primary care ▪ Limited specialty care ▪ Mental health 	—	—
	MSOC	—	—	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Expanded specialty care ▪ Mental health ▪ Pharmacy ▪ Laboratory ▪ Imaging 	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Expanded specialty care ▪ Mental health ▪ Pharmacy ▪ Laboratory ▪ Imaging
	RRTP	—	—	RRTP	RRTP

^a Veterans could also receive purchased care for inpatient, laboratory, pharmacy, urgent care, surgery, additional specialty care and medical imaging, and nursing home services from community providers in Hot Springs and communities closer to Veterans' homes.

2.3.2 Alternative B – Hot Springs CBOC and RRTP, Rapid City MSOC

Under Alternative B, VA BHHCS would build or lease a CBOC and 100-bed RRTP in the Hot Springs area, build or lease an MSOC in the Rapid City area, and cease providing services from the existing Hot Springs campus and Rapid City CBOC. The subsections that follow address the physical facilities, employment, estimated cost, and timeline for Alternative B. The reader is referred back to Alternative A for details of elements that are identical within the two alternatives.

2.3.2.1 Facilities

2.3.2.1.1 New Facilities

Hot Springs CBOC and RRTP

VA would construct or lease buildings in the Hot Springs area to serve as a new CBOC and 100-bed RRTP. The co-located CBOC and RRTP would require an estimated 102,571-square-foot facility with 300 parking spaces on approximately 15 acres.

All details for the CBOC are the same as those described for Alternative A in Section 2.3.1.1.1, in the subsection *Hot Springs CBOC*.

The actual concept or design for a Hot Springs RRTP is unknown, but Figure 2-4 (in Section 2.3.1.1.1 for Alternative A) illustrates a modern RRTP based on VA's current design guidelines and approaches. It is likely to be a single- and multi-story apartment and townhouse setting, similar to the facility shown in Figure 2-4. The Veterans' residences would consist of patient care units, each with single and double rooms for up to four residents with shared living, kitchen, laundry, and bathroom space. The Hot Springs RRTP would have a sweat lodge in a secluded location; a central patient dining area; and a common area for therapy, education, training, recreation, conference, and administration. Constructing or leasing an RRTP in the Hot Springs area would require VA to also build or lease a firehouse to protect life and property.

VA has not identified a specific location for a Hot Springs CBOC and RRTP, although it would be expected to be within or near the city limits of Hot Springs. The facilities would either be constructed under contract to VA on land purchased by VA, or existing buildings modified or new buildings constructed ("build to suit" arrangement) according to VA specifications by a developer who would enter into a long-term lease with VA.

Rapid City MSOC

VA would construct or lease a building in the Rapid City area to serve as an MSOC. The MSOC is estimated to require approximately 10 acres, with 66,281 square feet of building space and 400 parking spaces. The actual concept or design for the proposed Rapid City MSOC is unknown, but Figure 2-3 in Section 2.3.1.1.1 provides examples of modern VA outpatient clinics of similar size based on VA's current design guidelines and approaches.

The MSOC would either be constructed under contract to VA on land purchased by VA, or an existing building modified or new building constructed ("build to suit" arrangement) according to VA specifications by a developer who would enter into a long-term lease with VA.

VA has not identified a specific location for a Rapid City MSOC, although it would be expected to be within or near the city limits of Rapid City. General site selection criteria would be the same as those described in Section 2.3.1.1.1, in the subsection *Hot Springs CBOC*.

2.3.2.1.2 Vacated Facilities

Under Alternative B, VA BHHCS would no longer offer health care services from the existing Hot Springs campus or Rapid City CBOC. Vacated facilities would be handled the same way as discussed for vacated facilities under Alternative A.

2.3.2.2 Employment

Under Alternative B, VA BHHCS would gradually reduce the number of employees in Hot Springs from the current level, which is 357 FTEEs, and increase the number of employees in Rapid City, which is currently 30 FTEEs:

- Approximately 139 FTEEs would staff the proposed Hot Springs CBOC and RRTP and maintain the vacated campus, a decrease of 218 FTEEs in Hot Springs.
- Approximately 56 FTEEs would staff the proposed MSOC in Rapid City, an increase of 26 FTEEs in Rapid City.
- The remaining Hot Springs FTEEs would decrease gradually through early retirements, buy-outs, and voluntary separations. No VA employees would lose VA employment, although they may need to fill a different job, with retraining as needed.

2.3.2.3 Estimated Cost

The estimated costs for Alternative B, using the same methodology and data sources described in Section 2.3.1.3, are summarized in Table 2-5.

Table 2-5. Estimated Costs for Alternative B

Build / Lease Options	Estimated 30-Year Life Cycle Cost
Build Hot Springs CBOC, RRTP, and firehouse; and Rapid City MSOC	\$168,234,767
Lease Hot Springs CBOC, RRTP, and firehouse; and Rapid City MSOC	\$170,713,726

Source: Jones Lang LaSalle 2012a.

2.3.2.4 Timeline

Alternative B would be implemented over a five-year timeline beginning at some point after publishing the Record of Decision for this EIS and based on available funding, as summarized in Table 2-6.

Table 2-6. Implementation Timeline for Alternative B.

Location		Services at VA Facilities			
		Current	Years 1–2	Years 2–4	Year 5
Hot Springs	VAMC	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Limited specialty care ▪ Basic outpatient surgery ▪ Dialysis ▪ Lab ▪ Pharmacy ▪ Imaging ▪ Urgent care Inpatient <ul style="list-style-type: none"> ▪ Hospital ▪ Nursing home RRTP Call center	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Limited specialty care ▪ Dialysis ▪ Lab ▪ Pharmacy ▪ Imaging RRTP Call center	—	—
	CBOC	—	—	Outpatient ^a <ul style="list-style-type: none"> ▪ Primary care ▪ Limited lab services ▪ Mental health ▪ Expanded specialty care ▪ Dialysis ▪ Imaging ▪ Call center 	Outpatient ^a <ul style="list-style-type: none"> ▪ Primary care ▪ Limited lab services ▪ Mental health ▪ Expanded specialty care ▪ Dialysis ▪ Imaging ▪ Call center
	RRTP	—	—	RRTP	RRTP
Rapid City	CBOC	<ul style="list-style-type: none"> ▪ Primary care ▪ Limited specialty care ▪ Mental health 	<ul style="list-style-type: none"> ▪ Primary care ▪ Limited specialty care ▪ Mental health 	—	—
	MSOC	—	—	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Expanded specialty care ▪ Mental health ▪ Pharmacy ▪ Laboratory ▪ Imaging 	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Expanded specialty care ▪ Mental health ▪ Pharmacy ▪ Laboratory ▪ Imaging

^a Veterans could also receive purchased care for inpatient, laboratory, pharmacy, urgent care, surgery, additional specialty care and medical imaging, and nursing home services from community providers in Hot Springs and communities closer to Veterans' homes.

2.3.3 Alternative C – Hot Springs Renovation, Rapid City MSOC

Under Alternative C, VA BHHCS would renovate Building 12 at the existing Hot Springs campus as the location for a CBOC, renovate the Hot Springs domiciliary to be a 100-bed RRTP, and build or lease an MSOC in the Rapid City area. The subsections that follow address the physical facilities, employment, estimated cost, and timeline for Alternative C. The reader is referred back to Alternative A for details of elements that are identical within the two alternatives.

2.3.2.1 Facilities

2.3.3.1.1 Renovated and New Facilities

Hot Springs CBOC

VA would renovate the existing hospital building (Building 12) for use as a CBOC on the Hot Springs campus. The boiler plant (Building 18), high voltage switchgear building (Building 64), and information resources management building (Building 65) would also be renovated and remain in use. The CBOC is estimated to require 45,841 square feet within the 134,918-square-foot building.

Hot Springs RRTP

VA would renovate the administration building (Building 1), dining services (Building 2), patient wards (Buildings 3 through 8), the auditorium/call center (Building 11), one duplex quarters (Building 29), and the fire/security facility (Building 66) to serve as and support a 100-bed RRTP on the Hot Springs campus. As described above for a CBOC located on the campus, the boiler plant (Building 18), high voltage switchgear building (Building 64), and information resources management building (Building 65) would also be renovated and remain in use, supporting the CBOC and the RRTP.

The existing space in the patient wards can accommodate 110 beds while adhering closely to the desired recovery model of care. The patient care unit would be single and double rooms of 8 to 16 beds with shared bathroom space. Accessibility standards could be met by modifications, which would require a significant amount of evaluation and study to ensure major character-defining features of the historical property are not destroyed in the process.

Rapid City MSOC

VA would construct or lease a building in the Rapid City area to serve as an MSOC; all details are the same as those described for Alternative B in Section 2.3.2.1.1, in the subsection *Rapid City MSOC*. VA has not identified a specific location for the MSOC, although it would be expected to be within or near the city limits of Rapid City.

2.3.3.1.2 Vacated Facilities

Under Alternative C, VA BHHCS would not have use for some portions of the hospital building (Building 12) and would therefore close areas of the building. This alternative would close the two existing chapels (Buildings 9 and 10), which are attached to Building 2, and all other buildings not listed above as being used for the CBOC, RRTP, or their supporting functions. VA BHHCS would no longer offer health care services from the existing Rapid City CBOC. Vacated facilities would be handled the same way as discussed for vacated facilities under Alternative A.

2.3.3.2 Employment

Under Alternative C, VA BHHCS would gradually reduce the number of employees in Hot Springs from the current level, which is 357 FTEEs, and increase the number of employees in the Rapid City area, which is currently 30 FTEEs:

- Approximately 139 FTEEs would staff the proposed Hot Springs CBOC and RRTP and maintain the vacated campus, a decrease of 218 FTEEs in Hot Springs.
- Approximately 56 FTEEs would staff the proposed MSOC in Rapid City, an increase of 26 FTEEs in Rapid City.
- The remaining Hot Springs FTEEs would decrease gradually through early retirements, buy-outs, and voluntary separations. No VA employees would lose VA employment, although they may need to fill a different job, with retraining as needed.

2.3.3.3 Estimated Cost

The estimated costs for Alternative C are summarized in Table 2-7, using the same methodology and data sources described in Section 2.3.1.3.

Table 2-7. Estimated Costs for Alternative C

Build / Lease Options	Estimated 30-Year Life Cycle Cost
Renovate for Hot Springs CBOC in Building 12, Hot Springs RRTP in existing domiciliary; build Rapid City MSOC	\$229,838,861
Renovate for Hot Springs CBOC in Building 12, Hot Springs RRTP in existing domiciliary; lease Rapid City MSOC	\$230,391,843

Source: Jones Lang LaSalle 2012a.

2.3.3.4 Timeline

Alternative C would be implemented over a five-year timeline beginning at some point after publishing the Record of Decision for this EIS and based on available funding, as summarized in Table 2-8.

Table 2-8. Implementation Timeline for Alternative C

Location		Services at VA Facilities			
		Current	Years 1–2	Years 2–4	Year 5
Hot Springs	VAMC, transitioning to be a CBOC and RRTP	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Limited specialty care ▪ Basic outpatient surgery ▪ Dialysis ▪ Lab ▪ Pharmacy ▪ Imaging ▪ Urgent care Inpatient <ul style="list-style-type: none"> ▪ Hospital ▪ Nursing home RRTP Call center	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Limited specialty care ▪ Dialysis ▪ Lab ▪ Pharmacy ▪ Imaging RRTP Call center	Outpatient ^a <ul style="list-style-type: none"> ▪ Primary care ▪ Limited lab services ▪ Mental health ▪ Expanded specialty care ▪ Dialysis ▪ Imaging RRTP Call center	Outpatient ^a <ul style="list-style-type: none"> ▪ Primary care ▪ Limited lab services ▪ Mental health ▪ Expanded specialty care ▪ Dialysis ▪ Imaging RRTP Call center
Rapid City	CBOC	<ul style="list-style-type: none"> ▪ Primary care ▪ Limited specialty care ▪ Mental health 	<ul style="list-style-type: none"> ▪ Primary care ▪ Limited specialty care ▪ Mental health 	—	—
	MSOC	—	—	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Expanded specialty care ▪ Mental health ▪ Pharmacy ▪ Laboratory ▪ Imaging 	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Expanded specialty care ▪ Mental health ▪ Pharmacy ▪ Laboratory ▪ Imaging

^a Veterans could also receive purchased care for inpatient, laboratory, pharmacy, urgent care, surgery, additional specialty care and medical imaging, and nursing home services from community providers in Hot Springs and communities closer to Veterans' homes.

2.3.4 Alternative D – Hot Springs CBOC and RRTP, Rapid City MSOC and RRTP

Under Alternative D, VA BHHCS would build or lease a CBOC and 24-bed RRTP in the Hot Springs area, build or lease an MSOC and 76-bed RRTP in the Rapid City area, and cease providing services from the existing Hot Springs campus and Rapid City CBOC. The subsections that follow address the physical facilities, employment, estimated cost, and timeline for Alternative D. The reader is referred back to Alternative A for details of elements that are identical within the two alternatives.

2.3.4.1 Facilities

2.3.4.1.1 New Facilities

Hot Springs CBOC and RRTP

VA would construct or lease buildings in the Hot Springs area to serve as a CBOC and 24-bed RRTP. For the CBOC, details are expected to be similar to those described for Alternative A in Section 2.3.1.1.1, in the subsection *Hot Springs CBOC*. With the exception of a smaller size, the RRTP design details and patient care units are the same as those described for Alternative B in Section 2.3.2.1.1, in the subsection *Hot Springs RRTP*, including the requirement that VA would also build or lease a firehouse to protect life and property. If the CBOC and RRTP are co-located, the total space requirements would range from 44,830 to 95,386 square feet, including the fire station, on approximately 11 to 13 acres.

Rapid City MSOC and RRTP

VA would construct or lease buildings in the Rapid City area, at a single location, to serve as an MSOC and 76-bed RRTP; construction details and overall space and land requirements would be generally similar to those described for Alternative A in Section 2.3.1.1.1, in the subsection *Rapid City MSOC and RRTP*.

2.3.4.1.2 Vacated Facilities

Under Alternative D, VA BHHCS would no longer offer health care services from the existing Hot Springs campus or Rapid City CBOC. Vacated facilities would be handled the same way as discussed for vacated facilities under Alternative A.

2.3.4.2 Employment

Under Alternative D, VA BHHCS would gradually reduce the number of employees in Hot Springs from the current level, which is 357 FTEEs, and increase the number of employees in Rapid City, which is currently 30 FTEEs:

- Approximately 87 FTEEs would staff the proposed Hot Springs CBOC and RRTP and maintain the vacated campus, a decrease of 270 FTEEs in Hot Springs.
- Approximately 118 FTEEs would staff the proposed MSOC and RRTP in Rapid City, an increase of 88 FTEEs in Rapid City.

- The remaining Hot Springs FTEEs would decrease gradually through early retirements, buy-outs, and voluntary separations. No VA employees would lose VA employment, although they may need to fill a different job, with retraining as needed.

2.3.4.3 Estimated Cost

The estimated costs for Alternative D, using the same methodology and data sources described in Section 2.3.1.3, are summarized in Table 2-9.

Table 2-9. Estimated Costs for Alternative D

Build / Lease Options	Estimated 30-Year Life Cycle Cost
Build Hot Springs CBOC and RRTP and firehouse, and Rapid City MSOC and RRTP	\$176,040,980
Lease Hot Springs CBOC and RRTP and firehouse, and Rapid City MSOC and RRTP	\$182,387,084

Source: Jones Lang LaSalle 2012a.

2.3.4.4 Timeline

Alternative D would be implemented over a five-year timeline beginning at some point after publishing the Record of Decision for this EIS and based on available funding, as summarized in Table 2-10.

Table 2-10. Implementation Timeline for Alternative D

Location		Services at VA Facilities			
		Current	Years 1–2	Years 2–4	Year 5
Hot Springs	VAMC	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Limited specialty care ▪ Basic outpatient surgery ▪ Dialysis ▪ Lab ▪ Pharmacy ▪ Imaging ▪ Urgent care Inpatient <ul style="list-style-type: none"> ▪ Hospital ▪ Nursing home RRTP Call center	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Limited specialty care ▪ Dialysis ▪ Lab ▪ Pharmacy ▪ Imaging RRTP Call center	—	—
	CBOC	—	—	Outpatient ^a <ul style="list-style-type: none"> ▪ Primary care ▪ Limited lab services ▪ Mental health ▪ Expanded specialty care ▪ Dialysis ▪ Imaging ▪ Call center 	Outpatient ^a <ul style="list-style-type: none"> ▪ Primary care ▪ Limited lab services ▪ Mental health ▪ Expanded specialty care ▪ Dialysis ▪ Imaging ▪ Call center
	RRTP	—	—	RRTP	RRTP
Rapid City	CBOC	<ul style="list-style-type: none"> ▪ Primary care ▪ Limited specialty care ▪ Mental health 	<ul style="list-style-type: none"> ▪ Primary care ▪ Limited specialty care ▪ Mental health 	—	—
	MSOC	—	—	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Expanded specialty care ▪ Mental health ▪ Pharmacy ▪ Laboratory ▪ Imaging 	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Expanded specialty care ▪ Mental health ▪ Pharmacy ▪ Laboratory ▪ Imaging
	RRTP	—	—	RRTP	RRTP

^a Veterans could also receive purchased care for inpatient, laboratory, pharmacy, urgent care, surgery, additional specialty care and medical imaging, and nursing home services from community providers in Hot Springs and communities closer to Veterans' homes.

2.3.5 Alternative E – Save the VA Proposal

The Save the VA proposal was prepared by a coalition from the Hot Springs community and is provided in its entirety in Appendix B to this EIS. The proposal includes elements that would be implemented by VA BHHCS, a nonprofit organization (Hot Springs Community Partnership Corporation), a for-profit company (Veterans Industries), regional higher education providers, major medical research facilities, the City of Hot Springs, and Fall River County. Its key features are continuing and expanded health care services at the Hot Springs VAMC, implementing a national demonstration project focusing on treatment and clinical research for PTSD in an expanded Hot Springs domiciliary, and VA partnership with the local community in a CWT program in Hot Springs. The following sections summarize the features of this proposal that would occur at VA facilities or be implemented by VA BHHCS. The full proposal (Appendix B) describes all features of the project.

In addition to the changes to facilities as described below, the Save the VA proposal includes other VA actions and participation. The nonprofit Hot Springs Community Partnership Corporation would establish a joint services agreement with VA for CWT services, managing revenue returns to VA, and other purposes, as necessary:

- **Compensated work therapy:** The Corporation's for-profit subsidiary, Veterans Industries, would function as the CWT location for Hot Springs RRTP residents. A related incentive work therapy program, also through Veterans Industries, would provide part-time work for Veterans in after care treatment in the RRTP to slowly adjust to the demands of a work schedule.
- **Revenue returns:** Seventy-five percent of the profits from the Corporation's for-profit subsidiary, Veterans Industries, would go to VA for patient and treatment costs of Veterans at the Hot Springs RRTP.

VA would participate in a joint evaluation team to biennially assess the progress of the Corporation and its for-profit subsidiary against performance benchmarks to be established by the Corporation's Board of Directors. VA would also cooperate with the Corporation and other appropriate stakeholders in activities such as white papers, materials, seminars, and other appropriate support for an interested national audience.

The Hot Springs VAMC would work with VA medical researchers and those from major medical research facilities to provide and conduct (with informed consent) research into treatment effectiveness and into regional and local issues that may not affect veterans in urban settings. Should the project be a success, VA could determine after 10 years if the Hot Springs facility is adequate for a Center of Excellence designation. Research could also be conducted on traditional Native American healing activities, including sweat lodges and mineral water therapy; this could also encourage currently untreated Native American veterans in the catchment area to enroll in the Hot Springs treatment programs. Special research attention would be given to the integration of Veterans Industries into treatment components.

Although the Save the VA proposal did not include specific provisions for purchased care, services from community providers would remain available through the nationwide Veterans Choice Program (www.va.gov/opa/choiceact/).

2.3.5.1 Facilities

Hot Springs VAMC

Internal and external renovations would be made to buildings on campus to meet VA inpatient and accessibility standards. Renovations to the hospital (Building 12) would accommodate an increase in inpatient (acute care) beds from 10 to 15, add 3 intensive care unit beds, and increase the community living center (nursing home) beds from 7 to 15.

Building spaces would be identified and renovated as necessary for medical research activities.

The standard operating and maintenance plan for the Hot Springs campus would continue to be determined and directed by VA staff. The Save the VA proposal states that the private company Veterans Industries would facilitate certification of CWT patients in historic preservation practices, following which Veterans Industries employees would conduct renovations and upgrades. VA's financial analysis of the Save the VA proposal accounted for the timing of VA's investment for required initial facility renovations occurring before CWT patients are trained for complex renovations.

Table 2-11 summarizes the Alternative E renovations to the VA Hot Springs hospital (Building 12) and other campus buildings included in Alternative E; renovations to the domiciliary are addressed in the next section.

Table 2-11. Hot Springs Hospital and Campus Construction/Renovations, Alternative E

Building/Location	Construction / Renovation
Boiler plant	Green standard upgrades to update four boilers for dual source fuel to add liquid natural gas.
Near boiler plant	Build new storage facility by the boiler plant.
Not specified	Save the VA proposed renovating unspecified existing buildings or rooms to create four 600-square-foot classrooms. However, VA did not identify an available existing location on campus; thus, the cost estimate includes a new facility that would house the classrooms and also provide space for other support functions listed in the proposal (as well as RRTP beds; see Table 2-12).
Hospital (Building 12)	Add second floor to east wing addition for surgery suites and updated air handling and storage areas.
Hospital (Building 12)	Renovate the old surgery area for recovery rooms and the west end for specialty clinics.
Hospital (Building 12)	Convert south wings to 15-bed inpatient ward.
Hospital (Building 12)	Convert north wing to allow for more specialty clinic space.
Hospital (Building 12)	Renovate ward 1-East for continued inpatient care.
Director's quarters (Building 23)	Renovate to become the headquarters for the National Archives. The lower level could be turned into the museum and visitor center. The upper levels could be turned into offices.
Near Building 23	Add a building that has museum-quality heat and light controlled areas for preservation of special documents and historical items if needed.

Hot Springs RRTP

Renovations would be made to accommodate 200 residents, create additional RRTP living spaces, and meet existing code, *Architectural Barriers Act* requirements, and VA residential standards. Some facilities would require adjustments to existing ramps to achieve 100 percent accessibility. Updates such as tunnels, bridges, or elevators would also contribute to meeting accessibility standards. The RRTP would be renovated to provide private or semi-private rooms with closer bathrooms for residents. Historic preservation standards would be followed during renovations.

The Save the VA proposal specified that the existing domiciliary would be renovated to accommodate 200 residents. However, VA’s analysis (Jones Lang LaSalle 2012b) concluded that an additional RRTP facility would also need to be constructed onsite to accommodate the additional beds and services included in the proposal that cannot fit in the existing facility. Based on VA Space Planning Criteria, the existing space in the patient wards can accommodate 110 beds while adhering closely to the desired recovery model of care, as described for Alternative C. The patient care unit would be single and double rooms of 8 to 16 beds with shared bathroom space. A new facility must be constructed to house the additional beds, classrooms, support functions, and all other RRTP services included in the proposal.

Save the VA proposed that an educational facility would be created with sufficient classroom space to accommodate at least four simultaneous classes for patient treatment and orientation, as well as education and college-level classes. These classrooms would each be about 600 square feet and outfitted with tables, chairs, Smart Board, projection system, computer, screen, and a high definition monitor. The educational facility would also incorporate video conferencing, audio conferencing, and online capabilities. The nonprofit Hot Springs Community Partnership Corporation would enter into agreements with educational providers to establish outreach programs at the Hot Springs VAMC. These programs and classrooms would be available for RRTP residents, VA staff, Veterans in the catchment area, Veterans Industries employees, and community members. Although the Save the VA proposal stated that existing buildings or rooms would be modified to accommodate these educational opportunities, VA did not identify an available existing location on campus that could be modified to create these classrooms. Therefore, the cost estimate includes these classroom in a new facility that would be constructed to also provide space for other support functions listed in the proposal, as well as 82 RRTP beds (as described in next section).

Table 2-12 summarizes the VA Hot Springs domiciliary complex (Buildings 1 through 11) renovations included in Alternative E.

Table 2-12. Hot Springs Domiciliary and Related Renovations under Alternative E

Building/Location	Renovation
New construction, possibly west of Building 11, beyond parking lot, at horseshoe pits; or on the far side of the main parking lot by the Police and Fire Station and at the north end of 6th Street. Or use existing Buildings 21 or 28.	Separate family, singles with children, and female housing, all with handicap access, for a total of 40 beds capacity. The VA cost estimate (Jones Lang LaSalle 2012b) included this housing in the renovation estimate for the line item below, which would convert four current residences into multifamily housing.

Table 2-12. Hot Springs Domiciliary and Related Renovations under Alternative E

Building/Location	Renovation
Buildings 20, 21, 23, 24, 25, 26, 27, 28, 29 (four only)	Renovation of four current medical residences into apartments to house families of RRTP residents participating in integrated family counseling. Renovation of four current medical residences to serve as additional transitional residences for CWT patients. The VA cost estimate (Jones Lang LaSalle 2012b) assumed total renovation of Buildings 23, 24, 26, and 27 to convert quarters into multi-family transitional housing.
Buildings 3, 5, 6, 7, 8 (Building 4 has already been completed)	Complete remodel of B-level ramps from lower arcade to B wards.
Buildings 5, 7, 8	Install two-, three-, or four-stop elevators. The cost estimate assumed elevators would be added to all RRTP buildings instead of tunnels and bridges, since tunnels and bridges would further reduce available space, require rerouting water and sewer lines, require re-planning the building structural and physical system, and increase operating costs.
Buildings 3, 4, 6, 7	Two tunnels, between Buildings 3 and 4 and Buildings 6 and 7. VA did not include this in the cost estimate for the reasons listed above. Elevators were costed instead.
Not specified	Two bridges to allow access to upper arcade. The cost estimate assumed the bridges would be between Buildings 3 and 4 and Buildings 6 and 7. VA did not include this in the cost estimate for the reasons listed above. Elevators were costed instead.
11 wards (Wards 3B and 5B are already remodeled)	Save the VA proposes to remodel wards for single and double occupancy rooms for a total of 200 patients. However: <ul style="list-style-type: none"> • The Save the VA proposal states this renovation would create a 200-bed RRTP, but the proposal's enumeration of the various types of beds sums to 192. • VA has determined that Buildings 3 through 8 can be renovated to accommodate a total of 110 patients and still maintain the recovery model of care; therefore, this is the total used in the renovation cost estimate in Section 2.3.5.3. • VA also estimated the cost for constructing separate on-campus modern patient care units with 82 additional beds, to achieve the proposal's total of 192 beds.
Near Buildings 3, 4, and near new housing (see Table 2-11)	Handicap parking between Buildings 3 and 4 and where new housing is added, for a total of 40 spaces.
Building 7	Two handicap ramps for west end of street-level entrance.
Buildings 1-11	Green standard upgrades to provide better insulation and thermal windows (inside envelope).
Unspecified	New 82-bed RRTP to accommodate 192-bed capacity (total of bed types specified in proposal); estimated size = 84,110 gross square feet, assumed two acres site disturbance.

2.3.5.2 Employment

VA would employ an adequate number of qualified professional, specialty, and support staff to provide the medical and treatment services in the Save the VA proposal, as well as serve as liaison to the Veterans Industries project. Positions would be established as full-time permanent staff. Save the VA stated that VA would activate policies to encourage and enhance staff retention. Appendix D to the Save the VA proposal identified the following approaches, all of which are currently utilized by VA BHHCS: nationwide advertisement, offers of permanent employment, and enhancing attraction of positions by providing information about education debt-reduction programs and benefits. Competencies could be developed and maintained through rotation to another facility for updates/training, virtual training, and simulation training.

In Hot Springs, approximately 633 FTEEs employees would be needed to staff the VAMC, RRTP, and other services; this would be an increase of 276 FTEEs. VA BHHCS would continue to staff the Rapid City CBOC at a similar level as currently (approximately 30 FTEEs).

2.3.5.3 Estimated Cost

The estimated costs for Alternative E are summarized in Table 2-13. These costs were estimated using the same methodology and data sources described in Section 2.3.1.3. Tables 2-11 and 2-12 include notes on assumptions VA made regarding the details of construction, renovation, and space planning in order to estimate the cost of each item included in the proposal.

Table 2-13. Estimated Costs for Alternative E

Build / Lease Options	Estimated 30-Year Life Cycle Cost
Renovations and construction at Hot Springs campus, continued lease of Rapid City CBOC.	\$247,036,697

Source: Jones Lang LaSalle 2012b.

2.3.5.4 Timeline

Medical facilities would be updated as necessary and all treatments and medical services would be maintained for a minimum five-year demonstration period in which to establish a new baseline of patient data. These data would be evaluated to determine recommendations related to levels of health care services. The Veterans Industries project would run for a minimum of 10 years. The Save the VA proposal states that the nonprofit Hot Springs Community Partnership Corporation would establish a joint services agreement with VA within six months. The CWT location would be operational within 18 to 24 months, and VA would begin receiving revenue returns from the Veterans Industries subsidiary in 36 to 48 months.

Alternative E would be implemented for at least a 10-year timeline beginning at some point after publishing the Record of Decision for this EIS and based on available funding, as summarized in Table 2-14.

Table 2-14. Implementation Timeline for Alternative E

Location		Services at VA Facilities			
		Current	Years 1–2	Years 3–5	Years 5-10
Hot Springs	VAMC	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Limited specialty care ▪ Basic outpatient surgery ▪ Dialysis ▪ Laboratory ▪ Pharmacy ▪ Imaging ▪ Urgent care Inpatient <ul style="list-style-type: none"> ▪ Hospital (10 beds) ▪ Nursing home (7 beds) 	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Expanded specialty care ▪ Advanced outpatient surgery ▪ Dialysis ▪ Laboratory ▪ Pharmacy ▪ Imaging including ultrasound ▪ Urgent care ▪ Dental Inpatient <ul style="list-style-type: none"> ▪ Hospital (15 beds) ▪ Community living center (nursing home) (15 beds) 	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Expanded specialty care ▪ Advanced outpatient surgery ▪ Dialysis ▪ Laboratory ▪ Pharmacy ▪ Imaging including ultrasound ▪ Urgent care ▪ Dental Inpatient <ul style="list-style-type: none"> ▪ Hospital (15 beds) Community living center (nursing home) (15 beds)	Outpatient <ul style="list-style-type: none"> ▪ Primary care ▪ Mental health ▪ Expanded specialty care ▪ Advanced outpatient surgery ▪ Dialysis ▪ Laboratory ▪ Pharmacy ▪ Imaging including ultrasound ▪ Urgent care ▪ Dental Inpatient <ul style="list-style-type: none"> ▪ Hospital (15 beds) ▪ Community living center (nursing home) (15 beds)
	RRTP	RRTP (100 beds)	<ul style="list-style-type: none"> ▪ RRTP (100 beds) ▪ Planning and design for expanded RRTP ▪ RRTP construction initiated 	<ul style="list-style-type: none"> ▪ RRTP (200 beds) ▪ Family housing ▪ CWT ▪ Legal and benefits counseling 	<ul style="list-style-type: none"> ▪ RRTP (200 beds) ▪ Family housing ▪ CWT ▪ Legal and benefits counseling
	Education	—	<ul style="list-style-type: none"> ▪ Planning and design ▪ Construction initiated 	<ul style="list-style-type: none"> ▪ Learning center 	<ul style="list-style-type: none"> ▪ Learning center
	Research	—	<ul style="list-style-type: none"> ▪ Program plan developed 	<ul style="list-style-type: none"> ▪ Program established and in progress 	<ul style="list-style-type: none"> ▪ Program continues and data collected/analyzed
Rapid City	CBOC	No changes to existing Rapid City CBOC specified.			

2.3.6 Alternative F – No Action

2.3.6.1 Facilities

Hot Springs VAMC

VA BHHCS would continue to provide primary care, nursing home, and other health services at the existing Hot Springs VAMC. Scheduled and non-scheduled maintenance of buildings would continue, and upgrades and renovations to maintain clinical standards would be initiated as funding was available through the routine budgeting process.

Hot Springs RRTP

VA BHHCS would continue to provide RRTP services from the domiciliary on the existing Hot Springs campus. Scheduled and non-scheduled maintenance of buildings would continue, and upgrades and renovations to maintain clinical standards would be initiated as funding was available through the routine budgeting process.

Rapid City CBOC

VA BHHCS would continue to provide primary care and other health services from leased space in Rapid City. The current lease extends through January 2016, and may be renewed at that time or other space in Rapid City could be secured.

The mechanisms by which VA would cover the costs of community providers' care for Veterans may change over time, but include the nationwide Veterans Choice Program (www.va.gov/opa/choiceact/) and the VA BHHCS's current purchased care program for providing referrals or authorizations for purchased care (billed to VA). There would be no immediate reconfiguration providing for additional purchased care for Veterans from regional tertiary or secondary care facilities within the region.

In addition to obtaining services from the existing Hot Springs and Rapid City VA facilities and through current provisions for community providers, Veterans may seek care from other VA locations (such as Fort Meade), receive prescriptions from a VA pharmacy by mail, and, for some health conditions, take advantage of "telehealth".

2.3.6.2 Employment

VA BHHCS would employ similar levels of personnel under Alternative F as presently, approximately 357 FTEEs in Hot Springs and 30 FTEEs in Rapid City. Minor changes or the addition/subtraction of certain positions could happen over time based on changes in the volume of patients and the specific services provided at the existing facilities.

2.3.6.3 Estimated Cost

The estimated costs for Alternative F, using the same methodology and data sources described in Section 2.3.1.3, are summarized in Table 2-15.

Table 2-15. Estimated Costs for Alternative F

Build / Lease Options	Estimated 30-Year Life Cycle Cost
Renovate and maintain existing Hot Springs campus (\$203,981,431) and continue to lease Rapid City CBOC (\$11,101,000)	\$215,082,431

Source: Jones Lang LaSalle 2012a.

2.3.6.4 Timeline

Alternative F represents the continuation of the current approach to health care services in the VA BHHCS. Identified renovation needs for the Hot Springs campus were assumed to be addressed over the course of a 30-year period, as budgets permit.

2.3.7 Supplemental Alternative G – Re-Use by Others of All or Part of Hot Springs Campus

Under Alternatives A, B, and D, VA BHHCS would no longer offer any medical services from the existing Hot Springs campus and nearly the entire campus could potentially become available for re-use by others. The National Cemetery and appropriate access will always remain under VA ownership and use.

Under Alternative C, VA BHHCS would continue operating from the existing hospital (Building 12); the domiciliary administration building, dining services, patient wards, and auditorium/library (Buildings 1–8 and 11); one duplex quarters (Building 29); fire/security facility (Building 66); boiler plant (Building 18) and fuel storage tanks; high voltage switchgear building (Building 64); and information resources management building (Building 65). Some or all of the following could potentially become available for re-use by others: the two chapels (Buildings 9–10); buildings previously or currently housing campus/facility support functions (Buildings 13, 14, 17, 23, 30, 31, 35, 42–45, 47, 50, 53, 57, 67, 68, A, B, C); the conservatory (“greenhouse”) (Building 16); bandstand and recreation shelter (Buildings 19 and 62); quarters (Buildings 20, 21, 24–28); and three water reservoirs. (See Figure 2-2 for a campus map of the referenced buildings.)

VA currently has several authorities related to use, transfer, or sale of properties including permit to another federal, state, or local governmental agency; license to other entities; enhanced-use lease; *National Historic Preservation Act* Section 111 (historic) lease; in-kind swap for land or facilities in another location; transfer to another federal agency, or to state or local government; and transfer to a Native American tribe.

Re-use of some or (nearly) all of the Hot Springs campus could include activities undertaken by nonprofit groups; commercial interests; local, state, or other federal entities; or some combination of these. If potential developers are sought, VA would identify goals for the development. Examples of these uses could include the following, alone or in combination:

- Housing for homeless or at-risk Veterans and their families in accordance with the Building Utilization Review and Repurposing initiative.
- Medical education/research/treatment: Continued VA presence (such as Alternative C) with the remaining portion used for a medical/scientific research program that interacts

with or depends on the VA's continued presence, such as the "Medical Miracle" proposal (VNRC 2014) submitted by the nonprofit Veterans National Recovery Center. The three main elements of this specific proposal are:

- Minnekahta College of Osteopathic and Regenerative Medicine would "provide education to the cadre of osteopaths, hydro therapists, regenerative medicine experts, and other practitioners necessary to populate the world's new wave of medical technology". Some of the college's facilities would be located in new construction or repurposed space on the VA Hot Springs campus under the EUL program, with the remaining facilities in the City of Hot Springs.
- Battle Mountain Research Institute would be partially owned by the Swiss private sector firm Elanix and focus on regulatory clinical studies for regenerative products derived from human stem cells (human fetal tissue). A showcase research project is proposed to be a clinical trial of high quantity mineralized hydrotherapy for treatment of traumatic brain injury, PTSD, and military sexual trauma. A second showcase project is proposed to be clinical trials of four master human progenitor fetal tissue lines for skin, ligaments, tendon, and bone, incorporating application technique, and hydrotherapeutic convalescence. This institute would be located either in the City of Hot Springs or on the VA Hot Springs campus through the EUL program.
- Battle Mountain Clinic, a part of the medical college, would support medical training at the VA hospital and the clinical research of the Battle Mountain Research Institute (see above) on VA-owned property at or near the VA Hot Springs campus and leased to the developer through the EUL program

The Medical Miracle proposal calls for initial funding to the nonprofit Veterans National Recovery Center (and through them to the elements listed above) from the public sector and charitable contributions; self-funding the college, research institute, and clinics through tuition, research grants, and contracts; and an endowed foundation supported by a private sector startup firm that deals in regenerative medicine. The proposer estimated the cost to the federal government as \$8 million the first year and a total of \$50 million over five years, and stated that "much of this money will be refunded to the public sector investor and/or other donors after year five and may be treated as a loan for budgeting purposes." The cost of combining Alternative C with the Medical Miracle version of Alternative G would be \$230–\$280 million over 30 years, for a refund amount ranging from none to all, and assuming no further financial support would be required from VA over this timeframe.

- Continued VA presence with additional renovated housing for single-parent and handicapped Veterans in treatment programs; this could supplement Alternative C and is a component of Alternative E.
- A VA-associated teaching hospital for rural health care providers and housing for students in training.
- Veterans' education, job training, and related housing.
- Community and economic development such as rental housing, retail, or office space.
- Tourism and recreation such as a vacation resort or museum.

- Campus and facility for higher learning, such as a vocational school, community college, or small university.
- Corporate retreat.

Any options for re-use of the VA Hot Springs campus buildings or landscape would have to consider and be consistent with preserving the historic significance of the National Historic Landmark.

On July 1, 2015, VA published Solicitation VA10115N0183 seeking expressions of interest for the development of the existing Hot Springs campus. The announcement included potential use of any of the current VA authorities and requested the submission of organization information, whether the interest is for the entire campus or portion thereof, whether the interest was for a lease or ownership, and the potential funding source for project. The submissions that are received will be used to gauge the interest level of prospective purchasers, lessees, developers, or operators and may be used to develop formal Requests for Proposal at a future date, depending on the outcome of the EIS process and other VA management decisions.

2.4 Alternatives Identified But Not Evaluated in Detail

A NEPA review specifies the purpose of and need for a proposed action, describes the action that the federal agency proposes to meet that purpose and need, and identifies reasonable alternatives to that action. A potential alternative might be eliminated from detailed consideration for many reasons including, but not limited to, if the alternative would not meet the purpose and need, take too long to implement, is not within the agency's purview to implement, would be prohibitively expensive, or would be highly speculative in nature and thus is considered unreasonable.

During the scoping process for this EIS, several alternatives for reconfiguring health care services in the VA BHHCS catchment area were identified or suggested by stakeholders but were not evaluated in detail. Reasons for not including these alternatives in the EIS analysis include that the suggestion does not meet the purpose of and need for the reconfiguration proposal (see Chapter 1), is not within VA's authority to implement, is not able to be defined sufficiently for meaningful analysis, or is a specific suggestion for services (with no changes to facilities) that is independent of this NEPA review. The alternatives identified but not evaluated in detail include the following:

- Hot Springs should remain open, but ownership and management should be decentralized and transferred to elected boards of veterans using a cooperative or employee-owned model of ownership and control.
- Restore Hot Springs and provide the full services it once offered. Provide more doctors and nurses to expand and continue health care services in Hot Springs
- Close Fort Meade instead of Hot Springs. Return Fort Meade to the SD National Guard.
- Close VA facilities at both Hot Springs and Fort Meade and build a new Department of Defense/VA hospital in one location near Ellsworth Air Force Base or in Rapid City to combine the services.
- Close the VA hospitals in Hot Springs and Fort Meade and consolidate services in Rapid City.

- Keep Hot Springs and Fort Meade open and add a large outreach program with regional hospitals. Use Southern Nevada Veterans Outreach program as a model.
- Open VA CBOCs in other communities (Alliance, Spearfish, others).
- Add a services agreement with Box Butte General Hospital in Alliance to save drive time. (Note: This is one of the 18 critical access hospitals for which purchased care would become available in the proposal for reconfiguring VA BHHCS health services; see Section 2.1).
- Close the VA in Hot Springs and let Veterans go to their own private doctors.
- Develop modern and new medical facilities to attract and retain more qualified staff.
- Expand telemedicine (telehealth) services to reduce time and expense for traveling to receive care.
- Allow Veterans to use available domiciliary space as overnight accommodations when traveling to receive care.

Other comments submitted during scoping were not stand-alone alternatives but pertained to one or more of Alternatives A through G.

2.5 Comparison of Environmental Impacts of Alternatives

The Executive Summary contains a table that summarizes the potential environmental impacts of the evaluated alternatives, by environmental resource, based on the analysis presented in Chapter 4 of this EIS.

2.6 Preferred Alternative

VA BHHCS's preferred alternative is Alternative A, which would add purchased care from 3 tertiary and 26 secondary community providers, construct an MSOC and 100-bed RRTP facility in Rapid City, construct a CBOC in Hot Springs, discontinue services at the Hot Springs campus including the Battle Mountain Sanitarium National Historic Landmark, and identify and approve appropriate re-use of the Hot Springs campus under Supplemental Alternative G. Alternative A, with or without Supplemental Alternative G, would meet the purpose of and need for action.

2.7 Environmentally Preferable Alternative

Based on the potential environmental impacts identified in Chapter 4 and the available mitigation identified in Chapter 5, the environmentally preferable alternative is Alternative F, No Action. This conclusion is based on the following determinations:

- Potential impacts from Alternatives A through E, with mitigation measures applied, would be negligible to minor to aesthetics, noise, land use, floodplains and wetlands, solid waste and hazardous materials, community services, transportation and traffic, utilities, and environmental justice. Alternative F would have no impacts to these resources, with the exception of negligible impacts from ongoing generation of solid waste and hazardous materials, short-term noise during renovations, and continued use of utilities.

- Potential construction-related impacts to air quality, geology and soils, hydrology and water, and wildlife and habitat are generally proportional to the ground surface area disturbed. Alternatives A through E would disturb from 2 to 25 acres. Alternative F would not disturb any ground surface.
- Alternative E has the greatest potential for impacts to the Battle Mountain Sanitarium National Historic Landmark, as a result of proposed expanded operations, renovations, and construction on the VA Hot Springs campus. Alternative D has the most potential for affecting as-yet unidentified cultural resources from off-campus construction, depending on the locations selected for new facilities. Alternative F would have no off-campus effects and the least amount of on-campus construction or renovations.

Alternative F does not meet the purpose of and need for action.