

# Soldiers' Home In Holyoke

**Rapid Planning Phase – Needs Assessment & Implementation Roadmap**



EXECUTIVE OFFICE OF  
HEALTH AND HUMAN  
SERVICES

**PAYETTE**



INNOVA | Healthcare Solutions

Soldiers' Home in Holyoke - Board of Trustees Meeting | December 16, 2020



# Soldiers' Home in Holyoke Needs Assessment Study

## Project Overview

### Rapid Planning Objectives

1. Assess evolving long-term care needs for Veterans
2. Engage stakeholders
3. Test site capacity
4. Assess programming and services and identify best care delivery options for future (i.e. long-term care, adult day health)
5. Identify potential redevelopment scenarios
6. Explore funding options for development and operations.
7. Establish an implementation roadmap for transforming the Soldiers' Home in Holyoke



### We completed 10 stakeholder workshops and debriefs

This included outreach to all veteran residents of the Home, their family members and healthcare proxies, Holyoke Soldiers' Home employees, Massachusetts veterans' groups, Legislators, and local and federal partners.



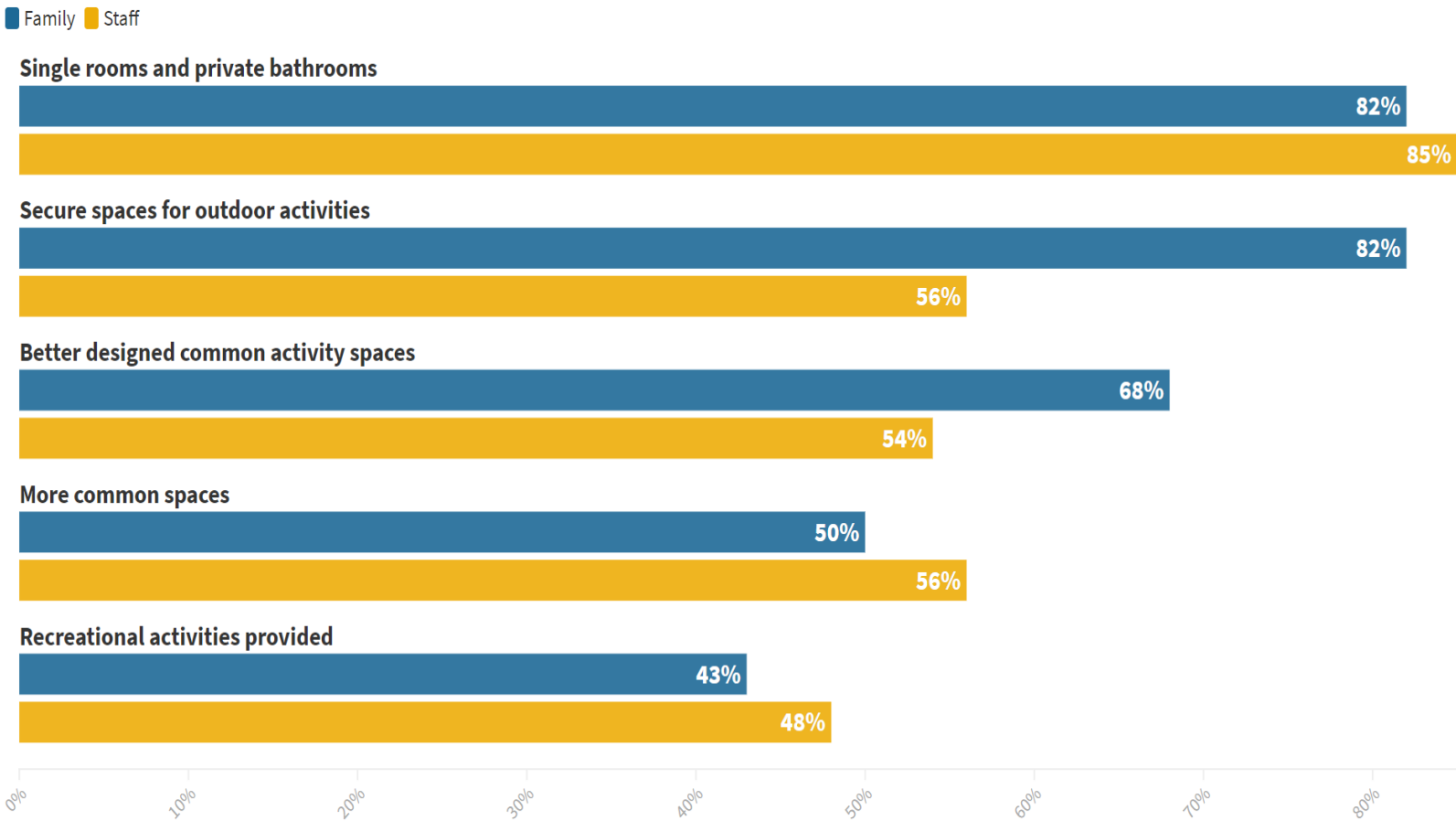
### 352 Respondents

as of Oct 07, 2020

5	Residents (1.4%)
63	Family Members (18%)
51	Staff Members* (14.5%)
56	Federal/State/Local Officials (16%)
92	Veteran Community Members** (26%)
85	Others (24%)

\* 27% of Soldiers' Home Staff

\*\* Non-resident veterans



### Top Design Priorities

As you look ahead to your future care needs, what best describes how you are looking to receive long-term care?

21

Responded they would like to

- stay at their private residence
- receive skilled nursing at home/within the community
- or stay at home as long as possible.

16

Responded they would like to

- transition from private residence to either the Soldiers' Home
- or other Long-Term Care facility at some point.

- **Sense of Community**
  - Veterans chose the Soldiers' Home because of the sense of community it offers
- **Importance of Common Spaces**
  - Common spaces are important – for recreation, dining, exercise, hobbies, and for shared activities
  - Canteen areas should be designed to accommodate entertainment events
  - Residents enjoy the small vegetable garden and the greenhouse
  - Even locked units could benefit from a sunroom and a quiet/sensory room
- **Room Preference**
  - When asked about a preference for private or semi-private rooms, there was a mixed response. Some preferred the privacy, others liked the companionship (depending on roommate)
  - Need for additional storage, and a place to store personal belongs
  - Need for user-friendly temperature control within rooms



- **Admission Trends**
  - In the past most were coming from nursing homes. They are seeing more coming from the private homes/apartments in recent years
- **Common Spaces & Outdoor Access**
  - Need for larger canteen area to support entertainment events
  - Some residents enjoy being outside. A stronger volunteer program would help to offset limited staff availability to escort residents.
  - Solarium could be made available for family visits and events
- **Communication**
  - Some staff would like more direct interaction with administration
- **Staff Support Spaces**
  - Most office staff don't have a place to secure their belongings if they don't have a lockable drawer at their desks.

# Major Program Components to Consider

## Program Definition

### LONG TERM CARE

Modern Long Term Care Facility, with Skilled Nursing

VA Small Home model

Single vs. semi-private resident rooms

### ADULT DAY HEALTH

Demographic need & community request

Could be opportunity to partner with community

### OUTPATIENT SUPPORT

Opportunity to partner with VA sites or community

General outpatient care, dental

### DOMICILIARY

Potential move to a more therapeutic model (per VA funding requirements)

- Census
- Small home model
- Staffing
- VA involvement and input





### Site Limitations

- The current Soldiers' Home site has building expansion constraints due to the existing topography, setbacks, and density of vegetation

### Parking Requirements

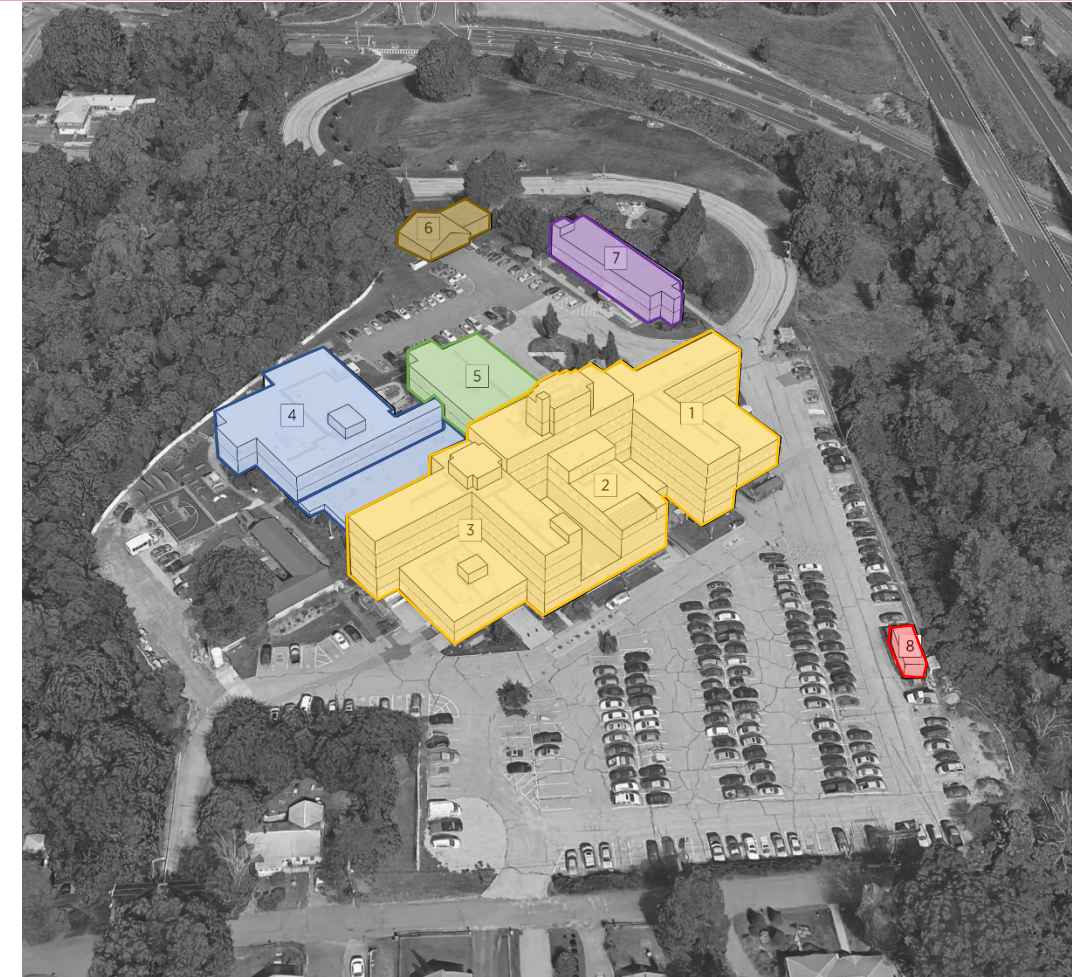
- VA does not provide grant funding for structured parking
- Currently there are 172 beds requiring 227 spaces. The current site capacity is 230 spaces
- Increasing bed count to 200 combined with staff and visitor parking for Adult Day Care would increase need to +/- 247 parking spaces

- OPTIMAL BUILDABLE AREA
- STEEP GRADES, DENSE VEGETATION
- SETBACK LINE

# Existing Building Condition

## Site & Building Constraints

- 1 **East, West, and South Wing (1952)**
  - Part of original campus
  - Likely asbestos
- 2
  - Aging exterior masonry
  - Oversized kitchen
- 3
  - Low-floor-to-floors
  - Site paving/sidewalks in poor condition
  - Elevators need repair or replacement
  - ADA issues
- 4 **Dementia Wing (1972)**
  - End of life roof
  - Seismic reinforcement needed for parapet walls (per FCA)
  - ADA Issues
  - Inefficient Resident Units
- 5 **North Wing (1972)**
  - ADA Issues
  - Inefficient Resident Units
- 7 **Domiciliary (1952)**
  - Part of original campus
  - Moisture/mold issues
  - Aging exterior masonry
- 6 **Chiller Plant (2006)**
  - Located at grade (resiliency concerns)
  - Requires relocation for an addition or expansion scheme
- 8 **Emergency Generator (1998)**
  - Located at grade (resiliency concerns)





Bed Count	Peak Staff	HSH Method	VAPDM @ 85% Staff	VAPDM @ 100% Staff
172	166	266	197	227
200	193	293	217	247
225	217	317	237	277
250	242	342	267	297

- Current site – 230 parking spaces
- Does not include Adult Day Health



**We may not have sufficient site capacity to accommodate significant increases in bed count, staffing, visitors, and additional parking needs for any expanded on-site programs.**

### *Current data is suggesting:*

- The data suggests a 150 – 200 bed capacity based on:
  - Demographic decline
  - National trend toward home and community-based support
  - Adult Day could potentially decrease Long-Term Care bed need
  - Available building area and topographic constraints
  - Parking capacity on site
  - Higher construction cost
  - Higher operating costs
  - Phased construction to maintain existing facility operations
- Leveraging regional outpatient care facilities will reduce need for on-site outpatient functions
- Transitioning domiciliary function VA (RRTP) and/or community partners



# Adult Day Health

## Study Findings

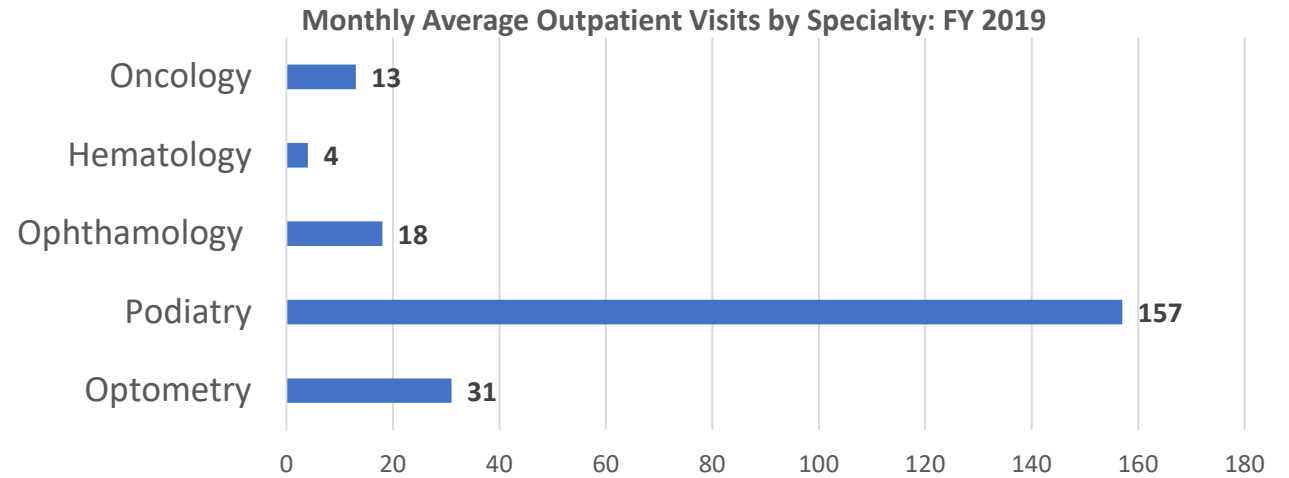
### *Current data is suggesting:*

- An Adult Day Health (ADH) program was highly recommended through the survey responses and stakeholder workshops
- A certifiable study was completed to renovate a portion of the existing Home into an ADH for 40 – 50 Veterans
- ADH may be able to share limited functions with the residential facility such as the Rehabilitation area and Kitchen



### *Current data is suggesting:*

- With the exception of Podiatry, outpatient specialties are currently under-utilized
- To be sustainable, these specialties should see a minimum of 1,400 to 2,500 visits per exam room.
- The VA would like to see greater utilization of regional Community-Based Outpatient Clinics in Worcester and at the soon to be completed expansion in Springfield



### Current domiciliary location poses significant challenge to accommodating replacement LTC while keeping existing facility operational

- Currently houses ~20 residents
- Not equipped to serve as a residential mental health or substance use treatment facility (VA RRTP or MH RRTP models)
- Community options such as Soldier On may be a better alternative.
- Survey responses from family and staff suggests limited desire to retain the domiciliary
- Requires extensive renovation
- While data suggest phasing out the domiciliary, current residents may not be required to vacate





### Existing Program

- 235 Long-term Care Beds
- No Adult Day Health
- Outpatient Clinics
- 30 Bed Domiciliary Program

### Proposed Program (2020 Needs Assessment)

- 180-204 Long-term Care / VA Small House Beds
- 40-50 person Adult Day Health
- Enhanced Infection Control measures
- Adaptable Common/Community Space
- Accessible outdoor green space
- Improved support and admin spaces
- Domiciliary to be phased-out to accommodate new LTC facility



### VA Construction Grant Requirements by August 1, 2021

- State authorization for the project - copy of legislation appropriating the funds or statement from state budget official outlining source of funding
- Certificate of state matching funds - certifying that 35% of the total project cost are available on 8/1/21 and that no further state action is needed to make funds available

**Confirmation of project scope  
and budget**

**Jan/Feb 2021**

**Deadline to submit VA Grant  
Initial Application**

**April 15, 2021**

**Deadline to submit VA Grant  
Funding Commitments**

**August 1, 2021**