



Department of Veterans Affairs

VA Construction & Facilities Management

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***American Council
of Engineering Companies***

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VA Mission & Vision

■ Mission

- To fulfill President Lincoln's promise “To care for him who shall have borne the battle, and for his widow, and his orphan” by serving and honoring the men and women who are America’s veterans.

■ Vision

- To provide veterans the world-class benefits and services they have earned - and to do so by adhering to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship



VA Services for Veterans

■ Health Care

- 86 Million Outpatient Visits This Year
- 61 Thousand Inpatients Per Day

■ Benefits

- 3.5 Million Veterans Receiving Compensation
- 800,000 Veterans Receiving Education Support
- 320,000 Veterans Receiving Guaranteed Home Loans Support

■ Memorial Benefit

- 114,000 Burials in National Cemeteries
- 3.1 Million Graves Maintained
- 320,000 Headstones Provided for Veterans in Private Cemeteries



OEF/OIF Veterans

(data through FY 2010)

- 1,250,663 OEF/OIF Veterans have left Active Duty
 - 666,442 Former Active Duty Troops
 - 584,221 Reserve and National Guard
- 2.2 Million Troops Have Served
- 625,384 of Total Separated Have Obtained VA Health Care
 - 589,151 Seen As Outpatients
 - 35,233 Have Received Inpatient Hospitalization
 - 51% of Former Active Duty Troops
 - 49% of Reserve and National Guard
 - OEF/OIF Veterans Represent Approximate 7% of Veterans Provided Health Care Services



Strategic Capital Investment Planning

- VA Has Implemented a New Capital Investment Decision Making Tool – SCIP
- Designed to Select Investments that Best Improve Quality, Access, and Cost efficiency of the Delivery of Benefits and Services to Veterans
- Results in a Single, Department-wide, Integrated and Prioritized list of capital projects Across all Capital Accounts Including Major and Minor Construction, NRM and Leases
- SCIP Will Be an Annual Process



VA Facilities Inventory

- 5,500 Buildings
- 1,600 Leases
- 142,000,000 SF
- 34,000 Land acres
- Average age approaching 60 years



Components of SCIP

- Comprehensive Space Analysis
- Gap Analysis
- Strategic Capital Assessment
- 10 Year Action Plan
- Budget Formulation
- Feedback



Performance Gaps Addressed Through SCIP

- Right Size Space Inventory
- Ensuring Equitable Access for Veterans
- Correcting Facility Condition Deficiencies
- Ensuring Sufficient Workload capacity
- Energy and Sustainability
- Safety and Security



SCIP Initial 10-Year Capital Magnitude Cost Estimates (Millions)

▪ Major Construction	\$15,922
▪ Leases	3,979
▪ Minor Construction	4,313
▪ NRM	6,879
▪ Other	590
▪ Out Year Planning	16,106
▪ Below Threshold	2,834
▪ Partially Funded Major	4,403
▪ Total	\$55,026



SCIP Decision Criteria

- Improve Safety and Security
- Major Initiatives
- Fixing What We Have
- Increasing Access
- Right-Sizing the Inventory
- Ensure Value of Investment



Real Property Program

■ Leasing

- Many VA facilities are leased – particularly CBOCs
- Varying approvals required based on space and rent levels
- Congressional approvals if rent is greater than \$1 million
- CFM's Real Property Service manages the acquisition of large leases
- Local or VISN personnel manage smaller leases
- 18 million leased square feet (12.7% of VA Inventory)



Major Leasing Initiatives

▪ FY 2011

- Billings, MT – Outpatient Clinic – 70,000 NUSF
- Boston, MA – Outpatient Clinic – 29,000 NUSF
- San Diego, CA – Outpatient Clinic – 164,000 NUSF
- San Francisco, CA – Research Lab – 50,000 NUSF
- San Juan, PR – Mental Health Facility – 52,000

▪ FY 2012

- Ft Wayne, IN – Outpatient Clinic – 27,000 NUSF
- Mobile, AL – Outpatient Clinic – 65,000 NUSF
- Rochester, NY – Outpatient Clinic – 84,000 NUSF
- Salem, OR – Outpatient Clinic -- 26,000 NUSF
- San Jose, CA – Outpatient Clinic – 72,000 NUSF
- South Bend, IN – Outpatient Clinic – 39,000 NUSF
- Springfield, MO – Outpatient Clinic – 68,000 NUSF

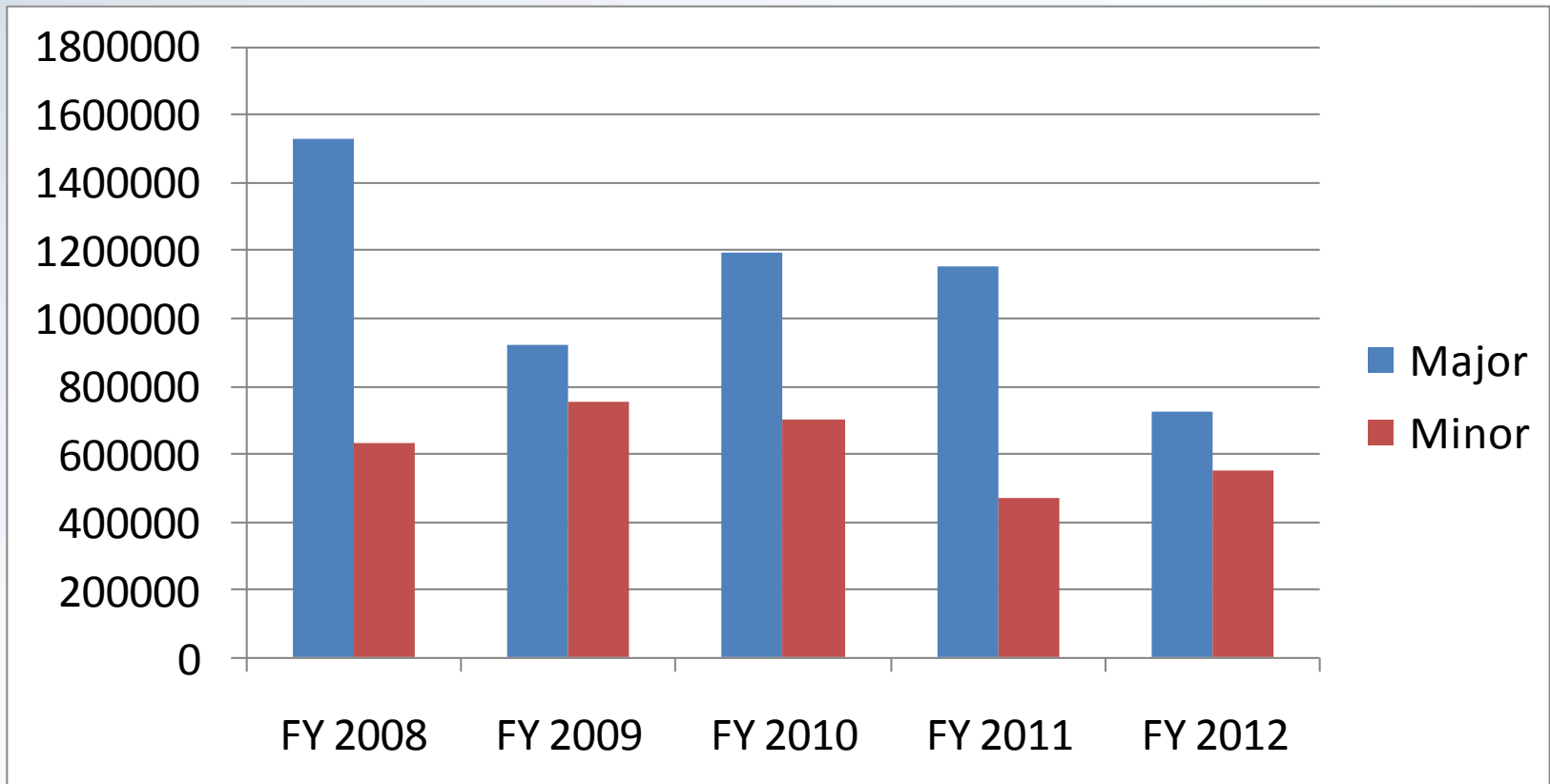


Major Construction

- Projects with a cost greater than \$10 Million
- Requires a line item appropriation by Congress
- Also requires a specific authorizing legislation for medical projects
- Typically designed by an Architectural/Engineering Firm and constructed by a general contractor selected based on a combination of quality and price



Construction Funding (\$000's)





FY 2011 Major Project Funding

▪ New Orleans	New Hospital	\$310,000,000
▪ Denver	New Hospital	\$450,700,000
▪ Palo Alto, CA	PRC/OP Care	\$30,000,000
▪ Alameda Point, CA	OPC/Cemetery	\$17,332,000
▪ Omaha	New Hospital	\$56,000,000
▪ Indiantown Gap, Pa	Cemetery Expansion	\$23,500,000
▪ Los Angeles	Cemetery Expansion	\$27,600,000
▪ Tahoma, WA	Cemetery Expansion	\$25,800,000



FY 2012 Major Construction Funding

▪ New Orleans	New Hospital	\$60,000,000
▪ Denver	New Hospital	\$42,000,000
▪ San Juan	Seismic Corrections	\$100,720,000
▪ St. Louis	Medical/Cemetery	\$80,000,000
▪ Palo Alto	PRC/OP Care	\$75,900,000
▪ Bay Pines, FL	VAMC Improvements	\$43,970,000
▪ Seattle	Seismic	\$47,500,000
▪ Reno	Seismic (D)	\$21,380,000
▪ West Los Angeles	New D & T Center (D)	\$50,790,000
▪ San Francisco	Seismic (D)	\$22,480,000
▪ Honolulu	Cemetery	\$23,700,000



CFM Initiatives

- VA Facilities Management Transformation
- Improved Master Planning
- Improve VA's Project Management Process
- Establish a VA Facilities Management School
- Acquire Business Management Tools
- Evaluate Major Construction Contracting Approaches



Thank You

- Available Resources
 - CFM Web Site: www.cfm.va.gov
 - VA FY 2012 Budget & Capital Plan:
 - www.va.gov/budget/products.asp