

TESTIMONY OF PAUL BARABANI,
Former Superintendent of the Soldiers' Home in Holyoke
Joint Committee on Veteran and Federal Affairs
Hearing On Soldiers' Homes Reform
September 29, 2021

Good Morning Chairman McMurtry and Chairman Velis,

My name is Paul Barabani, I served as superintendent of the Soldiers' Home in Holyoke from March 2011 until January 2016, and therefore feel that I have a unique perspective and understanding of the issues relating to the Home as well as to the Veteran community in general.

I am an active member of the Holyoke Soldiers' Home Coalition, however, speak today not on behalf of the Coalition, but as an individual. I fully support the Coalition's position as presented by John Paradis and plan to discuss upcoming challenges and potential solutions that this committee may entertain. Following my main presentation, I will make a statement and ask a few questions based on John and Cheryl's statements regarding the proposed bills.

The unanimous vote by both chambers of the legislature to fully fund a new Soldiers' Home in Holyoke was an historic event for Veterans and families across the state. This action, in conjunction with the ongoing construction of a new Soldiers' Home in Chelsea clearly demonstrate the state's commitment to those who have sacrificed to preserve our freedom.

The design of both facilities is consistent with the Department of Veterans Affairs "Small House" concept for long term care. The small house concept is based upon the Green House Project which opened its first home in 2003, with the intention of transforming the culture of long-term care. There are three recognized models in long-term care:

- (1) The "**Medical Model**" which "puts all of the control over the lives of the residents in the hands of the medical personnel"... "all aspects of daily life, such as bed and meal times are controlled by the medical professionals with little consideration of the impact on the residents".
- (2) The "**Person-Centered**" Care model, in which the residents are better informed and have some choice within existing routines. The preferences of the residents are considered when creating the plan of care. But overall, the majority of the power remains with the health care professional.

(3) The “**Person-Directed**” Care model empowers the individual to direct their own care. It gives more control to the resident by enabling self-determination, freedom, choice, and autonomy. Staff members organize their schedule to meet the needs of the residents. Residents can choose when to wake in the morning and have a breakfast of their choice, when they want it.

Without a well thought out and executed plan to transition from the Medical Model to the Person-Directed Model, the construction of the \$400 million Small House facility in Holyoke will provide an improved physical living environment, but it will not result in the desired improvement in the both quality of life and quality of care that is associated in the person-directed model.

The Green House model reworks the traditional hierarchy that exists in nursing homes with a self-managed work team. A new position, the **Shahbaz**, a certified nursing assistant (CNA) with an additional 128 hours of training in topics such as food preparation, cardiopulmonary resuscitation (CPR) and team building, coordinates care with the other members of the care team. In addition to traditional health-related responsibilities, they perform tasks such as grocery shopping, cooking, and cleaning.

We anticipate that it will be a challenge to properly staff the new Soldiers’ Home in Holyoke using the traditional model. This will be exacerbated by attempting to implement the Green House Model. I know of no training program in Massachusetts to train Shahbaz to perform the duties as depicted in the Green House Model. Some possibilities could include establishing a certification program at community colleges especially those near the Soldiers’ Homes, such as Holyoke Community College and Springfield Technical Community College. This matter could be addressed with the Department of Higher Education and the Secretary of Labor and Workforce Development to possibly establish programs under the Training Workforce Options program.

A new position description would have to be developed and approved. Duties of housekeeping and culinary staff may be diminished by expanding CNA duties to that of the Shahbaz, which includes meal preparation and light housekeeping.

Leaders must be trained and traditional barriers to change such as apathy, fear, and resistance to change must be overcome. Staff and leadership may believe that nothing is wrong with the system and the attitude of “we have always done it this way” may prevail.

I bring this matter to your attention now, to allow for appropriate study, inter-agency coordination, benchmarking visits and other measures resulting in implementation of a culture change program at both homes to maximize the quality of life and care for residents at the Soldiers’ Homes, and to ensure the new facilities are utilized as designed. Additionally, the hiring of administrators with experience in the small house concept would facilitate this transition. As we have tragically learned, leadership matters.

Not long ago, the Soldiers’ Home in Holyoke had the reputation as the employer of choice in western MA, where “You had to know someone to get in”. Unfortunately, the well documented and ignored understaffing led to mandating of overtime and poor morale which has tarnished the image of the home. I suggest consideration be given to special salary incentives for both new hires and retention bonuses for qualified personnel to stabilize and increase full time staffing and eliminate the need for agency staff which will result in an improvement in the continuity and therefore quality of care.

Culture change is one of potentially many other concerns that people across the state may have. To allow for input to this committee regarding potential legislation affecting the homes, consideration could be given to the following:

- a. Public input sessions, thus allowing for additional input from families specifically addressing what reforms they feel would improve care.
- b. Benchmark visits/calls to best-in-class state homes; to include those that have transitioned to the small house model.
- c. A vehicle to ensure input from Massachusetts Veteran’s Service Officer Association. What do they see as unfulfilled needs of Veterans, such as dental care formerly provided at the Soldiers’ Home in Holyoke for both residents in the Home as well as for out-patient care for Veterans in the community?
- d. A method to get input from Veteran Organizations.

In closing, I will address the proposed bills. It is my belief that the purpose of a board of trustees is to insulate an institution from political pressures of any one administration.

I contend that the Soldiers' Homes were established as separate agencies with their own board of trustees and line item in the budget to maintain their autonomy and to ensure the adequacy of resources to conduct their mission could be provided by the legislature, essentially a system of checks and balances.

When I was selected by the board of trustees as superintendent in 2011, I reported directly to an Assistant Secretary at EOHHS and attended monthly agency head meetings with the Secretary of EOHHS, much like the Commissioner for the Deaf and Hard of Hearing and the Commissioner for the Blind did. The experiment of placing the Homes under DVS has proven to be a failure, since it added an unnecessary layer of bureaucracy which impeded efficient communication and contributed to the delayed response to the situation at the Soldiers' Home.

Let me pose a few questions to the members of this committee and to all legislators who may be listening. What if this was a hearing on higher education and you were looking at the oversight and governance of our public colleges and universities:

1. Would you be in favor of eliminating local boards of trustees for community colleges in favor of a single state-wide advisory board?
2. Would you vote to give the Governor the authority to select and be able to remove the president of every college and university in the Commonwealth? And their provost?
3. If the state decided to provide long-term-care for educators; would you allow those facilities being run by the Department of Education?

If you answered "No" to any of these questions, why would you entertain the proposals in SB 2765 and HB 4474 to eliminate the boards of trustees and give the Governor more control over the homes than he had before the tragedy that struck the Soldiers' Home in Holyoke?

I fail to see how their recommendations, to include

- a. eliminating the boards of trustees
- b. renaming of the homes after a Veteran,
- c. elevating the commissioner of Veteran Services to a cabinet level position,
- d. and giving the governor authority to select and remove both the superintendent and deputy superintendent at both homes,

rectify the problems identified by the Joint Oversight Committee's investigation. What they do is eliminate a beneficial firewall which currently provides a system of checks and balances.

Alternatively, I recommend renaming the Homes as **Veteran Homes**, as opposed to Soldiers' Homes to be more inclusive of Marines, Sailors, Airmen and future Guardians at the homes as is the practice in nearly all other states in the nation.

I thank you for this opportunity to provide my input and realize that this is the first step by the committee to draft meaningful legislation designed to ensure the safety and well-being of Veterans. This will likely be a time consuming and deliberate process; however, by listening to stakeholders and with a true commitment to the needs of Veterans; we can get it right.

NOTE: Information on the small house model was extracted from two main source documents, as follows:

1. Culture Change in Skilled Nursing, published June 21, 2021, originally published by the Journal of Housing for the Elderly in 2019 By Lori Gonzalez and Lisa Rill.
<https://claudepeppercenter.fsu.edu/culture-change-in-skilled-nursing/>
2. Culture Change in Long Term Care-by Cynthia Holzer MD,CMD, AGSF
<https://pogoe.org/sites/default/files/Culture%20Change%20in%20Long-Term%20Care.pdf>