

# MARYLAND HEALTH CARE COMMISSION

**Certificate of Need Application  
Seasons Residential Treatment Program, LLC  
Prince George's County**



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## LIST OF EXHIBITS

- Exhibit 1: Zoning and Legal Property Description
- Exhibit 2: Allentown Road Purchase and Sale Agreement
- Exhibit 3: Centers for Medicare and Medicaid PRTF Description
- Exhibit 4: Post Discharge Data: 3 Year Evaluation
- Exhibit 5: Project Drawings
- Exhibit 6: MD DJS: 2013 Residential and Community-Based Services Gap Analysis
- Exhibit 7: FY 2014 Out of Home Placement And Resource Guide
- Exhibit 8: Executed contract from District of Columbia Office of Contracts  
Procurement for Department of Youth and Rehabilitation Services
- Exhibit 9: District of Columbia data
- Exhibit 10: Inpatient Psychiatric Services Federal Statute
- Exhibit 11: Trauma Informed Interventions (Course overview)
- Exhibit 12: Dialectical Behavior Therapy (FAQ's)
- Exhibit 13: New Hire Training Schedule and Course Outline
- Exhibit 14: Audited Financial Statements
- Exhibit 15: Letters of Support/MOU

## **LIST OF CHARTS AND TABLES**

- Chart 1: Project Construction Characteristics  
Table 2: Statistical Projections- Proposed Project  
Table 4: Revenue and Expenses- Proposed Project  
Table 5: Manpower Information



6. Person(s) to whom questions regarding this application should be directed: (Attach sheets if additional persons are to be contacted)

- |    |   |    |       |   |
|----|---|----|-------|---|
| a. | <u>Tyeaesis Johnson, Owner</u><br>Name and Title                          | a. | _____ | Name and Title                            |
| b. | <u>1101 30<sup>th</sup> Street, NW, 4<sup>th</sup> Floor</u><br>Street    | b. | _____ | Street                                    |
| c. | <u>Washington, DC, 20007</u><br>City                      Zip      County | c. | _____ | City                      Zip      County |
| d. | <u>202 295-1280</u><br>Telephone No.                                      | d. | _____ | Telephone No.                             |
| e. | <u>202 452-8555</u><br>Fax No.  | e. | _____ | Fax No.                                   |

7. Brief Project Description (for identification only; see also item #14):

[This section has been revised](#)

Seasons Residential Treatment Program, LLC, is a (proposed) 72-bed Psychiatric Residential Treatment Facility (PRTF). If approved, the program will meet all regulatory standards required by the State of Maryland to operate a licensed Residential Treatment Center (RTC) and will seek immediate certification to operate and accept youth who meet all the clinical, safety and service standards set forth by the Center for Medicare and Medicaid (CMS) and the Department of Health and Mental Hygiene (DHMH) for admission to a PRTF program.

The program aims to provide perpetual, around-the-clock admissions and intensive therapeutic services delivered by licensed and experienced clinical staff. We will admit male and female residents between the age of 13 and 21 with a clinical history of diagnosed (DSM-IV) mental illness. The adolescents and young adults we plan to serve will generally require treatment for more severe and chronic behavior disorders, emotional challenges and trauma-related mental illness. These youth will likely suffer from a history of substance abuse, a co-occurring disorder, prevalent in youth who have suffered traumatic experiences.

The youth we plan to serve will benefit from a more rigorous clinical program, are among the toughest to place in traditional residential programs and have a high rate of recidivism. Seasons Residential is designed to treat the most refractory residents with a history of multiple “out of home” placements. Our model delivers clinically sound, culturally competent, evidenced-based treatments and multi-disciplinary assessments designed to meet the immediate and long-term needs of our residents.

The program is divided in to two (2) treatment tracks: An assessment unit and a residential program. The diagnostic and assessment inpatient unit is designed to work

closely with stakeholders to help make informed decisions about next level of care placement.

The average length of stay for the residential program is *6 months*. We are confident that the proven clinical rigor of the treatment program will translate in to better family and community reintegration.

An integral part of success reintegration for youth who meet this level of care includes participation in a needs-specific educational program. Our youth will likely have significant gaps in their academic record and come to us with individualized education plans and special education needs. Our academic program will include day and residential students and will meet all the requirements outlined by the State of Maryland Department of Education for a *Type 1, Special Education School*.

We will employ experienced special and general education teachers, advanced technology and creative learning tools to overcome issues of credit recovery, remedial needs and academic placement. Seasons Residential Treatment Program will also provide vocational, career technical, life skills and independent living programming for older residents and youth who have earned their high school or general education diploma (GED).

As part of our commitment to excellence, we will continue our partnership with the University of North Carolina-Wilmington to track and report youth progress in this program. Currently, we track youth three (3) years post-discharge. These data will be made available to all relevant stakeholders, including federal and state agencies, parents and community based providers.

We plan to build a 55,000 square foot building on the 16.01-acre site located on Allentown Road in Fort Washington, Maryland and Prince George's County. The site is currently void of any structure. The new construction will adhere to all local and state licensing and occupancy standards and meets all local zoning requirements for the intended use. The program will maximize the latest technology and best practices in all therapeutic, residential and academic areas in the new building.

The new construction will also meet the physical plant standards necessary to certify as a Psychiatric Residential Treatment Facility in the new building. The nature and intensity of services for a PRTF are outlined later in this application and are defined in **43 C.F.R. 483.352**.

8. Legal Structure of Licensee (check one from each column):

- |    |                  |                            |                     |
|----|------------------|----------------------------|---------------------|
| a. | Governmental ___ | b. Sole Proprietorship ___ | c. To be Formed ___ |
|    | Proprietary ___  | Partnership ___            | Existing ___        |
|    | Nonprofit ___    | <b>Corporation X</b>       |                     |
|    |                  | Subchapter "S" ___         |                     |

9. Project Services (check below, if applicable):

Service	Included in Project
ICF-MR	
ICF-C/D	
Home Health Agency	
Residential Treatment Center	
Ambulatory Surgery	
Other (Specify) Certified <b>PRTF*</b>	YES

\*The proposed program will be licensed as a Residential Treatment Center (RTC), however, we are petitioning the Commission to differentiate the program and Need standard based on the *level and intensity* of services we wish to provide. The program is designed to support an intensive service model and will seek post-license certification for a Psychiatric Residential Treatment Facility (PRTF), as outlined in **42 C.F.R. 483.352** and described in greater detail in this application.

10. Current Capacity and Proposed Changes:

Service	Unit Description	Currently Licensed/ Certified	Units to be Added or Reduced	Total Units if Project is Approved
ICF-MR	Beds	___/___		
ICF-C/D	Beds	___/___		
Residential Treatment	Beds	___/___		
Ambulatory Surgery	Operating Rooms			
	Procedure Rooms			
Home Health Agency	Counties	___/___		
Hospice Program	Counties	___/___		
Other (Specify) <b>PRTF</b>	Beds			72
<b>TOTAL</b>				72

11. Project Location and Site Control:

- A. Site Size 16.1 acres
- B. Have all necessary State and Local land use approvals, including zoning, for the project as proposed been obtained? YES \_\_\_ NO X (If NO, describe below the current status and timetable for receiving necessary approvals.)\*\*  
See Attached: **Exhibit 1.**

\*\*Site is currently zoned RA, which allows for our intended use. Site will require a water and sewer category change. This process will start once the CON has been awarded.

Estimated submission date of 8/1/15 and approval date of 9/1/15. Site will require subdivision once water and sewer category change has occurred. Estimated subdivision process start date is 9/1/15 and subdivision approval date of 9/6/2016.

Estimated date to obtain all necessary State and Local land use approvals is 9/6/2016.

C. Site Control:

(1) Title held by: Roman Catholic Archdiocese of Washington, D.C.

See Exhibit 2

(2) Options to purchase held by: Seasons Residential Treatment Program, LLC

(i) Expiration Date of Option: No Expiration Date

(ii) Is Option Renewable? Y If yes, Please explain:

A: Agreement is written in such a way that buyer can extend due diligence/ feasibility period for as long as needed to obtain certificate of need and agency state approvals.

(iii) Cost of Option:

A: Buyer has agreed to pay the ongoing property tax and maintenance of the parcel in exchange for not having an expiration date on the option. Property tax and maintenance to be paid out of escrow funded by buyer and shall not exceed \$7,000 per year.

(3) Land Lease held by: N/A

(i) Expiration Date of Lease \_\_\_\_\_

(ii) Is Lease Renewable \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

(iii) Cost of Lease \_\_\_\_\_

(4) Option to lease held by: N/A

(i) Expiration date of Option \_\_\_\_\_

(ii) Is Option Renewable? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

(iii) Cost of Option \_\_\_\_\_

(5) If site is not controlled by ownership, lease, or option, please explain how site control will be obtained: NA

\_\_\_\_\_

**(INSTRUCTION: IN COMPLETING ITEMS 12, 13 & 14, PLEASE NOTE APPLICABLE PERFORMANCE REQUIREMENT TARGET DATES SET FORTH IN COMMISSION REGULATIONS, COMAR 10.24.01.12)**

Responses have been revised.

12. Project Implementation Target Dates (for construction or renovation projects):
- A. Obligation of Capital Expenditure **zero (0)** months from approval date.
  - B. Beginning Construction **eighteen (18)** months from capital obligation.
  - C. Pre-Licensure/First Use **thirty (30)** months from capital obligation.
  - D. Full Utilization **thirty (30)** months from first use.
13. Project Implementation Target Dates (for projects not involving construction or renovations): **N/A**
- A. Obligation of Capital Expenditure \_\_\_\_\_ months from approval date.
  - B. Pre-Licensure/First Use \_\_\_\_\_ months from capital obligation.
  - C. Full Utilization \_\_\_\_\_ months from first use.
14. Project Implementation Target Dates (for projects not involving capital expenditures): **N/A**
- A. Obligation of Capital Expenditure \_\_\_\_\_ months from approval date.
  - B. Pre-Licensure/First Use \_\_\_\_\_ months from capital obligation.
  - C. Full Utilization \_\_\_\_\_ months from first use.
15. Project Description:  
Provide a summary description of the project's construction and renovation plan and all medical services to be establish, expanded, or otherwise affected if the project receives approval. Please attach this description as a separate sheet or section to your application.  
**(Page 12-16)**

## **Project Description**

This entire section has been revised

Seasons Residential Treatment Program is a proposed 72-bed residential program designed to support the needs of male and female residents between the ages of 13 and 21. We will serve youth in a safe, secure and healthy environment. Residents will receive medical evaluations and treatment, based on their specific needs under the direct supervision of experienced psychiatrists and nurses. Our clinical team will provide treatment and accept appropriate admissions 24 hours per day, 365 days per year.

The youth in our program will come to us with significant emotional and behavioral challenges, diagnosed mental illness, likely substance abuse and a pattern of academic truancy. Our youth will be among the toughest to place in traditional residential programs, have a high rate of recidivism in RTC settings, meet the requirements for PRTF level of care and most likely failed in multiple community-based programs. Our goal is to return these youth to their family and community with the appropriate, sustainable tools to cope and manage their illness.

Under the direction and supervision of our licensed and board-certified psychiatrists, the multi-disciplinary team will employ a holistic, evidenced-based, trauma-informed, approach to care. Our staff will draw on the most recent and relevant culturally competent, theoretical and applied treatment modalities and “best-practice” safety measures to support youth presenting with all forms of trauma, aggressive behaviors and co-morbid substance abuse. Seasons Residential Treatment is designed for short-term, intensive placement, with a proposed average length of stay in our residential program of approximately (six) 6 months.

Our experienced team will serve a broad range of needs and will be adept at adjusting individual treatment plans and tweaking therapeutic resources to address more local issues of gang violence, gender identity and sex and human trafficking. The goal is to provide flexible, appropriate programming and interventions based on the specific needs of each resident. We also plan to provide intensive post –discharge support through community-based partnerships and track resident success through an independent entity.

The proposed site for Seasons Residential Treatment Program is located on a 16.01 acre site on Allentown Road (Parcel Number 09-23334) in Fort Washington, Maryland and Prince George’s County. The building and site plan is designed to maximize peer interaction and personal development consistent with the goal of community and family reintegration. The building will meet all federal, state and local regulatory requirements.

If the proposed project is approved and licensed by the Maryland Department of Health and Mental Hygiene, Seasons Residential Treatment Program will seek Psychiatric Residential Treatment Facility (PRTF) certification based on federal standards mandated by the Center for Medicare and Medicaid Services (CMS).

The intensity of our clinical services will meet all federal regulations and standards for a PRTF, (definition: 42 C.F.R. 483.352). Our residents and program will also meet the federal standards set

in 42 C.F.R Part 441, Subpart D - Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Residential Facilities or Programs. We will apply to the Maryland Department of Health and Mental Hygiene to operate the 72-bed facility under the RTC licensure (**Exhibit 3**).

If we are certified as a PRTF, we will also be required to have a separate resident seclusion room. The attached **project drawings** includes space allocation for seclusion rooms as outlined in **C.F.R 482, subpart G, Conditions of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities**.

The proposed project includes a diagnostic and assessment unit, residential program and strategic partnerships with community-based providers to support effective reintegration efforts and seamless discharge plans. At every level of care, we will collaborate with youth, family and placing agency to support decisions in three key areas: academic, therapeutic and social.

### **Physical Plant Specifications**

The facility will be a one-story, 52,263 SF facility serving adolescents for long-term psychiatric treatment. The structure is type VA construction with the following occupancies: Institutional (I-2) at patient units, Assembly (A-2) at the Dining Room, Assembly (A-3) at the Gym, Education (E) at the classrooms, and Business (B) at the administrative, assessment and outpatient suites. The building structure consists of spread footings (unless the soil report dictates otherwise), concrete slab-on-grade, load-bearing steel studs, and pitched wood roof trusses. The exterior walls are clad in two colors of brick, the roof is asphalt shingles, and the glazing is frosted in patient areas to protect patient privacy. On-site parking is provided per local zoning guidelines. A covered ambulatory entrance is also included in the site plan.

Each resident room is double-occupancy and is served by an adjacent bathroom with shower, toilet and lavatory. There is a 16-bed unit that contains a living room, group room, doctor office, seclusion room with dedicated toilet room and a centralized nurses' station. This will serve as the short-term, assessment unit.

The additional 56 residential beds are separated into four units – two with 18 beds and two with 10 beds. Each unit houses a dayroom and group room. Two units share one (1) nurses' station, medication room, and seclusion room with dedicated toilet room. The nurses' station is located so the nursing staff has direct line of site for both units.

There are two large classrooms close to the gymnasium and several smaller classrooms throughout the building. Each classroom will be equipped with technology and equipment to maximize teaching and learning. We will be prepared to support youth referred to our program with significant gaps in their academic record and students who come to us with individual education plans and/or special education needs.

Our academic program will meet all the requirements outlined by the State of Maryland Department of Education for a *Type 1, Special Education School*. The proposed building design will allow us to serve the needs of **Level V non-public and Level VI** students on our campus in full compliance of **COMAR 13A.05.01** and **COMAR 13A.09.09** and **COMAR 13A.09.10**.

There is also a full-service commercial grade kitchen and adjacent dining room in the program plans. The dining room can be easily divided based on operational needs. The gymnasium will be equipped with sports equipment to support recreational therapy and sports and DOE required programming.

The administrative assessment and day school suites are individually self-contained. They are separate and secure from the rest of the building. The assessment suite includes rooms dedicated to resident assessment, financial counseling agency collaboration and private family visitation and therapy rooms. The day school suite houses classrooms, group rooms, and an administrative office. The administrative suite includes staff offices and a large conference area.

All fixtures, hardware and finishes have been selected to support our commitment to resident safety and an environment that closely mimics a warm and non-clinical environment. Great care is placed in the selection of plumbing fixtures, door hardware, shower curtain hangers, and community and bedroom furniture. All windows are protected with polycarbonate and corridor and resident room walls are protected below the chair rail with FRP panels.

The proposed site plan/building design will meet local and state building requirements and regulations set forth by the State of Maryland in **COMAR 10.24.07G** and Health-General Article, **§19-308, Annotated Code of Maryland, 10.07.04.08** (Physical Plant) with specific consideration of the following:

- .08D: Bathrooms
- .11: Food Services
- .15: Accommodations

The proposed physical plant renovation also considers the PRTF certification requirements outlined in *42 C.F.R. 483.352*, specifically, the construction team included consideration of the following:

- Seclusion room to be monitored 24 hours per day and 7 days per week by a member of our clinical team and used as a “last resort;”
- Office space for clinical therapists on every residential unit;
- Dedicated office/medication administration space
- Dedicated station for nursing staff;
- 24 hours per day/ 7 days per week nursing coverage;
- Locked office(s) for on-site medical records/storage room

**Total Budget:**

The proposed construction budget is \$12,366,000 (Twelve Million Three Hundred Sixty Six Thousand Dollars) and includes construction costs, site preparation, offsite costs, signs and landscaping.

16. Project Drawings: **(Exhibit 4)**

Projects involving renovations or new construction should include architectural schematic drawings or plans outlining the current facility (if applicable), the new facility (if

applicable) and the proposed new configuration for inpatient facilities. These drawings should include:

- 1) the number and location of nursing stations,
- 2) approximate room sizes,
- 3) number of beds to a room,
- 4) number and location of bath rooms,
- 5) any proposed space for future expansion, and
- 6) the "footprint" and location of the facility on the proposed or existing site.

\*The building square footage supports space allocation requirements outlined in **COMAR 10.07.04.08** (physical plant) for both (proposed) current and future usage.

For free-standing (including office-based) ambulatory surgical facilities, these drawings should include: **N/A**

- 1) dimensions of major architectural features and equipment of all operating rooms and procedure rooms, existing and proposed,
- 2) clear demarcation of restricted sterile corridor,
- 3) any proposed space for future expansion, and
- 4) the "footprint" and location of the facility on the proposed or existing site.

17. Features of Project Construction:

- A. Please Complete "**CHART 1. PROJECT CONSTRUCTION CHARACTERISTICS**" describing the applicable characteristics of the project, if the project involves new construction. **(see below)**

<b>CHART 1. Project Construction Characteristics and Costs</b>			
<b>Base Building Characteristics</b>	<b>Complete if Applicable</b>		
	<b>New Construction</b>	<b>Renovation</b>	<b>Cost</b>
	Y	N	
<b>Class of Construction</b>			
Class A	Type 3A and 5A		10,000,000
Class B			
Class C			
Class D			

<b>Type of Construction/Renovation</b>			
Low			
Average			
Good			
Excellent			
<b>Number of Stories</b>	1		
<b>Total Square Footage</b>			
Basement	N/A		
First Floor	Approximately 52,263		
Second Floor	N/A		
Third Floor	N/A		
Fourth Floor	N/A		
<b>Perimeter in Linear Feet</b>			
Basement	N/A		
First Floor	Approximately 3,000		
Second Floor	N/A		
Third Floor	N/A		
Fourth Floor	N/A		
<b>Wall Height (Floor to Eaves)</b>			
Basement	N/A		
First Floor	10' main building and 28' Gymnasium		

Second Floor	N/A		
Third Floor	N/A		
Fourth Floor	N/A		
Elevator	N/A		
Sprinklers (Wet or Dry system)	Wet		
Type of HVAC System	Split System		
Type of Exterior Walls	Main Building: Metal Stud Construction with Brick Veneer. Gymnasium: Concrete Masonry Unit		
<b>Site Preparation Costs</b>			
Normal Site Preparation*			
Demolition			
Storm Drains			\$250,000
Rough Grading			\$923,000
Hillside Foundation			
Terracing			
Pilings			
On-Site Sewer and Water			\$403,000
Paving- Asphalt and Concrete			\$450,000
<b>Site Preparation Costs Total</b>			<b>\$2,026,000</b>
<b>Offsite Costs</b>			
Roads			0
Utilities			\$35,000

Jurisdictional Hook-up Fees			\$150,000
<b>Offsite Costs Total</b>			<b>\$185,000</b>
<b>Signs</b>			<b>\$5,000</b>
<b>Landscaping</b>			<b>\$150,000</b>
<b>Total (Construction, Site Preparation, Offsite Costs, Signs, Landscaping)</b>			<b>\$12,366,000</b>

\*As defined by Marshall Valuation Service. Copies of the definitions may be obtained by contacting staff of the Commission.

- B. Explain any plans for bed expansion subsequent to approval, which are incorporated in the project's construction plan. N/A
- C. Please discuss the availability of utilities (water, electricity, sewage, etc.) for the proposed project, and the steps that will be necessary to obtain utilities. This section has been revised and updated from original submission.

**Utilities:**

The proposed site has all utilities available for the proposed project. Please see the detail for each utility below:

**Sewer**

The sanitary sewer drawing (Washington Suburban Commission Drawing 212-SE 3-S) for the area indicates an existing 6" sewer line in Allentown Road that crosses approximately 60% of the frontage of the property on Allentown Road that ends with sewer manhole 114-N. The sewer line for the new facility could be run from the building and tie-into manhole 114-N.

**Water**

The water drawing (Washington Suburban Commission Drawing 212-SE-3-W) for the area indicates an existing 16" water line in Allentown Road and a fire hydrant along the frontage of the property. The service for the new facility could require tapping the existing 16" water line and extending it onto the site for tie-in with the new facility.

**Electric**

There is electrical service in the vicinity that would be extended onto the property with PEPCO setting a new transformer that would feed the new facility.

**Gas**

Per discussion with Washington Gas they advise there is an existing gas line that runs down Allentown Road. The gas company would need to tap the line and bring the service to the

facility and set the meter to serve the facility.

**Telephone**

Verizon Business/Commercial Plan

**PART II - PROJECT BUDGET**

**INSTRUCTION: All estimates for 1.a.-d., 2.a.-j., and 3 are for current costs as of the date of application submission and should include the costs for all intended construction and renovations to be undertaken. (DO NOT CHANGE THIS FORM OR ITS LINE ITEMS. IF ADDITIONAL DETAIL OR CLARIFICATION IS NEEDED, ATTACH ADDITIONAL SHEET.)**

**A. Use of Funds**

1. Capital Costs:

a.	<u>New Construction</u>	\$	<u>-0-</u>
(1)	Building		<u>10,000,000</u>
(2)	Fixed Equipment (not included in construction)		<u>-0-</u>
(3)	Land Purchase		<u>475,000</u>
(4)	Site Preparation		<u>2,366,000</u>
(5)	Architect/Engineering Fees Architect (\$200,000) Civil Engineer (\$60,000) Landscape Design (\$5,000)		<u>265,000</u>
(6)	Permits, (Building, Utilities, Etc)		<u>87,000</u>
	<b>SUBTOTAL</b>	<b>\$</b>	<b><u>13,193,000</u></b>
b.	<u>Renovations</u>		
(1)	Building	\$	<u>-0-</u>
(2)	Fixed Equipment (not included in construction)		<u>-0-</u>
(3)	Architect/Engineering Fees		<u>-0-</u>
(4)	Permits, (Building, Utilities, Etc.)		<u>-0-</u>
	<b>SUBTOTAL</b>	<b>\$</b>	<b><u>-0-</u></b>
c.	<u>Other Capital Costs</u>		
(1)	Major Movable Equipment Kitchen (\$105,000) Security/CCTV (\$330,000)		<u>435,000</u>
(2)	Minor Movable Equipment Furniture (\$300,000) Computers (\$80,000)		<u>380,000</u>
(3)	Contingencies 5% of subtotal from Section A		<u>659,650</u>
(4)	Other (Specify)		<u>-0-</u>
	<b>TOTAL CURRENT CAPITAL COSTS</b> (a - c)	<b>\$</b>	<b><u>14,667,650</u></b>

d.	<u>Non Current Capital Cost</u>	
(1)	Interest (Gross) Based on 4.6% interest rate over a 12 month construction period	\$ <u>300,000</u>
(2)	Inflation (state all assumptions, Including time period and rate)	\$ <u>- 0 -</u>
	<b>TOTAL PROPOSED CAPITAL COSTS</b> (a - d)	\$ <u><b>14,967,650</b></u>

2. Financing Cost and Other Cash Requirements:

a.	Loan Placement Fees	\$	<u>- 0 -</u>
b.	Bond Discount		<u>- 0 -</u>
c.	Legal Fees (CON Related)		<u>4,000</u>
d.	Legal Fees (Other)		<u>50,000</u>
e.	Printing		<u>3,000</u>
f.	Consultant Fees		<u>- 0 -</u>
	CON Application Assistance		<u>- 0 -</u>
	Other (Specify)		<u>- 0 -</u>
g.	Liquidation of Existing Debt		<u>- 0 -</u>
h.	Debt Service Reserve Fund		<u>- 0 -</u>
i.	Principal Amortization Reserve Fund		<u>- 0 -</u>
j.	Other (Specify)		<u>50,000</u>
	Land due diligence, W&S approvals		
	Subdivision appraisals		

**TOTAL (a - j)** \$ **107,000**

3. Working Capital Startup Costs \$ 1,143,662

**TOTAL USES OF FUNDS (1 - 3)** \$ **16,218,312**

**B. Sources of Funds for Project:**

1.	Cash	\$	<u>9,730,987</u>
	Assumes 60% cash and 40% financing		
2.	Pledges: Gross _____,		
	less allowance for uncollectables _____		
	= Net		<u>- 0 -</u>
3.	Gifts, bequests		<u>- 0 -</u>
4.	Interest income (gross)		<u>- 0 -</u>
5.	Authorized Bonds		<u>- 0 -</u>
6.	Mortgage		<u>6,487,325</u>
	Assumes 60% cash and 40% financing		
7.	Working capital loans		<u>- 0 -</u>
8.	Grants or Appropriation		
	(a) Federal		<u>- 0 -</u>
	(b) State		<u>- 0 -</u>
	(c) Local		<u>- 0 -</u>
9.	Other (Specify)		<u>- 0 -</u>

**TOTAL SOURCES OF FUNDS (1-9)** \$ **16,218,312**

Lease Costs:

a. Land	\$ _____	x _____	= \$ _____
b. Building	\$ _____	x _____	= \$ _____
c. Major Movable Equipment	\$ _____	x _____	= \$ _____
d. Minor Movable Equipment	\$ _____	x _____	= \$ _____
e. Other (Specify)	\$ _____	x _____	= \$ _____

**PART III - CONSISTENCY WITH REVIEW CRITERIA AT COMAR 10.24.01.08G(3):**  
**(INSTRUCTION: Each applicant must respond to all applicable criteria included in COMAR 10.24.01.08G. Each criterion is listed below.)**

**COMAR Standard 10.24.01.08G(3)(a) The State Health Plan.**

List each standard from the applicable chapter of the State Health Plan and provide a direct, concise response explaining the project's consistency with that standard. In cases where standards require specific documentation, please include the documentation as a part of the application. **(Copies of the State Health Plan are available from the Commission. Contact the Staff of the Commission to determine which standards are applicable to the Project being proposed.)**

**COMAR Standard 10.24.07 G (1)(a-c): Core Principles**

*Programming need is outlined below, please note we were advised during the pre-application submission process to disregard the requirements outlined in COMAR Standard 10.24.07 G (1)(a)-(c) and COMAR Standard 10.24.07 G (2)(a)-(e). The Need standard is to be measured against the Core Principles outlined in COMAR Standard 10.24.07 G (1)(a)-(c).*

**COMAR Standard 10.24.01.08G(3)(b): Need**

*The Need standard is to be measured against the Core Principles outlined in COMAR Standard 10.24.07 G (1)(a)-(c).*

Although the local needs of youth and families have changed greatly over the past 12 years, there has not been a petition to expand residential programming at this level of care in Maryland during this time. By virtue of the submission of this application and the research conducted therein, there is strong evidence from various stakeholders supporting the need for more clinical programming that is responsive to the needs of youth and families.

We are petitioning for project consideration based on our ability to serve the specific behavioral healthcare needs of an underserved, "tough to treat" population including older youth and youth with serious behaviors. Referral sources and placing agencies often find it difficult to place these youth in local residential treatment programs and youth are often placed in programs far outside of their home community, making family involvement and reintegration challenging and lengths of stay longer than clinically necessary. In the local region, we hope to help mitigate the issue of family and community involvement by identifying and establishing youth resources during the admissions process and helping to foster relationships with those relationships before, during and after the youth is in care.

We propose to fill an unmet need to support the needs of youth whose behaviors and mental health challenges require a clinically intensive, safe and hardware secure treatment-focused program. The program is designed to be supportive and integrative. Our target population will benefit from our short term, intensive program designed to meet the highest level of non-acute inpatient treatment and standards. Our program is ideal for more aggressive youth whose behaviors and illness are at risk of escalating to detention level status.

The youth we hope to serve have a more refractory illness, have a history of substance abuse and have been unsuccessful in less restrictive care. We do not plan to serve youth whose primary placement is for sexually offensive behaviors and have been clinically diagnosed as needing a focused an intensive treatment plan based on those behaviors. However, our service plan includes

treatment and staff for youth who are struggling with gender identity issues and those who have demonstrated “sexual acting out” as part of their clinical presentation.

All youth will receive round the clock care from an experienced multi-disciplinary team of professionals who understand the need for culturally specific treatment and individualized care. If approved, we would be one of four programs able to: admit male and female youth above the age of 18 **and** is federally certified as a PRTF in the State of Maryland (see below for information on the other programs).

The success of our model is predicated on three key areas: our ability to connect “hard to reach” youth and families to sustainable local resources, our commitment to initiate and facilitate stakeholder collaboration, and our seamless communication across channels to improve clinical outcomes. If approved, we would be the only PRTF to track youth after they are discharged from our care. SBH has contracted with the University Of North Carolina at Wilmington to follow youth 3 years post-discharge (**Exhibit 5**), **we would be the only PRTF in the state to provide this level of post discharge care and documentation**

We believe this project is an opportunity to deliver a comprehensive, clinically solid program using the latest evidence-based research and practices to treat this “difficult” population. We have designed a very clinically focused and integrated program for youth who present with these challenges. Our team believes parent and “family” involvement is critical to the success of the program, integrating discharge resources prior to discharge and providing solid academic and career technical focus are all critical components of a successful reintegration.

Seasons Residential Treatment Program is appealing to the Maryland Health Care Commission to view this project as a useful investment that will benefit State of Maryland residents and targeted populations in the surrounding region and around the country. There is currently a shortage of in-patient beds for youth in the southern part of the state and a real need for a program that can support youth and families needs in neighboring states.

#### **National Need:**

Unlike hospitals, Residential Treatment Centers and Psychiatric Residential Treatment Facilities do not solely treat local youth/patients. The need for the level of care we propose is really a national need. Most facilities do not restrict admissions to the local community and instead depend on multiple payers to offset the significant cost to maintain a quality program. We will give admission priority to youth from the State of Maryland and will maintain an admission rate of 45-50%% of Maryland youth.

If we meet the qualifications as a certified PRTF, we will likely attract admissions from around the region and the country. We will work closely with agencies within 150 miles of our program, specifically, in the District of Columbia, Virginia and West Virginia to support youth closer to their families and community. This support includes conducting frequent on-campus agency visits and hosting family and sibling therapy sessions.

Unfortunately, we were unable to get national or international data for the same timeframe as the data we have for Maryland placements. Unlike many places we inquired, Maryland collects and synthesizes this data annually through the Governor's Office for Children.

The data on the following pages does not include placements from third-party insurance agencies, these placements are considered "private placements," and are generally made by parents/families. These placements are generally short term and are considered as a "last resort" by insurance companies. It is important to note that the Affordable Care Act/Obamacare has made treatment for substance abuse more accessible and has expanded the number of qualified insured.

The following data shows the impact and projections of uninsured resulting in consumers enrolling in the Affordable Care Act/Obamacare: Maryland will have a significant 5.77% reduction of uninsured, resulting in an uninsurance rate of 9.13%. West Virginia will decrease the number of uninsured by 10.74, bringing the states uninsured rate down to 6.74%. Washington, DC will experience a 2.80% reduction, bringing the total percentage of uninsured to 6.29%. Virginia will see a reduction of 2.46%, bringing the total uninsured to 12.45%.

Source: <http://wallethub.com/edu/rates-of-uninsured-by-state-before-after-obamacare/4800/>

Our (very) long-term strategic plan includes registering with federal agencies including the Department of Homeland Security and Department of Defense to provide specific services to dependents of active duty and retired military and international youth who meet our admissions criteria.

We estimate the census mix to be as follows:

- **42-50%** Maryland youth (accounts for time before we accept international placements)
- 30% District of Columbia placed youth
- 10% Virginia placed youth
- 5% West Virginia placed youth
- 10% other states out side the mid-Atlantic region
- 3% internationally placed youth meeting our admissions criteria

### **Maryland: Gap in Service**

According to local social service agencies and payers, there is a significant gap in residential services for tough to treat, older youth who often present with more refractory behaviors, truancy and traumatic mental illness and may have a history of court involvement.

Stakeholders around the country struggle to find appropriate placements for these youth. As more administrations tighten the belt on residential placements and try to keep youth close to home and in the "least restrictive care," these youth have a very high rate of recidivism and put a strain on agency and federal budgets. Unfortunately, the security of the placement often trumps the clinical aspect and youth are in more punitive placements vs. therapeutic care.

We reviewed the "gap in service" and availability of appropriate placements for Maryland youth in this next section. Although we gathered data from all Maryland placement agencies, we relied

heavily on information from MD DJS because of how closely our service model aligns with the population they serve.

The Maryland Department of Juvenile Services (MD DJS) classifies these youth as “Level III” in the *2013 Maryland Department of Juvenile Services Residential and Community-Based Services Gap Analysis*, (**Exhibit 6**) (website and full report/pdf: [http://www.djs.state.md.us/docs/2013\\_GAP%20analysis.pdf](http://www.djs.state.md.us/docs/2013_GAP%20analysis.pdf)),

**On page 12 and 13** of the report, the agency defines Level III programs as:

“Hardware secure residential programs, meaning the program relies primarily on the use of construction and hardware such as locks, bars, and fences to restrict youth’s movement. The hardware secure programs are generally designed for youthful offenders who are adjudicated for violent offenses or have a history of violent offending.

The designation of “Level III” is used in Maryland, but the identification of these types of youth and the type of program needed, is generally adopted and accepted around the country as youth who require a “hardware secure” program. The need for this level of security is primarily needed for males. Although placements are made by other social service agencies, roughly two-thirds are youth who are court-involved and are placed by juvenile service agencies.

**On page 3** of the document, MD DJS concludes:

“There is a shortage in capacity to serve boys in Level III programs. Whereas 135-138 boys are projected to require Level III programming on any given day, there is currently only one hardware secure program in Maryland that serves 48 boys.

**On page 38** of the report, the authors note the following:

“An assessment of boys’ needs indicates that Level III (and residential programming) should address the continuum of behavioral health with emphasis on alcohol and drug use, family functioning, aggression, and mental health. The report continues: “These findings are also supported by an analysis of boys who were placed in programs outside of Maryland in FY 12 and FY 13.”

According to the gap analysis data in this report from MD DJS, there are insufficient services in the State to meet the needs of the youth who require higher levels of care. Although this is most notably a challenge for boys, it is also a challenge for girls, according to this analysis and national data.

#### **Meeting the MD Legislative mandate to keep MD youth close to home:**

According to the data in the *2013 Maryland Department of Juvenile Services Residential and Community-Based Services Gap Analysis*, (**Exhibit 5**), there were more than 291 youth placed in residential programs outside of Maryland.

**On page 12**, the agency acknowledges it uses

“38 residential programs located outside the State of Maryland.” The agency states, “these programs are utilized to accommodate youth who require more restrictive settings but are

not eligible for programs within Maryland or cannot be adequately served by the in-state programs....almost half of these programs are located in Pennsylvania.”

On **page 36** of this report, the agency stated:

A substantial number of boys were placed out-of-state in FY 12 and FY 13, demonstrating a clear gap in programs that can serve these youth in Maryland. Specifically, the findings point to the need for hardware secure programming that can accommodate DJS-involved boys in Maryland.

In addition, a significant number of youth were served in out-of-state MHRP's (Mental Health Residential Programs), suggesting a potential gap in these in state services as well.

**Please see page 37** for a list of the out of state programs.

According to this report, there were **87** youth in “hardware secure” programs according to the report and **29** youth in staff secure programs with “an intensive substance abuse treatment program...”These are the youth we propose to serve as a staff and hardware secure PRTF with an intensive substance abuse track.

### **All MD Agency Data**

In order to more closely explore the need for this level of programming, please note the following data from the report synthesized by The Governor’s Office for Children on behalf of the Children’s Cabinet. The report, entitled, “**FY2014 Out-of-Home Placement Report and Resource Guide (FY ’14 Resource Guide) (Exhibit 7)** is distributed annually and available for review here: <https://goc.maryland.gov/wp-content/uploads/sites/8/2013/11/2014-OOHP-Report-Final.pdf>

This report states: “Another of Maryland’s goals for out-of-home placement is for children to remain close to their homes so they can preserve their family, social, educational, and cultural connections during the period of out-of-home placement.”

### **Utilization of Residential Treatment Centers in the State of Maryland**

There are four placement categories for children in the State of Maryland: **(see Table 1, page 10 of the report)**

- 1) Family Home Placement
- 2) Community-Based Placement
- 3) Non-Community-Based Placement**
- 4) Hospitalization Placement

Residential treatment centers are a subcategory of *Non-Community-Based Placement* programs and represent more than one-third of the total costs of the funding category. Highlights from the **FY ’14 Resource Guide** supports our argument for need for a program to handle tough to treat youth in state, includes the following data:

#### **Cumulative data**

- On January 31, 2014, there were more than 740 youth in residential treatment facilities:
- In 2014, there were 1,482 placements in Non-Community-Based Placements across all placing agencies **(Table 3, page 13)**

- The all agency “total served” number for this category of care was 5,737 (**Table 4, Page 14**)
- Non-Community-Based Placements costs were reduced significantly from \$138M in FY’13 to \$63M in FY ’14 (**Table 8, page 17**)
- The average bed per diem for this category was \$340, up slightly from \$338 in FY ’13 (**Table 8, page 17**)
- More than 68% of Maryland youth in out of home placement are between the ages of 12 and 21; 56% are male and 63% are African American. (**Page 20**)
- January 31, 2013, there were more than **155** Maryland youth in **Out of State** Non-Community Based Residential Placement, on the same day in 2014, there were 126 (**Page 21**)
- Of the youth in out of state placement, **69% are male, 71% are African American and 82% are between the ages of 12 and 21 (Page 22)**
- The Department of Juvenile Services has the largest percentage of Maryland youth going to out of state (residential) programs. In the report summary, *The Governor’s Office for Children* recommends the agency try to use more in-state facilities for court-involved youth who have diagnosed mental illness.

#### **Costs**

- Costs to fund Out of State Placement in 2014 was \$15.4M and reflects a steady decrease in the amount of funds leaving Maryland to support Community Based Residential Placements – note the decrease in the per diem bed rate (**page 23**)

#### **MD Department of Juvenile Services**

The recommendation from the authors of the FY ’14 Resource Plan (**page 43**) reads as follows:

“Increased capacity for non-community-based residential programs for higher-risk youth DJS has in recent years increased capacity to serve higher-risk youth who may have in previous years been either placed in out-of-State non-community-based placements or in Maryland non- secure community-based residential programs - often with unsuccessful outcomes.

Thus, the decline in family home setting and community- based residential placements over the past few years can also be attributed to this increase in more secure slots, as higher-risk youth are more appropriately placed. One of the drivers of pending-placement populations has been the youth who had been placed into non-secure programs, only to be sent back to detention from programs that were not equipped to manage behaviors.

These secure placements are available at the State-run Victor Cullen Center, the J. DeWeese Carter Center, the Western Maryland Youth Centers, the William Donald Schaefer House, and the privately run Silver Oak Academy (authors note: Siler Oak Academy is not a PRTF it is licensed as a group home and not included in comparison/competitive data.).

Highlights from the DJS agency data:

- On January 31, 2014, 525 youth were in non-community-based-residential programs
- 141 youth were in Residential Treatment Programs (**page 50**)

- 21 youth were in out of state Residential Treatment Programs
- MD DJS served approximately 1,592 youth in 2014 (**page 47**) at a cost of \$64.4M (**page 48**)
- The per diem bed rate was flat from the previous year at \$281 (**page 48**)

Overall, the committee recommended the following for the DJS:

- Increase capacity for non-community based residential programs (including RTC's/PRTF's) for higher risk youth;
- Ensure non-secure programs can handle behaviors prior to placement, in order to reduce the number of youth being sent back to detention;
- Streamline placement process for Out of State placements

### **MD Mental Hygiene Administration**

Residential Treatment Center(s) are the only placement subcategory funded by MHA. The Maryland Medicaid Assistance funds all Maryland youth placed by MHA (**Page 71**).

According to the MHA, there were 480 “new placements” in FY '14 (**table 111**). The table measures in-state and out of state residential programs placement flow. Approximately 881 consumers were served according to **Table 111 on page 72**. According to data on **Table 114 page 75**, \$67.7M was spent in FY 2014, with an average per diem of \$475, a 5% increase over the previous year.

The agency data reflects a slight decrease in the number of placements over the last four years, as agencies moved to place youth in alternatives to PRTF's/RTC's and leveraged the Medicaid Waiver program.

According to the one day census totals, MHA had approximately 20 youth in out of state RTC's. The agency has made a “focused effort to treat youth in state wherever possible and to fund only those youth who have special, or complex treatment needs.” Out of state placements for this agency are up **150% from FY 2013**.

### **Maryland State Department of Education**

MSDE will fund youth who meet the level of care for a residential educational facility. These decisions are made at the local school system level in partnership with the parent and special education team. Less than .005% of the total population with disabilities will be placed in residential programs, according to the Governor's report, “the shift in services and types of programs utilized at the residential level is consistent with the shift in needs for the specific population groups.

It is also worth noting, according to MSDE, older students often stay in residential programs until they transition to adult services because their needs are often challenging and cannot be met in the community setting. On January 31, 2013, there were 0 youth placed by MSDE in residential treatment facilities.

### **Need in Neighboring State: DC Data**

Unlike the State of Maryland, **all D.C. youth** who meet the level of care for RTC or PRTF placement

are sent to out of state programs. The District of Columbia **does not have any** licensed RTC's or PRTF beds, many youth are sent to RTC's as far away as Colorado and Utah, making it extremely difficult for parents and family members to participate in treatment team and next level of care planning. For families struggling to meet daily financial obligations, placing youth in programs in Virginia can also prove to be a significant barrier.

Initial agency discussions and research indicates the needs of youth and families in the District of Columbia are significant and meet our objectives of providing excellent clinical care and keeping youth closer to their natural resources. Because of our strategic location and proximity to the District of Columbia, we will be a great choice to treat tough to treat youth in the District of Columbia without further burdening the federal (Medicaid) and local agencies (including LEA's and SEA's) budgets with associated costs for (required) paid family travel to and from youth placements.

The placing agencies are excited about the promise of Seasons Residential Treatment Program and our ability to more closely partner with key stakeholders and our ability to bring local resources to the youth and families. In initial meetings with placing agencies and referral sources, stakeholders are convinced there will be better collaboration and communication because of the proximity of the program and our ability to treat older youth with a history of trauma.

In 2013, we responded to a solicitation to provide hardware and staff secure residential programming for youth in the District of Columbia to support the needs of youth in the custody of juvenile services in the District of Columbia. Seasons Residential Treatment Program was **awarded a base, plus 4-year (5 year) contract with the District of Columbia and the Department of Youth and Rehabilitation Services.**

The contract was awarded for the diagnostic and assessment unit (**Exhibit 8**) and we are currently negotiating terms for the residential beds. While this is not a sole source contract, or promise of business by the District of Columbia, it indicates their support for our program and need for these beds. The contract is conditional on licensed approval to operate as an RTC by the State of Maryland.

Currently, fewer than 15% of youth funded by District of Columbia agencies, are sent to current Maryland RTC/PRTF programs. Sources indicate there is a perception (that) Maryland RTC programs often "cannot handle DC youth." There are only two programs in Maryland **certified as "PRTF" by the District of Columbia Department of Behavioral Health** – the State Medicaid agency.

During the last two RFP/solicitation cycles for PRTF level care (specifically targeting programs for tough to treat youth), no Maryland RTC's or PRTF's applied for program consideration.

According to an article, published in 2009, *Out of State, Out of Mind: The Hidden Lives of D.C. Youth in Residential Treatment Centers*, "at any given time, the District of Columbia pays for approximately 300 to 550 children...to attend institutions called RTC's." Although this number seems high, it is pretty consistent with the total number of youth placed by the State of Maryland.

In a 2009 report filed with the City Administrator, “515 individuals under the age of 22 were in 96 different RTC’s.” The report also states, “approximately 35% of these youth were more than 300 miles from the District of Columbia.” The authors noted that the District of Columbia has the second highest percentage of students in RTC’s.

While the number of youth placed by District of Columbia agencies in RTC/PRTF’s around the country has decreased in the past 5 years, there is still a significant number of youth placed in RTC programs far from the District of Columbia and the average length of stay for these youth is approximately 11 months.

**District of Colombia placing agencies:**

**Department of Youth and Rehabilitative Services (DYRS)**

DYRS is responsible for the custody, supervision and care of young people charged with offense in either detained or committed capacity. According to a report on file with the Mayor’s Office in the District of Columbia, *Trends In DYRS Residential Treatment Center Usage*, residential treatment centers (RTCs) and psychiatric residential treatment facilities (PRTFs) play an important role in the continuum of services at the Department of Youth Rehabilitation Services (DYRS).

During FY2011, there were a total of 378 DYRS youth placed in RTCs/ PRTFs. Although this number has risen since FY2007, this upward trend primarily reflects the significant growth that has occurred in the overall DYRS committed population during that time. (Exhibit 8)

In FY2007, the overall DYRS committed population was 541 youth; by FY2011, this number had increased to 1,269. This overall growth of the committed population helps explain the increase in the number of youth placed in RTCs and PRTFs (**Exhibit 9**)

In FY2011, DYRS spent \$15.4 million on RTC/PRTF placements. Although the agency’s expenditures on RTC/PRTF placements have increased since FY2007, there is reason to believe that these amounts will stabilize going forward due to a decrease in the total DYRS population and decline in rate of RTC/PRTF placement.

Although the agency is committed to decreasing the number and need for RTC/PRTF beds, the FY 2012 report indicates in January 2012, more than 200 youth funded by the agency remain in RTC, PRTF, sub-acute or diagnostic placement and 187 youth were in out of state RTC placement (includes PRTF (**Exhibit 9**))

**DC: Department of Behavioral (Mental) Health**

In the District, the Department of Mental Health (DMH), a cabinet-level agency operating separately from the Department of Health, provides financing and delivery of public mental health services. The Department of Behavioral (Mental) Health provides core services and community-based supports for mental health and substance abuse treatment for all District residents.

The Department of Behavioral Health, through direct agency placement and MCO’s, funds approximately 150 youth in out of state residential programs. Approximately 70% of the youth placed and funded directly by DBH are youth in the custody of the Child and Family Services Agency (CFSA) and (custodial) wards of the District of Columbia. The Department of Behavioral

Health manages CFSA placements in this level of care and per diem services are funded through Medicaid.

**DC: Child and Family Services Agency**

The DC Child and Family Services Agency (CFSA) is the public child welfare agency in the District of Columbia responsible for protecting child victims and those at risk of abuse and neglect and assisting their families. The Department of Behavioral Health works closely with CFSA to provide case management and make recommendations for residential placement and treatment.

**Location: Need for PRTF level program in Southern Maryland**

Although a disproportionate number of youth are from the City of Baltimore, Prince George’s County ranks high among RTC/PRTF placements. None of the current “competitor programs” are located in the area of the state where Seasons we propose. According to DJS data, “the Southern region has the fewest residential programs overall.”

There are only three (3) programs in the State that serve tough to treat **male and female youth** over the age of 18 (see below) and also meet the rigorous certification standards for a Psychiatric Residential Treatment Facility (PRTF) designation.

Excerpted from **Exhibit 7, page 75**: “There are 10 RTCs located in five jurisdictions so these are not uniformly distributed throughout the State. Youth from jurisdictions other than these five will necessarily be placed outside his/her jurisdiction. The in-State RTCs are located in Baltimore County (4), Baltimore City (2), Montgomery County (2), Dorchester County (1), and Frederick County (1). Finally, each RTC determines which youth will be admitted, considering programming and vacancy constraints upon admissions.”

As stated in the report, *2013 Maryland Department of Juvenile Services Residential and Community-Based Services Gap Analysis*, (**Exhibit 6, page 3**)

“There is a shortage in capacity to serve boys in Level III programs. Whereas 135-138 boys are projected to require Level III programming on any given day, there is currently only one hardware secure program in Maryland that serves 48 boys.

See chart below for a list of the current programs, certification status, gender and age(s) served:

Program Name	Beds/Youth Served	Certified PRTF	City, State, Zip, County, Site
Adventist Behavioral Health: 2 programs (Rockville, MD & Cambridge, MD)	<b>83 beds:</b> Rockville <b>59 Beds:</b> Cambridge Adolescents, 12-18 years, Co-Ed	Not certified PRTF, admit only to age 18	1) Rockville, MD 20880, Montgomery County 2) Cambridge, MD 21613, Dorchester County website: <a href="http://www.adventisthealthcare.com">www.adventisthealthcare.com</a>
Woodbourne Center	<b>48 beds;</b> Adolescent Boys, 12-18 years	Not certified as PRTF; male only	Baltimore, MD 21239 <a href="http://www.nexustreatment.org">www.nexustreatment.org</a>
Berkeley & Eleanor Mann Residential Treatment Center (Sheppard Pratt Health System)	<b>68 Beds (some restricted);</b> Adolescents, 12-21 years, Co-Ed	Certified as PRTF; admit to age 21; <b>website states, average length of stay is 11 months.</b>	Baltimore, MD 21204, Baltimore county, <a href="http://www.sheppardpratt.org">www.sheppardpratt.org</a>
Jefferson RTC (Sheppard Pratt Health System)	<b>50 Beds</b> Adolescents, 12-21 years, Co-Ed	Certified as PRTF; admit to age 21, average length of stay, (according to website) is 11 months. <b>Website states, average length of stay is 11 months.</b>	Jefferson, MD, 21755 and Frederick County. Website: <a href="http://www.sheppardpratt.org">www.sheppardpratt.org</a>
Good Shepherd Services	<b>105 Beds;</b> Adolescents, 13-21 years (Co-Ed)	Certified as PRTF; admit to age 21; located in Baltimore County	Baltimore, MD 21227, Baltimore County. <a href="http://www.gssmaryland.org">www.gssmaryland.org</a>
Chesapeake Treatment Center*	<b>29 Beds;</b> Males 13-21 years;	Unsure of PRTF certification. Restricted to programming for sex offenders.	*This comes up in MD directory as same as Adventist Behavioral program in Cambridge...not the same program. Program did not give information due to the sensitive nature of the program. It is housed at the Hickey School in Baltimore. Zip 21212
St. Vincent's Villa	<b>95 Beds;</b> Adolescents, 5-14 years (Co-Ed)	RTC; only to age 14 years old	Timonium, MD 21093, Baltimore County. <a href="http://www.catholiccharities-md.org/st-vincent-villa/residential-treatment-center.html">http://www.catholiccharities-md.org/st-vincent-villa/residential-treatment-center.html</a>

NOTE: The DC Department of Youth and Rehabilitation Services indicates as of 12/31/14, the agency had “fewer than 8 youth” placed two (2) Maryland programs: Good Sheppard and Chesapeake and confirmed that the MD programs, “do not have the capacity to handle DC court-involved youth.”

**Economic Impact in the local community:**

We are excited about the possibility of hiring, training and retaining staff from across the State of Maryland with a specific focus on qualified staff from Prince George’s County. According to the latest unemployment report, Prince George’s County has an unemployment rate of 6.7% and Charles County (just to our south), has an unemployment rate of 6.0%. Both are slightly above the State unemployment rate of 5.5% and the national rate of 5.6%.

At full census, we will employ more than 135 FTE's and 10-12 independent contractors. More than 43% of the staff needs will be from "direct care" staff – the team that works closest with our youth on a daily basis. We recognize how critical the direct care staff is to the success of our program. The opportunity for professional development, increase responsibility and opportunity and competitive salaries and benefits will be significant. Our salaries are higher than industry standards and will allow us to attract and retain top talent in this role.

In addition, our professional staff will benefit from an excellent total compensation package, on-going opportunities for continuing education and clinical training. We plan to invest in our employees at every level and have plans to recruit from the graduate and undergraduate programs at the local universities including: Bowie State, University of Maryland, Prince George's Community College and graduate/professional programs in the District of Columbia.

We also plan to work with local providers for wellness/medical and dental needs. Our plan is to contract with several pediatricians and physicians in the County to support our nurses and clinical team.

#### **Good Corporate Citizen:**

The State of Maryland and Prince George's County will realize significant tax revenue from the purchase of the land and our business tax filings.

The data suggests there are good RTC's in the State, but, very few PRTF beds and programs that can certifiably and securely handle "tough to treat" youth. By virtue of the submission of this application and consideration therein, Seasons seeks to differentiate its program in the following ways:

- All 72 beds would be in a hardware secure program
- Proposes an average length of stay of 6 months (vs. 11 months)
- Will reintegrate youth back to their community and families faster
- Will have diagnostic and assessment beds
- Will integrate all stakeholders in the resident's care
- Has specific academic programming planned for older youth
- Will track youth and families 3 years post discharge
- Will fill a "bed void " in the southern area of the state
- Will employ local County and state employees – 130+ at full census
- Would prevent healthcare resources from leaving the State
- Would create significant tax revenue for Prince George's County and State

#### **COMAR Standard 10.24.07 G (3)(b) Sex Specific Programs**

[Standard Revised from original application and to answer Completeness Letter](#)

Seasons Residential Treatment will serve the needs of youth between the ages of 13-21 years who require focused, comprehensive clinical interventions. Youth admitted to our program will meet the level of care for intensive services and will generally have a history of trauma and multiple out of home placements. Our goal for both male and female residents is to therapeutically and behaviorally stabilize them and return them to their family and community as quickly as possible.

Our gender and age-specific programming is based on three core populations:

- 1) Youth ages 18-21 – with specific supports and programming for older youth (age 18-21);
- 2) Male residents who are at risk of regression. Our Diagnostic and Assessment Unit is designed to support referral sources who need assistance determining next level of care needs (i.e., community, group home, residential, etc.) and clinical appropriateness;
- 3) PRTF level residential beds for male and female youth who present with a history of trauma, refractory behaviors and multiple community placement, or other residential treatment center “failures.” These youth may also present with co-morbid substance abuse.

Each population will have a separate therapeutic, educational and physical environment consistent with their treatment needs and gender.

Seasons Residential Treatment will meet this standard in the following ways:

1. Male and female residents will be housed in separate housing units
2. All residents will receive group therapy in their housing units and individual therapy on the unit as appropriate;
3. All nursing staff will be embedded in each of the separate housing units and part of the therapeutic milieu. This allows a true multi-disciplinary clinical approach to care and immediate access should any clinical issues arise.
4. Diagnostic and Assessment Unit:
  - a. The diagnostic and assessment unit is designed to deliver comprehensive assessments of each resident’s needs from an emotional, social, cognitive, academic, physical and behavioral perspective. It is a short-term (less than 30 days) program and will be staffed, programmed and operated to meet specific clinical objectives.
5. Academic programming and classrooms will be gender specific and each resident will receive individualized and customized educational and vocational tech instruction
6. All three (3) meals will be served in the dining hall according to unit and residential cottage, which guarantees the meal times will also be gender specific. The program is designed to serve no more than 20 residents per designated meal times.

**COMAR Standard 10.24.07(3)(c) Special Clinical Needs**

Seasons Residential Treatment will admit youth 13-21 years old with a full scale IQ of 70 and above. According to most clinical standards, 70 or below is considered a “low IQ” and qualifies as evidence that cognitive limitations existed prior to the age of 18, and limitations in two or more adaptive areas such as communication and self-help skills are present.

The youth we serve will score closest to the admissions criteria of 70, will likely have some mild cognitive limitations, however, at this time, we will not serve youth with coexisting mental and developmental disabilities, disabilities that impairs multiple domains of functioning, or youth who are developmentally unable to function independently in his/her environment.

### **COMAR Standard 10.24.07(3)(d) Minimum Services**

Seasons Residential Treatment will seek federal certification to provide services for youth who require the highest level of care outside of an acute setting. As such, we are committed to delivering a treatment program in a safe, structured setting with appropriate levels of staff and security protocols in place for the youth we serve.

Our program and service delivery model is based on a brief, goal-oriented approach. We believe this approach will help reduce lengths of stays and will maximize the time the youth spends in our care and away from their families.

All clinical and direct care staff will be fully integrated in to every level of the program and will have consistent and constant resident oversight. Our staff to resident ratio will be 1:6 which meets the current State of Maryland and federal standards, however, on first and second shift, the staff to resident ratio is higher and exceeds regulations and standards.

Youth will contribute to their treatment “action plan” and families will be required to participate in their care. Our team will work with the youth and family to move residents through the treatment program in a clinically appropriate manner and will consistently discuss next level of care plans before, during and after the admissions process.

We will partner closely with community-based resources including group home providers, independent living programs, appropriate educational programs and vocational/career training programs to develop long-term solutions for youth and families dealing with decades of trauma, behavioral challenges and mental illness.

We are committed to service excellence and will fully explore all of our community-based clinical partners and will establish MOU’s to ensure residents have consistency in their care and treatment. Our goal is to identify resources early in the intake process and to have ongoing and engaging discussions about what tools the youth and family need to become contributing members of the community.

Our model is unprecedented in the level of care and support we will provide and is predicated on the belief youth can succeed with programming which allows them to participate in their care.

Our program goals include:

- 1) Reconnecting youth to their community and families;
- 2) Supporting youth as they regain/earn public trust;
- 3) Helping youth identify and understand behaviors and triggers;
- 4) Engaging youth and families and encouraging them to fully participate in care;
- 5) Communicating disease state challenges and discussing how to manage issues during the program and post discharge;
- 6) Developing sustainable educational and vocational skills leading to direct employment and completion of high school diploma;
- 7) Providing excellent case management resources

### **COMAR 10.24.07 G(3)(d)**

Follows are the minimum services we will provide to meet this standard:

#### **Pre-Admission**

Prior to admissions, our staff will work closely with external stakeholders, including prior placement(s) and providers, to determine if our program is the most appropriate and least restrictive setting for the resident. We will request the most recent and relevant academic, therapeutic and social history to inform a pre treatment plan and establish care goals *before* we accept the youth in our program.

Many programs do not commission a pre-treatment plan and rarely request a therapeutic interview prior to admission, Seasons Residential Treatment will make this a standard request to ensure we are the most appropriate placement and that the youth would not benefit from either a lower level of care, or a different treatment milieu.

#### **Admission Process**

Consistent with the standards set forth for PRTF certification, under **42 C. F.R. Sec. 441.152**, youth will have 24-hour access to a board-certified psychiatric and licensed, registered nurse upon admission, regardless of the time or day the youth is admitted to our program.

Seasons Residential Treatment will employ at minimum, two (2) board-certified child and adolescent psychiatrists. The assigned psychiatrist will manage the overall care and treatment of each resident and will conduct a comprehensive psychiatric evaluation as part of the admissions process.

All psychiatric evaluations, psychological assessments, social history, medical reports and educational reports (including psycho-educational, transcripts and IEP) will be reviewed by a multi-disciplinary care team under the direction and supervision of our board certified psychiatrist.

All referrals must meet the basic medical necessity criteria for Psychiatric Residential Treatment Services (PRTF) (**Exhibit 10**). Consistent with PRTF level care, youth referred to our program must be referred by a physician, or other licensed practitioner, and should meet least one of the following criteria:

- The child is at immediate risk of psychiatric hospitalization or has been removed from his/her home due to a mental or emotional problem; or
- Exhibits behavior which indicates a high risk of developing disturbances of a severe or persistent nature; or
- Is mentally ill or emotionally disturbed as reflected in a DSM-IV diagnosis and would benefit from specialized residential treatment services.

Upon approval of admission, the contact information for the clinical team will be shared with appropriate stakeholders, including the youth's family.

Seasons will set a new bar and standard for partnering with appropriate external stakeholder, immediately documenting and establishing community and campus resources and working towards an effective discharge plan. Although the plan will be based on preliminary treatment goals, we anticipate this early roadmap to be pretty thorough and extensive.

Our licensed therapists will lead daily client and agency interaction; however, both the psychiatrist and clinical director will have direct weekly input with the family, referral source and potential community resources during the first few weeks of care. The process is designed to establish early expectations and foster support for the multi-disciplinary team.

For residents admitted to either the residential or diagnostic/assessment unit, the treatment team will be identified and assigned within 72 hours of admission. As part of the admissions and intake process, the team will also review and assess prior placement information and documentation, family involvement, educational history, juvenile record (if applicable), presence/history of substance abuse, medical and psychiatric history and will also review risk factors related to care/treatment resistance. All residents will also be assessed, upon admission, for past and current trauma symptoms.

### **Treatment Planning**

Individual treatment plans will be used to identify problem areas, establish goals and objectives, detail treatment options most likely to resolve or ameliorate problems, and establish timelines. The Seasons Residential Treatment team will use this document as a roadmap for improving a patient's status and guideline for team orientation, transcription and information.

### **Individual Group and Family Counseling**

Every resident will have individual, group and family services as part of their treatment at Seasons Residential Treatment. All counseling is viewed within the context of the whole family. Family and community involvement is a cornerstone of our program. Research indicates, one family member experiencing problems can affect other members of the family. The team at Seasons Residential will involve the entire family from planning to treatment.

The issues addressed during the sessions are based on long and short-term goals and a comprehensive treatment plan developed in partnership with the resident, his/her family and the multi-disciplinary treatment team. Specific goals include: discharge planning, family and community reintegration, medication management, education and vocational training, life and independent living skills, and trauma history will be discussed.

General areas of therapeutic support include:

- Behavior and conduct disorder
- Sexual and gender identity
- Sexual and physical abuse
- Family dynamics
- Triggers for behaviors and trauma
- School avoidance/educational challenges
- ADHD, PTSD, Bipolar Disorder, Anxiety, Depression and Mood Disorders
- Understanding of disease state, mental health diagnosis

- Substance Abuse

### **Individual Therapy**

Master's level therapist with experience working in a PRTF setting and with youth who have difficult behaviors and mental health challenges will provide individual therapy. Our individual counseling sessions will meet more often than those traditionally offered (3 times per week) and will allow for problem identification, root cause analysis and problem solving between the patient and his/her therapist.

Upon discharge, we will also work closely with the next level of care provider to coordinate care from our residential setting to the community-based provider. Our therapists will share notes, information and history, as appropriate, to ensure a seamless reintegration process, better therapeutic outcomes and decrease likelihood of recidivism.

### **Family Therapy**

Family counseling at Seasons Residential Treatment involves the entire family. We will make every attempt to engage family members and will include relevant stakeholders the youth identifies as "family" to help with the treatment process. The goal is to help families work through and/or adjust to issues and challenges affecting the entire family. Family therapy may address specific issues surrounding parenting techniques, family dynamics, community/family reintegration concerns, stress management, foster care support, transitional needs and housing options.

The family therapy program emphasizes family relationships as an important factor in psychological health. We believe involving families in solutions is very beneficial in overall positive outcomes. The family therapy program is designed to help parent and child focus on positive qualities and reinforce the positive youth development model embedded in the residential program. The goal of this component is to give parents constructive behavior management skills and to guide them in developing techniques for how to hear, respect and respond to the youth's feelings.

### **Group Therapy**

Residents are provided group therapy 2- 3 times per week. Group therapy involves a small group of residents (approximately 6-10). The residents meet with highly trained clinical staff to learn to cope with, or adjust to, a variety of challenges. The groups will take a variety of forms. Some focus on a specific topic or problem, while others address a number of different concerns. Under the direction of the group facilitators, the group is able to give support, offer alternatives, gently confront and promote healing.

Various modalities will be available including in our group therapy menu including traditional, process-oriented, experiential, and cognitive/behavioral. Core group curriculum includes, but is not limited to: trauma resolution and self-concept, social skills and communication, substance abuse, anger management and frustration tolerance and community reintegration.

### **Therapeutic/Treatment Modalities**

Based on national best practices, clinical standards and proven positive outcomes, we believe the therapeutic modalities most appropriate for the type of youth we wish to serve must be: trauma focused, needs-based, individualized, dynamic, family and community focused, engaging and steeped in positive youth development.

Our general philosophy is consistent with the standards hypothesized by Marsha Lineham, Ph.D. Dr. Lineham, the original developer of the Dialectical Behavior Therapy model. According to Dr. Lineham, comprehensive psychotherapy must meet five critical functions. The therapy must:

- 1) Enhance and maintain the client's motivation to change;
- 2) Enhance the client's capabilities;
- 3) Ensure that the client's new capabilities are generalized to all relevant environments
- 4) Enhance the therapist's motivation to treat clients while also enhancing the therapist's capabilities;
- 5) Held in a structured environment so that treatment can take place

We have selected the following evidence-based practices as our principle tools and will incorporate similar tools based on the specific needs of the individual client. Our principal treatments will include: Trauma Focused Cognitive Behavioral Therapy, Dialectical Behavior Therapy (DBT) and a modification of Multi-Systemic Therapy (MST). All treatment modalities will be framed within the Positive Youth Development (PYD) model:

**Trauma Focused Cognitive Behavioral Therapy:** The cornerstone of our treatment philosophy. All therapists will be required to complete a minimum of 20 hours of web-based training during the first year of employment with Seasons Residential Treatment Program. Our clinical director will monitor and lead the successful completion of the program content from the *National Child Traumatic Stress Network (see Exhibit 10)*

The modules cover a host of experiential and expressive therapy techniques along with best practices for psychiatric intervention, medication management and family therapy and counseling. This program was selected because of its robust research, treatment options/customization and outcomes data. The training program has multiple educational levels, explores the various nuances and specificities of trauma within various communities, cultures and environments, and appeals to a broad clinical education level.

Details about the *National Child Traumatic Stress Network*, including a complete list of treatment interventions, program/training modules and how Trauma –Informed Interventions area applied in different clinical and social settings, can also be found here:

[http://nctsn.org/nctsn\\_assets/pdfs/CCG\\_Book.pdf](http://nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf)

**Dialectical Behavior Therapy (DBT):** Dialectical Behavior Therapy (DBT) The DBT group focuses on developing a clearer sense of self, learning healthy management of emotions, encouraging acceptance of the highs and lows of life without impulsive action, and creating, improving and maintaining healthy, stable relationships

DBT is a modification of cognitive behavioral therapy (CBT) and has been proven effective in residents with very refractory behaviors and youth who have encountered problems in the application of standard CBT. Clinicians have also found the model to be very effective with clients suffering from substance abuse and dually diagnosed adults and adolescents (**see Exhibit 12**)

**Multisystemic Therapy (MST):** According to the *Coalition for Evidence-Based Policy*, MST is a treatment primarily used for juvenile offenders. However, it has been used with great outcomes in all youth with refractory behaviors. The treatment uses a combination of empirical treatments (e.g. cognitive behavior therapy, behavioral parent training, functional family therapy) to address multiple variables (i.e. family, school, peer groups) that have been shown to be factors in juvenile behavior. It has proven to be an effective tool by all local juvenile services agencies in the District of Columbia, Maryland and Virginia.

Although MST is primarily used in community settings, the overall goal is to improve the youth's ability to make good decisions when choosing his/her peer group, and petitions the family to monitor his/her behavior(s). These goals are in direct alignment with our program goals, of early and on-going discharge planning, multi-disciplinary care approach and aggressive community and family reintegration strategy. In order to effectively monitor treatment outcomes, we will ensure the fidelity of this model is well defined and supported by our clinical team.

In the community-based model, masters-level therapists provide MST at the youth's home and community locations (e.g. school, recreation center), we will use the same process and tools in the residential setting and feel it will be easy to replicate based on our program intensity, targeted length of stay and required family/stakeholder involvement. Progression will be carefully monitored and therapist will work closely with the stakeholders to remove obstacles to goal achievement.

As part of family therapy, parents and engaged family members will receive MST to prepare them for the youth's discharge. We will work closely with the placing agency to start MST in the home for qualified youth and families. Upon discharge from Seasons Residential Treatment Program, the therapist will coordinate reports to local juvenile service agencies about the effectiveness of this tool and the responsiveness of the youth to the protocol.

**Motivational Interviewing:** This innovative approach to therapy developed by Stephen Rollnick, Ph.D., is widely accepted as a best practice approach in mental health as well as general healthcare practice when practitioners are challenged with encouraging clients to change an unhealthy lifestyle. Motivational Interviewing is based on a guiding therapeutic style which uses "listening more than questioning" to evoke from patients how change might be more compatible with the direction they want their lives to go in. This empathic listening technique can be useful in any consultation about change, and is supported by a growing body of research.

**Personal Boundaries:** The key to ensuring relationships is mutually respectful, supportive and caring is setting personal boundaries. Boundaries set the limits for acceptable behavior for each

individual and for those around them. Therapists will work with residents in both the group and individual setting to address this issue.

**Anger Management:** Anger is a powerful energy that can be a destructive force or a channel for change. These groups discuss how to recognize personal triggers, gain control over angry expressions, develop resolution and communication skills, develop appropriate outlets, and redirect energy.

**Substance Abuse Treatment:** All youth will be evaluated for individual substance abuse treatment and counseling by our certified substance abuse therapist/counselor and will participate in group substance abuse education as part of the general program.

Our substance abuse counselor has experience completing complex bio-psychosocial assessments, delivering specialized treatment/discharge plans, monitoring client's behavior for relapse, and has participated in hundreds of treatment and family team meetings. Our general focus will be to provide therapeutic counseling and recommendations of treatment based on American Society of Addiction Medicine (ASAM) criteria. According to the ASAM website:

The ASAM criteria, also known as the ASAM patient placement criteria, is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-orientated and results-based care in the treatment of addiction. Today the criteria have become the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. The ASAM criteria are required in over 30 states and the District of Columbia.

The ASAM Criteria is an indispensable resource that addiction medicine professionals rely on to provide a nomenclature for describing the continuum of addiction services.

### **Assessments and Testing**

Clinical staff will be required to use the most appropriate assessments and tools available to determine the problem severity and general course of treatment.

The general assessment protocol includes:

- 1) Review of placement agency recommendations (particularly with court-ordered youth)
- 2) General review of previous placement reports, in the absence of the most current data and information, we will administer: psychological and psychiatric evaluation and psycho-educational evaluations.
- 3) Conduct Mental Health and Substance Abuse Needs Assessments including: Child and Adolescent Service Intensity Instrument (CASII), the Massachusetts Youth Screening Instrument (MAYSI 1 and 2), The Trauma Checklist (TSC) and the Substance Abuse Screening Inventory (SASSI)
- 4) Determine Risk. For youth placed by juvenile services agencies, we will use the Structured Decision Making (SDM) tool to review factors and potential for re-offending and to determine the likely level of supervision the youth requires.

Youth admitted to our Diagnostic and Assessment Unit will likely be court-involved and referred by local juvenile service partners. For these youth, we will likely also use the following assessment tools **within 48 hours of admission**:

**The Massachusetts Youth Screening Instrument – 2 (MAYSI-2):** This instrument is a 15-minute self-report screening tool. It is easy to use and can be administered by staff with minimal training.

There are 5 subscales that have been validated for both males and females:

- 1) Alcohol/Drug Use
- 2) Anger-Irritability
- 3) Depression-Anxiety
- 4) Somatic Complaints
- 5) Suicide Ideation

### **Case Management/Planning**

Our multi-disciplinary team, led by the resident's therapist, will work closely with the placing/referral agency and all stakeholders to coordinate case management, care planning and discharge/community reintegration plans. Through our daily interactions, our team will have substantial opportunities to get to know the needs of the youth and how to best support their program and aftercare treatment. We will have dedicated staff to support discharge planning and care coordination with the referral agency and family. The primary role of this department will be to:

- 1) Facilitate private stakeholder meetings on campus;
- 2) Provide videoconferencing hardware (at our expense) to support parent/family meetings and therapy;
- 3) Coordinate Individual Education Plans (IEPs), Individual Development Plans (IDPs) and Individual Treatment Plans (ITPs);
- 4) Support Youth and Family Team and Community Support Meetings

### **Recreational Therapy**

Recreation Therapy will encourage patients to accept responsibility for their actions, set goals that challenge them to do their best, appropriately express feelings, improve stress tolerance, learn new approaches for problem solving, develop new leisure interests, and learn how to use leisure in positive and constructive ways.

Recreation therapy will utilize activity-based interventions to improve each child's physical, mental, emotional, and social functioning. Recreation therapy services will be offered daily to all populations and are facilitated by activity therapy staff.

Upon admission, each patient will be carefully assessed, and a recreation therapy plan will be developed to determine how to best meet identified needs through recreation therapy. Interventions are implemented to target specific needs and build upon existing strengths

throughout their treatment course. Each resident's recreation therapy plan will be reviewed every 90 days and revised as needed to ensure patients are meeting targeted goals.

The Activity Therapy staff will carefully assess personal hygiene skills. The recreation therapy staff will ensure each patient is provided with all personal hygiene items, and ensure all personal needs are met.

### **Movement Therapy**

The movement therapy program is designed to improve physical abilities, including muscle strength, balance, coordination, and flexibility, as well as provide opportunities to help build confidence and self-esteem by focusing on strengths and developing skills. Other benefits include helping patients gain greater self-reliance, which is essential to independent living skills, and increasing interpersonal skills by encouraging patients to join in activities that nurture social relations and create feelings of peer acceptance. Youth admitted to both our residential and diagnostic/assessment unit will benefit from this service.

Movement therapy will be held in the gym and in other classroom size spaces. We will use the basketball/soccer/volleyball court for general activities and hold Yoga and meditation classes. We plan to offer a range of structured physical activities to promote wellness and help youth remain active in support of a healthy lifestyle. Wherever possible, we will partner with local non-profit and community organizations to deliver bring these programs on campus.

### **Level System**

Our team will implement a "level" system to observe and document youth behavior. The system will be supportive in its effort to show youth behavioral consequence. This system will be applied uniformly and fairly across the program and discussed during the admissions process. This system will not be punitive, instead, it is positive and supportive, with specific discussions related to behavioral consequences.

All youth will be given a comprehensive overview of the level system and how it is used as a vehicle to promote day-to-day feedback and chart and document their success in various settings. The resident will be observed in all settings and feedback will be shared with the multi-disciplinary team and all external stakeholders as part of the assessment process.

### **Youth Advisory Board**

Youth officers elected by their peers from each unit will serve on an agency board representing their milieu. This board, led by the Resident Advocate will meet monthly to review any safety or quality of care issues and make recommendations directly to senior leadership.

### **Food Services**

Our dining hall is designed to accommodate up to 175 people (staff and residents) for three (3) full meals per day. The renovated site will also be used for "town hall" community meetings and general assembly. The dining facility will be available for agency inspection and review at all times. Once the program is operational, we will hire experienced staff to ensure we are in compliance with all OSHA, USDA and all other federal and state regulations and food handling requirements.

We will serve three (3) meals per day to residents and staff; daily snacks will be served to youth in the residential cottages. The meals will be aligned with the new nutrition science and standards and will meet federal food and nutrition standards. All food and health safety standards will be monitored by the director of food services and reported to the senior administrative team. The food services director will be responsible for coordinating special diets due to food allergies and religious beliefs.

### **Transportation**

Trained transportation staff will provide secure transportation to/from court, home visits, wellness/medical appointments and admissions/discharge to higher/lower level of care. Our transportation team will also facilitate family and community reintegration planning. The team will transport parents, siblings and other supportive stakeholders to/from the facility to support treatment team meetings, parent/family therapy and other interactions that support positive outcomes and youth development.

Our transportation division is also designed to respond to the needs of our customers. We will transport youth to any next level of care placement via auto, train or air travel including safe and secure transport through airport security. We strongly believe the service will promote better hand off and drive communication between providers. The transportation service will be available on short notice to accommodate requests 24 hours per day/7 days per week.

### **Discharge Planning**

Discharge planning is a critical part of each resident's treatment and our core values. Discharge plans will be prepared by the clinical staff and will include presenting problems at admission, a summary of the course of treatment, progress toward each treatment goal, identification of remaining treatment issues, and recommendations for aftercare.

Generally, the patient will be recommended for successful discharge when he or she has demonstrated a significant decrease in the symptoms that led to admission and has demonstrated reasonable success in structured community reintegration activities.

Clinical staff will be made available to stakeholders during the transition process to provide on-site/phone consultation to help inform the patient's step-down placement. Clinical and direct care staff will also be available to accompany patients during initial home/community passes and to provide initial consultation following discharge.

### **Medication Management**

Our clinical team will help residents and families understand the importance of medication compliance and management. Our goal is to help families understand:

- 1) Disease state – symptoms and triggers
- 2) Medication-related side effects
- 3) Substance abuse and prescription medication interaction
- 4) The importance of medication compliance

### **Transitional Services**

Transitional services are offered to ensure each patient has appropriate skills and family support necessary for successful community reintegration. Because we plan to serve young adult residents, our discharge/transitional services will include housing support for youth eligible for independent living settings. We will work with local housing authorities to ensure appropriate adult level services are identified and made available as part of the discharge plan.

### **COMAR Standard 10.24.07G (3)(e) Treatment Planning and Family Involvement**

#### **Treatment Planning:**

Seasons Residential Treatment is built on a system of care that is collaborative, accessible and comprehensive. Our multi-disciplinary treatment team will work closely with all internal and external stakeholders before, during and after admission and discharge, to ensure resources are identified and maximized, treatment plans are measured and structured and results defined and delivered.

All of our academic, therapeutic and residential services and supports will be culturally competent and tailored to the unique values and needs of the youth, their families and the culture with which they identify.

All treatment plans will include therapeutic, academic and treatment goals and objectives that are measurable, meaningful and hold staff and youth accountable. The treatment plan is a road map designed to improve problem-solving abilities, increase communication skills, acquire daily coping abilities and enhance self-esteem.

The treatment plan will focus on returning youth back to their family and community and will be driven by the specific and individual needs of the youth and family. All interventions, benchmarks and services will be coordinated by the treatment team and will include input from relevant internal and external stakeholders.

Internally, the multi-disciplinary team will be led by a licensed, experienced, board-certified psychiatrist and will also include contribution and participation from various levels of professional and direct care staff. At minimum, our multi-disciplinary team will include the youth's unit specific registered nurse, teacher, milieu manager and master's level therapists.

Our treatment philosophy is based on keeping families together and returning healthy youth to their natural environment. Our treatment planning is built around effective family participation and engagement. We strongly believe involving client families in therapy can improve communications, reduce stress, and help with resident recovery.

We understand it may be difficult to consistently engage family members and many are juggling multiple priorities and challenges. Our multi-disciplinary team will focus on how to best encourage active and consistent family involvement by understanding barriers to family participation. We will focus on specific individual and family challenges, treatment goals and family history in order to design the best individual family care plan.

Our family treatment is strength and needs-based and focuses on the current family and youth assets. We will educate the family on the role of positive family functioning and how it relates to overall psychological health, stress management and successful youth/resident outcomes.

Our family treatment is positive, supportive and is prospective in its clinical approach. The treatment team will discuss the youth's current mental health and behavioral health challenges and history of substance abuse (as appropriate). We will also address ways to maximize the Seasons Residential program to ensure long term and sustainable treatment success. Our team will promote an atmosphere of hope in a low-stress, comfortable environment. Our family team meetings and therapy will be conducted in a home-like environment designated for family and youth interaction and therapeutic sessions.

Overall, our program model is designed to help parents and youth focus on positive qualities; give parents constructive behavior management skills; guide them in developing techniques for managing anger and teach parents how to hear, respect and respond to their children's feelings. Our treatment model focuses on rebuilding family and community trust, restoring family functioning and developing effective daily living/coping skills. Although we cannot make family therapy a mandatory part of our treatment plan, we will make every effort to engage family members in the treatment process at least once per month.

We will encourage family participation early and often and will require monthly participation in treatment team and/or family therapy. Our program is ideally located between Baltimore and Washington, DC and conveniently accessible from the Capital Beltway. Our location will allow our team to effectively serve a large percentage of families and engage other supportive stakeholders who may be a part of the youth's circle of support.

We plan to make campus access easy for all. Our transportation team will shuttle family members and other stakeholders from the Metro station to our campus. We have petitioned Prince George's County Economic Development to help offset the cost of running the "Metro shuttle." We have asked for these County funds to help the program facilitate parent participation and encourage and attract a diverse employee base.

For families who are unable to participate in person, we will provide HIPAA secure computer video service (hardware and software) available to facilitate family therapy in the home, agency or local outpatient setting. We are committed to this treatment component and will also provide financial assistance where money is a barrier to on campus therapy and visitation.

### **COMAR Standard 10.24.07 G (3)(f) Education**

The primary purpose of educational programming at Seasons Residential Treatment is to help students develop the academic, vocational and technical skills needed to be successful. Our mission is to provide a positive educational experience, by building upon existing academic strengths and improving each student's investment and interest in education. The ultimate goal of the educational program is to prepare each student for "next level learning" and to provide a "dynamic roadmap" which reflects how to best achieve educational and career goals as a component of personal development.

All residents will be required to attend the nonpublic academic program as stated in requirements for licensed Residential Treatment Program and certified Psychiatric Residential Treatment Facilities. The nonpublic school program will meet the needs of Level V and Level VI general and special education students with serious behavioral challenges who need a more structured academic setting. Both our day and residential academic program will support general and special education youth with behavioral and emotional challenges

The non-public school program will be located on the Seasons Residential Treatment campus and will serve both day and residential students. We will support middle and high school-age youth and offer a range of traditional and non-traditional academic programming geared towards general education, special education and job readiness and will use the latest technology and experiential learning modules in concert with the required State of Maryland curriculum. The program will be suitable for students who have been unsuccessful in “traditional” educational settings and those that require highly structured and supportive instruction.

In accordance with the rules outlined in *COMAR 13A.09.10, Educational Programs in Nonpublic Schools and Child Care Treatment Facilities*, *COMAR 13A.05.01* and *COMAR 13A.09.09 Educational Programs in Nonpublic Schools and Child Care and Treatment Facilities*, we are petitioning to serve youth in our PRTF facility as a **Type 1, General Special Education Program**. Due to the refractory nature of the youth we will serve and our goal for PRTF certification, we will also adhere to **COMAR 13A.08.04, Student Behavior Interventions**.

#### **CERTIFICATION AND ACCREDITATION**

Members of the academic team for Seasons Residential Treatment recently met with members of the *Maryland State Department of Education (DOE), Nonpublic Special Education Section and Division of Educator Effectiveness, Nonpublic School Approval Branch*, to discuss our statement of purpose and proposed non-public residential education program.

We will seek a Certificate of Approval (CofA), from the Maryland State Department of Education Nonpublic School division and follow the Maryland State Curriculum for all Maryland youth. Our school administrator(s) will partner with the certifying agency to make sure we are in compliance with **COMAR 13A.09.09.04** if the CofA is approved.

The academic staff will follow general curriculum standards to meet all local and state education authorities for the youth we plan to serve. The standards set forth in the Maryland State Curriculum are consistent with the core education/curriculum requirements for the region, including certification standards set forth by State Education Authorities (SEA’s) in the District of Columbia, Virginia and West Virginia. Non-Maryland general and special education youth required by their home state SEA to take electives and credits outside of the Maryland State Curriculum will be handled on an individual basis through our education vendor, Connections Learning.

Within 12 months of approval from the Maryland State Department of Education, Seasons Residential Treatment will also seek accreditation from **The Middle States Association of Colleges and Schools**. The Middle States Association of Colleges and Schools is defined as a

voluntary, peer-based organization dedicated to educational excellence and improvement through peer evaluation and accreditation of public and private universities, colleges, secondary and elementary schools.

The Middle States Association of Colleges and Schools is one of the six regional accreditation organizations recognized by the United States Department of Education and the Council for Higher Education Accreditation. The website and more information about their accreditation standards can be found here: <http://www.middlestates.org/>

## **ASSESSMENT**

During the admissions process, all youth will be assessed in areas related to the suspected disability, consistent with **34 CFR §300.304 (c)(4)** and **COMAR 13A.05.01**. Our education team, school administrator and clinical team will determine, document and report the best education plan based on a variety of assessment tools and available documentation from previous academic placement.

The team will also review the goals, education history and discharge plan of each student before a plan is developed. A variety of assessment tools will be used to determine how to best leverage the educational, vocational and career technology resources available at Seasons Residential Treatment and through local community partnerships.

## **STUDENT POPULATION**

### **General Education Youth**

Nonpublic programs provide educational therapeutic and/or residential to students with disabilities. In the continuum of services for eligible students, federal and state laws allow programmatic options for students who may require exceptional educational and/or clinical interventions to meet their needs.

During the admissions process, the education team will determine the appropriate grade placement within the educational program and determine where/if the student has credit unit deficiencies. Students will receive an individual core curriculum plan based on their specific education needs within the guidelines of the standards set forth by their State Education Authority. Course content will be presented in an understandable manner designed to accommodate for various learning styles.

### **Special Education Youth**

In accordance with Maryland State Curriculum and outlined in **COMAR 13A.09.10.17**, the academic program of Seasons Residential Treatment will provide an organized program of English, language arts, mathematics, science, social studies, and other curricular areas as appropriate for youth with special education needs. The academic program will help serve and promote the continuation and improvement of Individualized Education Program (IEP) services for day and residential students with disabilities.

In accordance with **COMAR 13A.09.10**, the academic team will maintain and implement policies and procedures for the admission of a student with special education needs into a general education program and will meet the higher standard for all levels within the program

requirements, including: staffing, educational programming, teacher/student ratio, related services, assessments and administrative practices.

### **Young Adults**

Older youth who have earned a high school diploma or GED, will program together as a separate school unit. These youth will receive pre-vocational and vocational instruction, along with life and independent skills development and support. Every effort will be made to coordinate “real world” experiential learning with an approved vendor or contractor as part of an apprentice/internship program.

We also plan to partner with Prince George’s Community College, the University of the District of Columbia and Northern Virginia Community College, to offer online courses for eligible youth and will support them through the discharge process as part of our continuum of care.

### **Day School Students**

All programs and services listed in this section will be available to non-residential day students attending the academic program on the campus of Seasons Residential Treatment. Typically, these youth will be referred to Seasons when the IEP team from the local public school has determined that the services the student needs can only be provided in a nonpublic setting. The public school district then pays the tuition for all special education and related services provided by the nonpublic school program. We will assume all responsibility for the implementation of the IEP and collect/analyze all data on progress; however, the placing school district is ultimately responsible for making sure the students receive appropriate services.

Through FY 2018, we project a day school population of approximately 12 youth per school year and will limit the program to no more than 15 per academic year. This specialized program is designed to support youth with very refractory behaviors from local education authorities within 40 miles of the campus.

Youth may be referred and admitted to our program according to **COMAR 13A.05.01.16** in the following ways:

- Local School System Placement of a Student with a Disability;
- Parental Enrollment of a Student with a Disability in a Nonpublic School
- Unilateral Placement in a Nonpublic School by a Parent when FAPE is an issue;

### **ACADEMIC STAFF**

The educational program at Seasons Residential Treatment will provide academic, behavioral and emotional supports in a comprehensive learning environment with the goal of helping each child achieve new skills and confidence in order to return to their home school district with the best chance of success.

Staff are trained and encouraged to employ the latest de-escalation techniques and strategies to manage student behaviors. Students are never expelled from educational (or any other) service, and we will only use exclusion, restraint or seclusion after every positive behavioral intervention has been completely exhausted *and* the student is at risk, or poses a serious risk to others.

In the instance where behavioral issues warrant temporary removal from the classroom, students will be provided individual instruction in the residential cottage or other designated areas until behaviors are determined appropriate.

### **Staff to Student ratio**

Youth with special education needs will have a staff to student ratio of 1:7, based on the total special education census and outlined in **COMAR 13A.09.10.17**. Qualified teachers will be supported by a teacher's aide, and will also include a member of the direct care staff.

General education youth will have a staff to student ratio of 1:12. The minimum requirement is not outlined in the COMAR regulations and the requirement is excepted in **COMAR 12A.09.10.09 (2) (c)**.

### **Administrator**

In compliance with **COMAR 13A.09.09.06**, and **COMAR 13A.09.10.18**, *Educational Program Personnel Requirements*, using the most restrictive requirement, we will employ an administrator/executive director with:

- A valid Maryland professional certificate as an elementary or secondary school supervisor or principal; or
  - A valid Maryland professional teaching certificate in elementary or secondary education;
- and**
- Valid Maryland professional certificate as a special education supervisor or special education principal; or
  - Valid Maryland professional teaching certificate in special education

The administrator/school director will lead the day-to-day activities of the academic program, and manage all academic program staff. The administrator will also maintain current personnel files (including certifications and qualifications) for all full time and part time academic staff and will establish and adhere to a written policy stating the qualifications, duties, responsibilities and supervision of all academic staff.

The administrator will also have a separate and specific written policy and process for students admitted with IEP's. The academic team will be responsible for: securing, tracking, reporting, monitoring and complying with the IEP requirements for each youth. The team will partner with all external stakeholders to ensure all aspects of the IEP are consistently implemented and services delivered.

The administrator will determine, record and report the student calendar and schedule of the school day in accordance with the standards set forth in **COMAR 13A.09.10.14**. The administrator will also be responsible for unit of credit approval and will coordinate dissemination of transcripts to the local and state education authorities no later than 72 hours after student discharge. School records will be maintained by the education team and will be the primary responsibility and oversight by the school administrator.

### **Teachers/Instructors/Aides**

All full time and part time teachers, including those providing instruction in GED and pre-GED preparation, will have, at minimum, a bachelor's degree from an accredited college or university. All teachers will be required to participate in family and treatment team meetings to help inform next level of care placement, education and therapeutic decisions.

All teacher aides will receive direct supervision and instruction from the teacher to whom the aide is assigned. The teacher aide will have earned an associates degree (preferred), will have at least one year of teaching/instruction, a high school diploma (required).

Career development and career technology staff will be required to have a minimum of 5 years of trade experience, a high school diploma and (preferably) experience working with students with behavioral challenges.

### **IEP Coordinator**

In addition to working closely with the multi-disciplinary team during weekly treatment team meetings, the IEP coordinator will also be responsible for:

- Coordinating admission paperwork – determining the appropriate program and grade placement within the educational program;
- Partnering with the local school system to develop, adhere and amend IEP's,
- Participating in IEP meetings with local school system;
- Informing placement, education and therapeutic decisions within the lens of IEP requirement;
- Documenting related services and IEP compliance;
- Advocating for access to education rights under **COMAR 12A.05.01** (FAPE)
- Disseminating discharge transcripts as part of our individualized educational assessment and education support process

## **CURRICULUM**

### **Academic Calendar**

Seasons Residential Treatment Program will offer a 12-month school year with four 12-week quarters, separated by one-week classroom breaks. The school year will be 228 days, which exceeds the minimum requirement of *at least 180 days of instruction* (**COMAR 13A.09.10.14 (b)**).

### **Summer School and Extended Year Services**

We also plan to offer a summer program that will qualify the program for Extended School Year benefits as defined by the Maryland State Department of Education.

Students will attend summer school classes in the core subjects as outlined in the Maryland State Curriculum. However, our summer academic program focuses on credit retrieval and enrichment with a hands-on, recreation-based theme. Summer school elective courses include Poetry, Photography, Equine Science, Horticulture, Culinary, Creative Writing, Drawing and Painting, Woodworking, Computer Science, Model Building, Exploring Math and Science through Nature, and Photo Journalism.

Students will also be eligible to receive formal instruction in independent living skills, pre-vocational programming, pre-GED and GED preparation and career development/career technology education programming. All instruction will be delivered on the campus by trained and experienced staff of Seasons Residential Treatment, and/or contracted community partners.

### **Vocational Program and Workforce Development**

The program is designed as an elective for older youth (18-21) who are still matriculating towards a high school diploma (or GED) and those youth in our residential program who have successfully completed their high school diploma or GED.

With the understanding not every youth has the goal of furthering their education upon graduation from high school, our goal is to develop an experiential program we can deliver on campus as part of the vocational training and workforce development program.

Students on this track will receive career and technical education in a classroom setting. Our instructors will focus on high growth sectors such as information technology and healthcare and we will infuse the schedule with opportunities for exposure to careers and work experience in these fields. We will also partner with local organizations to provide opportunities for youth to experience success working in more technical areas such as: horticulture; recreation; graphic arts, culinary arts; carpentry; plumbing; electrical; and landscape maintenance.

### **Independent Living Skills/Transition Services**

Seasons Residential will admit youth up to the age of 21. We will implement an independent living program that prepares young adults for community reintegration. We will provide them with the tools they need for movement into adult roles. The goal of the track is to engage them in their own "futures planning process," as well as providing developmentally appropriate services and supports.

The model involves youth (ages 18-21), their families, and other informal key players in a process that facilitates their movement towards greater self-sufficiency and successful achievement of their goals. They will be encouraged to explore their interests and futures as related to each of the transition domains: employment and career, education, living situation, personal effectiveness/wellbeing, sober living and community-life functioning.

The classroom instruction will be delivered by an experienced teacher and reinforced through small group discussion led by a licensed therapist. The clinical aspect of the program will focus on personal development in the following areas:

- Interviewing and general communication skills
- Determining strengths
- Building confidence and trust
- Developing social skills
- Completing an application/resume
- Managing time
- Developing appropriate work habits and attitudes
- Creating a realistic budget, personal credit and how to open a bank account

### **Get Credit!**

We created this program in partnership with Connections Learning (see below) to help youth obtain credits for courses they have previously taken and have been unsuccessful in completing. The partnership with Connectional Learning will allow youth who have had previous issues with truancy or multiple out of home placements, to potentially earn credits towards graduation.

We can also provide youth with the opportunity for credit by examination of up to another 6.5 educational units (depending on the home state LEA criteria). The credit retrieval program is a computer-guided instruction under the supervision of certified staff. The program is interactive and engaging and allows the youth to move at his/her own pace.

This is an excellent tool for youth in our diagnostic and assessment unit and youth who may need the extra support of our hands-on team, easy to use software and structured setting to “get credit” for a class they have been struggling with. This program can be implemented in a variety of ways and will be used in conjunction with full time school instruction.

### **Therapeutic Recreation**

Our Therapeutic Recreation Program will provide opportunities for youth to express their creativity through music, yoga, dance and spoken word (poetry). The staff will encourage youth to develop healthy lifestyles during the program and will pair the physical activities with small group instruction regarding the benefit of movement as a coping mechanism and outlet.

### **Instructional Materials and Media Library**

In addition to more than 8,000 square feet of classroom space, we have a state-of-the-art student computer lab outfitted with the latest computers and technology. All students will receive general computer skills training and have supervised use of the Internet for school research, job skill development, independent living preparation and general school coursework.

We have selected *Connections Learning*, an award-winning software and educational company, to complement the variety, quantity and quality of instructional materials we will provide to our students. The partnership with Connections Learning will greatly expand our school resources and ability to deliver quality education resources to youth with gaps in their educational record due to out of home placement or truancy.

The *Connections Learning* program was developed by educators with experience working with youth who need a more flexible and highly customized curriculum design. Each student will be given an educational assessment within 48 hours of admission and will begin some level of credit recovery and/or academic programming within 72 hours of admission.

The use of the *Connections Learning* program, in conjunction with our in classroom instruction, will allow the education team to offer immediate and comprehensive educational assessments and credit recovery to support our commitment to short-term placement and supporting youth in the least restrictive environment.

The ability to administer credit recovery programs in our diagnostic and assessment unit, will also be very helpful and will allow the multi-disciplinary team to more accurately determine next level of care educational placement.

The program curriculum, courses and certificates are aligned with the Maryland State Department of Education and local state education authorities including the District of Columbia and Virginia. Connections Learning also has an impressive list of local partnerships with Learning Disabled (LD) and Emotionally Disabled (ED), elementary and secondary school programs in the region.

Additional information about the company and related outcomes data can be found here: [www.connectionslearning.com/connections-learning/home](http://www.connectionslearning.com/connections-learning/home)

### **DIPLOMA AND CERTIFICATE OF COMPLETION**

The secondary school academic program at Seasons Residential Treatment will meet the academic, enrollment, credit and student service requirements outlined in **COMAR 13A.03.02** for the issuance of a Maryland high school diploma or Maryland High School Certificate of Program Completion.

### **SCHOOL RECORDS**

Seasons Residential will maintain permanent attendance records, grades, and transcripts for each student. Students are assigned individual grades by certified teachers and will receive credits based on recommended grades and coursework completed and in compliance with the student's (home) school district requirements.

### **COMAR Standard 10.24.07 G(3)(g) Medical Assistance**

According to the demographic data from the *FY 2013 State of Maryland Out-Of-Home Placement and Family Preservation Resource Plan*, most of the youth we serve will meet the requirements to receive benefits under the Maryland Medicaid Assistance Program and will likely be enrolled in a local MCO provider prior to admission to our program.

Seasons Residential Treatment will adhere to the federal and state standards established in *The Maryland EPSDT Preventive Health Schedule*. The youth we serve will generally be at a higher risk of health problems compared to the same age group in the general population. Multiple out of home placements, placement in non-local residential programs and general family dysfunction, contribute to the data which suggests this group has a higher incident of preventative care non-compliance.

An integral part of the admissions process is to assess the physical, mental and developmental health of all youth referred to our program. For Maryland youth, this process will include determining when the resident is due for the required periodic screenings and whether the youth has ever participated in the screening program.

The clinical team will work closely with external stakeholders to gather all relevant medical records from local providers. Ideally, we will be able to access information from the youth's current primary care physician, partner with the provider to establish a wellness plan for local

dental, auditory, vision and health visits and support a continuum of care that will extend to the community once the youth is discharged from our care.

We will check on the following federally mandated components of the *Maryland Healthy Kids Program*:

- Health and Developmental History
- Presence of a recent comprehensive physical examination
- Appropriate Laboratory Tests/Risk Assessments by Questionnaire
- Immunizations
- Health Education/Anticipatory Guidance

We will schedule additional age-appropriate screenings and follow-up visits, as medically necessary and in compliance with the requirements outlined in the *Maryland Healthy Kids Program*.

Seasons Residential Treatment will also contract with local Maryland Medicaid providers, including a pediatrician, primary care physician and nurse practitioners to conduct on site, emergency and on-call, wellness and physical exams, as part of our comprehensive around the clock medical services. In addition, PRTF certification requires and consistent with the needs of the population we will serve, our registered nursing staff will also be available 24 hours per day.

All patients will receive a comprehensive physical examination upon admission. In addition, patients will receive access to bi-annual dental screenings, vision, speech, and hearing screenings, and access to an on-site medical staff seven days a week for injuries or sick visits. We will also provider medical case management and transportation for routine medical needs.

Seasons Residential will contract with a local 24-hour urgent care center and is conveniently located within 5 miles of a full service medical/surgical hospital. All required immunizations are reviewed and updated upon admission, and during the influenza season, all patients are offered free flu vaccines.

Medications will be supplied by and delivered to our program by a “closed door” pharmacy. The pharmacy is contracted and set up to direct bill all local (MD, DC, VA) Medicaid agencies for all youth receiving Medicaid and third party health insurance benefits. The pharmacy will provide specialized clinical staff training and audit patient medication records.

### **COMAR Standard 10.24.07 G(3)(h) Staff Training**

Seasons Residential Treatment Program is committed to recruiting, training and retaining the best staff at *all levels* of care. Our program leadership team will be unwavering in their expectation of excellence. In order for us to meet this goal, we must educate and empower staff and support their efforts to deliver exemplary care to a challenging population within a therapeutic framework.

We will embrace an employee culture of inclusiveness, open communication and collaboration at

all levels within the organization. Starting with recruitment and “on-boarding” of new employees, our staff training will underscore our commitment to building and maintaining an organizational culture that is: respectful of diversity and difference, collaborative and cooperative, and supportive of all internal and external stakeholders. It is also critical to the success of the program that all staff feels supported and valued and is being coached to explore options with the organization beyond their current role.

The contributions of the direct care and direct service staff is critical to the success of the program. Operationally, the direct care staff (specifically, direct care technicians) will have the most frequent and consistent contact with our residents. In our service delivery model, we designed each unit as a separate community within the campus. Our decision to embed nursing staff and therapist in the residential cottages, furthers the idea (that) we will work together as a team to understand and support the needs of our residents.

All levels of staff will be involved in youth care and program design/improvement. Staff will share information about the resident as directed in treatment team meeting, staff meetings and/or individually with the youth. The direct care staff will be fully integrated with the management team and all will serve to support and encourage youth success. The campus will meet in monthly town hall meetings and will have direct access to all levels of management.

The attached *New Employee Orientation Schedule (Exhibit 13)* provides a general schedule of new employee orientation. The orientation is 80 hours in length and will be delivered during the first two weeks of employment. Staff will be paid for the orientation prior to assuming full job responsibilities. All levels of staff are required to attend the first week (40 hours) of general orientation. The second week of orientation is spent shadowing and indentifying a work mentor and learning the nuances of their specific job function for direct service staff.

Seasons Residential Treatment will require mandatory training for all new and returning full and part time, paid, unpaid and volunteer staff. The director of human resources will be responsible for maintaining staff training and employment records and ensuring employees and contractors adhere to written policies that detail program management, admissions, living and environment, case management, behavior management and program security.

Training and continuing education requirements and national accreditation standards will be outlined for all employees and will be maintained for stakeholder review and inspection, by the director of human resources. All employee certifications, training and continuing educational requirements will meet national standards and best practices and will also be managed by the human resources administrator.

### **Continuing Education**

As part of our benefits package, Seasons Residential Treatment will support continuing education for all employees with at least 12 months of employment. All levels of professional and clinical staff will be able to take advantage of education reimbursement for approved continuing education courses. The courses must directly support their current role, are consistent with their professional development track and approved by their next level manager/supervisor. The tuition reimbursement benefit covers accredited on line, self-study and live classroom coursework and

includes programs required for clinical and state licensure.

Direct service personnel will receive training in a variety of in class and online education. Many of these courses will lead to a certificate of completion or continuing education credit for professional staff. Below is an abbreviated list of courses we will make available to direct service staff in order to deliver best practice service to the youth and families we serve:

<b>Intervention</b>	<b>Endorsed by</b>	<b>Required for</b>	<b>How it meets clinical need</b>
Trauma-Focused Cognitive Behavioral Therapy	SAMHSA's National Registry	All Therapists Discharge Planning Academic Staff Direct Care Staff	The purpose of this training is to assist direct care and therapeutic staff with how to recognize issues of past and current trauma. Staff will learn how to identify clinical and non-clinical aspects of CBT. Non-clinical staff will be trained to recognize triggers and support youth behaviors that are often aggressive and confrontational. Staff will also learn strategies and best practice de-escalation techniques.
Dialectical Behavioral Therapy (DBT)	SAMHSA's National Registry	All Therapists	DBT is a cornerstone modality therapists will be expected to master this intervention and pass related testing/certification. Non-clinical staff will be given a broad overview of how the treatment should be reinforced and supported in the program.
Multi-Systemic Therapy	SAMHSA's National Registry	All Direct Service Staff Therapists Discharge Planning Academic Staff	Proven "Evidence-Based Practice" shown to be effective in reducing recidivism for juvenile offenders. Training will include discussions about how this intervention is used in the community and which agencies have services to extend our care. Discharge planners will be expected to discuss and understand how to access this resource and provide this information to family members/stakeholders.
Motivational Interviewing	Best Practice and Evidence Based	All Direct Service Staff Therapists Academic Staff Administrators	Motivational interviewing is applicable to a wide range of behavior change/counseling settings and staff. All staff will be expected to approach youth in a way which supports Positive Behavior Support

Intervention	Endorsed by	Required for	How it meets clinical need
			(PYB) and this style of motivational interviewing.
Positive Youth Development	Best Practice Model	All Staff: Therapist. Discharge planning, academic, dining hall, milieu staff/direct care, administrators	A cornerstone of our Philosophy. All staff will be trained on how to consistently implement Positive Youth Development as a model in all areas of the program: education, milieu, dining,
Good Lives Model of Offenders Rehabilitation	Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services	Therapist	For youth with very specific, very refractory behaviors and disorders
Human Trafficking Awareness Training	Department of Education; Department of Homeland Security	Therapist/Clinical Staff	General training designed to identify the signs of sexual exploitation.
Handle With Care	Best Practice	All Direct Service Staff	National best practice standards for de-escalation of behaviors and crisis intervention

**COMAR Standard 10.24.07 G (3)(i) Staffing**

Seasons Residential Treatment Program will employ a competent staff of highly skilled full time and contracted, professional, paraprofessional and support personnel. Our staff will be proficient in the latest principles, goals, and advancement in behavioral health and treatment provision, including the principles of Positive Youth Development (PYD).

Seasons will have a staffing pattern that provides on-site trained staff for twenty-four (24) hour coverage, seven (7) days a week (including holidays) based on the number of youth placed in our care. The overall direct care staff to student ratio will be 1:6, with slightly higher staff to resident ratios during first shift hours.

We are committed to maintaining the highest physical, mental and psychosocial wellbeing of each resident. The level of supervision and oversight will have a direct impact on the safety, security and quality of care we will deliver and the outcomes we will share.

All professional staff will be required to submit updates, changes and challenges to all certifications or licenses required to perform, execute or legally deliver services to youth in our care. The Employee Handbook will clearly state what status changes must be reported immediately and what can/should be reported annually in order for the program to fulfill the proposed treatment goals and remain in good standing with our referral partners, funding sources, etc.

The proposed program will take the following steps to ensure we attract and retain a sufficient number of qualified professionals to meet the needs of the youth we wish to serve:

- Promote from within – establish a succession planning program consistent with program ideals and culture;
- Encourage use of tuition reimbursement, clinical certifications and continuing education benefit;
- Establish career tracks and professional development paths across functional areas and staff levels;
- Recruit staff through local social service agency relationships and workforce development initiatives including those targeting Veterans and other underserved groups;
- Partner with local universities to attend career fairs, conferences and on-campus events to recruit graduate-level clinicians and alum. Targeted universities include attracting students from the University of Maryland, George Washington, Howard University and Georgetown University;
- Provide training programs and internship opportunities to graduate-level students; allow them to shadow/support experienced staff;
- Create various staffing options for our highest turnover (staffing) category: direct care staff. Options will include: per diem, short-term and temporary shifts;
- Relocation assistance for qualified senior-level clinical and administrative positions;

**COMAR Standard 10.24.07 G(3)(j) State Regulations**

By virtue of this application, Seasons Residential Treatment Program intends to apply to all mandated federal, state and local health and safety regulations and applicable licensure and certification standards.

**COMAR Standard 10.24.07 G(3)(k) Accreditation and Certification**

Upon approval of the Certificate of Need from the Maryland Health Care Commission, Seasons Residential Treatment Program will immediately petition the State of Maryland Department of Health and Mental Hygiene (DHMH) for a license to operate as a Residential Treatment Center (RTC) in accordance with **COMAR 10.07.04**. The program will be jointly licensed as a Specialty Hospital-Psychiatric Facility as outlined in **COMAR 10.07.01**.

We intend to comply with all federal, state and local requirements to operate as a certified Psychiatric Residential Treatment Facility (PRTF) and will meet or exceed standards to operate as a RTC. As soon as permissible, we will petition for initial *Joint Commission* review and file appropriate supporting documents to certify as a PRTF in the State. The process for PRTF certification requires the facility meet the minimum standards to qualify for federal Medicaid reimbursement and is also certified by the *Joint Commission*. We intend to apply for Medicaid reimbursement prior to *Joint Commission* review.

In addition to the above, the academic program at Seasons Residential Treatment will apply to the Maryland State Board of Education for a license to operate as a **Type 1, General Special Education Program**. If approved, we also plan to seek accreditation from *The Middle States Association of Colleges and Schools, Commissions on Elementary and Secondary Schools*. The State of Maryland Board of Education does not require the additional education accreditation; however, it will provide an additional level of credibility and accountability in the community.

**COMAR Standard 10.24.07 G(3)(I) Criminal Background Investigations**

Seasons Residential Treatment Program will comply with all regulations outlined in **Family Law Article, §5-560 through §568, Annotated Code of Maryland**. Seasons Residential Treatment will review regulations **and update procedures** governing criminal background investigations for all employees (FT and PT). We have extended this requirement to include all contractors, vendors and volunteers.

**Authorized Agent process**

Seasons Residential Treatment Program qualifies to become an authorized agent to receive criminal background information based on the services we provide to youth under the age of 18. As soon as permissible and before we hire the first employee, we will:

- 1) Formally petition the State of Maryland Department of Public Safety and Correctional Services Criminal Justice Information Systems Central Repository to become an authorized agent to receive criminal background information;
- 2) Complete Private Party Petition
- 3) Designate an administrator to receive employee background information

**Process for pre-employment and annual background check**

All employees, contractors, vendors and volunteers who pass the initial interview/screening to work for and conduct business with Seasons Residential Treatment, will be extended a conditional pre-commitment "offer." Pursuant to moving forward, the applicant must successfully complete the following steps:

**First step: State of Maryland filing**

- 1) Complete and submit an application to the State of Maryland Central Repository and provide identifying information used by the Central Repository to verify and identify the applicant;
- 2) Submit a complete set of legible fingerprints, taken by a designated law enforcement agency or approved agency, to the Central Repository and FBI

**Seasons Residential Treatment will:**

- 1) Pay for the full background check (State of Maryland and FBI)
- 2) Receive the results directly from the State of Maryland as an authorized agent

**Second Step: Outside vendor**

Because we are committed to providing effective supervision and treatment of all youth in our care and conducting an orderly and safe facility and program, we will pay for a more comprehensive pre-employment and annual criminal record background check of all applicable staff, volunteers and contractors.

We will retain the services of HireRight a national pre-employment screening services company to provide pre-employment screening above what is required in the standards set forth in **Family Law Article, §5-560 through §568, Annotated Code of Maryland/COMAR 12.15.02**.

HireRight offers flexible, tailored employment screening solutions, encompassing more than 150 different service offerings, including pre-employment drug screening and background checks for medical professionals. Depending on the job responsibility of the potential employee and in compliance with national and local standards for the type of services we provide, Seasons Residential Treatment will ask for additional screening in the following areas:

- County and **National** Background Check (all employees)
- Employment/Resume Verification (all employees)
- Healthcare Crime check (health care staff – malpractice, license revocation)
- I-9/Immigration Status (all employees)
- Motor Vehicle (all employees)
- Drug and Alcohol Screening (all employees)

**COMAR Standard 10.24.07 G(3)(m): Security**

At Seasons Residential Treatment, we believe a safe, structured, stable and secure program starts with a well-trained staff. As stated in **COMAR Standard 10.24.07(3)(h)**, Seasons Residential Treatment Program will provide orientation and training for all staff members with respect to administrative procedures, patient rights, confidentiality of resident records, and all relevant policies, procedures and protocols related to environment and community safety.

The entire program will be both staff and hardware secure to meet the needs of the most refractory residents. We have budgeted for internal and external security cameras. The cameras will be positioned to cover the entire perimeter of the campus and communal areas with the exception of areas of personal hygiene.

All windows and “glass” doors will be shatter proof and all access doors will be secured by fob and key access to control resident movement. All external doors will have a delayed lock system and fob control access to ensure the safety of staff and residents. All cameras will be centrally monitored 24 hours per day, 7 days per week by trained staff. Security staff will also monitor the front/entrance gate.

Each “wing” of the new building will have a dedicated de-escalation room. This room will be used only after alternative options have been considered and attempted and positive behavior supports have been exhausted. The use of this room will follow all federal PRTF regulations (**see Exhibit 3**) and Code of Maryland standards.

The room will be used as an extreme last resort in the following instances:

- 1) residents who need time to process behaviors with staff, or,
- 2) when it is deemed necessary by staff *and* clinical personnel to remove residents to increase or decrease targeted behaviors

The de-escalation rooms on the residential units are located within line of sight of both the unit therapist and nursing staff. Direct care staff will continue to process with the resident while they are in the de-escalation room to move the resident to the least restrictive environment as soon as safely possible.

Please see **COMAR Standard 10.24.07 G(3)(h) Staff Training**

**[(INSTRUCTION: Complete Table 1 for the Entire Facility, including the proposed project, and Table 2 for the proposed project only using the space provided on the following pages. Only existing facility applicants should complete Table 1. All Applicants should complete Table 2. Please indicate on the Table if the reporting period is Calendar Year (CY) or Fiscal Year (FY)]**

**TABLE 1: STATISTICAL PROJECTIONS - ENTIRE FACILITY – N/A**

	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
	20__	20__		20__	20__	20__	20__
CY or FY (Circle)	20__	20__	20__	20__	20__	20__	20__
<b>1. Admissions</b>							
a. ICF-MR							
b. RTC-Residents							
Day Students							
c. ICF-C/D							
d. Other							
e. TOTAL							
<b>2. Patient Days</b>							
a. ICF-MR							
b. RTC-Residents							
c. ICF-C/D							
d. Other (Specify)							
e. TOTAL							

Table 1 Cont.	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	20__	20__	20__	20__	20__	20__	20__
<b>3. Average Length of Stay</b>							
a. ICF-MR							
b. RTC-Residents							
c. ICF-C/D							
d. Other (Specify)							
e. TOTAL							
<b>4. Occupancy Percentage*</b>							
a. ICF-MR							
b. RTC-Residents							
c. ICF-C/D							
d. Other (Specify)							
e. TOTAL							
<b>5. Number of Licensed Beds*</b>							
a. ICF-MR							
b. RTC-Residents							
c. ICF-C/D							
d. Other (Specify)							
e. TOTAL							
<b>6. Home Health Agencies</b>							
a. SN Visits							
b. Home Health Aide							
c. Other Staff							
d.							
e. Total patients srvd.							

Table 1 Cont.	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
	20__	20__		20__	20__	20__	20__
7. Hospice Programs							
a. SN visits							
b. Social work visits							
c. Other staff visits							
d.							
e. Total patients srvd.							
8. Ambulatory Surgical Facilities							
a. Number of operating rooms (ORs)							
• Total Procedures in ORs							
• Total Cases in ORs							
• Total Surgical Minutes in ORs**							
b. Number of Procedure Rooms (PRs)							
• Total Procedures in PRs							
• Total Cases in PRs							
• Total Minutes in PRs**							

\*Number of beds and occupancy percentage should be reported on the basis of licensed beds.

\*\*Do not include turnover time.

**TABLE 2: STATISTICAL PROJECTIONS - PROPOSED PROJECT**  
**(INSTRUCTION: All applicants should complete this table.)**

	Projected Years (Ending with first full year at full utilization)			
<b>CY</b> or FY (Circle)	2018	2019	2020	2021
<b>1. Admissions</b>				
a. ICF-MR				
b. RTC-Residents				
Day Students	14	12	12	12
c. ICF-C/D				
d. Other (PRTF)	50	101	134	142
e. TOTAL	64	113	146	154
<b>2. Patient Days</b>				
a. ICF-MR				
b. Residential Treatment Ctr				
c. ICF-C/D				
d. Other (PRTF)	9,008	18,126	24,042	25,550
e. TOTAL	9,008	18,126	24,042	25,550
<b>3. Average Length of Stay</b>				
a. ICF-MR				
b. Residential Treatment Ctr				
c. ICF-C/D				
d. Other (PRTF)	180	180	180	180
e. TOTAL	180	180	180	180
<b>4. Occupancy Percentage*</b>				
a. ICF-MR				
b. Residential Treatment Ctr				
c. ICF-C/D				
d. Other (PRTF)	34%	69%	91%	97%
e. TOTAL	34%	69%	91%	97%

Table 2 Cont.	Projected Years (Ending with first full year at full utilization)			
<b>CY</b> or FY (Circle)	2018	2019	2030	2021

<b>5. Number of Licensed Beds</b>				
a. ICF-MR				
b. Residential Treatment Ctr				
c. ICF-C/D				
d. Other ( <b>PRTF</b> )	72	72	72	72
e. TOTAL	72	72	72	72
<b>6. Home Health Agencies</b>				
a. SN Visits				
b. Home Health Aide				
c.				
d.				
e. Total patients served				
<b>7. Hospice Programs</b>				
a. SN Visits				
b. Social work visits				
c. Other staff visits				
d. Total patients served				
<b>8. Ambulatory Surgical Facilities</b>				
a. Number of operating rooms (ORs)				
• Total Procedures in ORs				
• Total Cases in ORs				
• Total Surgical Minutes in ORs**				
b. Number of Procedure Rooms (PRs)				
• Total Procedures in PRs				
• Total Cases in PRs				
• Total Minutes in PRs**				

\*Do not include turnover time

**10.24.01.08G(3)(c). Availability of More Cost-Effective Alternatives.**

*For purposes of evaluating an application under this subsection, the Commission shall compare the cost-effectiveness of providing the proposed service through the proposed project with the cost-effectiveness of providing the service at alternative existing facilities, or alternative facilities which have submitted a competitive application as part of a comparative review.*

*Please explain the characteristics of the Project which demonstrate why it is a less costly or a more effective alternative for meeting the needs identified.*

*For applications proposing to demonstrate superior patient care effectiveness, please describe the characteristics of the Project that will assure the quality of care to be provided. These may include, but are not limited to: meeting accreditation standards, personnel qualifications of caregivers, special relationships with public agencies for patient care services affected by the Project, the development of community-based services or other characteristics the Commission should take into account.*

This project is bound by **COMAR 10.24.07**, however, we strongly believe Seasons Residential Treatment Program will be a more cost effective alternative for many reasons including our ability to help placing agencies in the State of Maryland meet the legislative mandate to keep youth and resources for mental health services in the State.

The population we wish to serve has a history of multiple placements and “failures” in local residential programs, community-based programs and “high-fidelity” wrap around services. The social and financial costs of these failures often lead to escalating behaviors and often result in youth involvement in juvenile services, truancy, or hospitalization. Overall, the costs associated with inappropriate residential placement, missed/masked mental health diagnoses and late onset of adequate clinical resources can be staggering to all stakeholders.

Seasons Residential Treatment will treat youth with refractory behaviors and a long history of trauma. The knowledge, clinical experience and expertise of our round the clock, multi-disciplinary staff may prevent behaviors from escalating to the level an acute hospitalization is needed. We will be second only to inpatient acute hospitalization in the breadth of depth of services we will provide. Our program model is similar to a “sub acute” treatment facility because of the clinical rigor and treatment modalities we will provide.

The average cost for acute hospitalization in the local market is approximately 196% higher than the per diem rate we propose (albeit shorter lengths of stay in acute setting). Youth in acute settings often “step down” to a residential program. Wherever possible, we would want to reduce the need for hospital admission. Consistent with our core principle and treatment philosophy, we are strong advocates of appropriate clinical placement and would never treat a youth who would be better served either at a higher or lower level of care.

We are also a more cost effective alternative because we can treat youth closer to home and will have access to more long-term sustainable resources. Data suggests youth placed far from local resources are at risk for poor family and community reintegration, unsuccessful discharge planning and have a higher rate of recidivism than those placed in the appropriate level of care closer to home.

State of Maryland data suggests one of the reasons many of the youth placed in out of state care were placed far from home was due to the lack of programs to treat older youth (ages 18-21). If approved, we will admit youth up to the age of 21 who would normally be placed in out of state programs.

Seasons Residential Treatment will employ a highly trained and qualified staff. Our evidence-based practices and treatments are proven effective in this target population and our staff is trained to support the most obstinate youth. We want to serve the unique challenges of these youth and their families and have developed a fully integrated, comprehensive, short-term program to maximize therapeutic services before, during and after residential treatment. Our program model includes tracking and reporting post-discharge data and client outcomes. This commitment to support a solid aftercare plan for youth and families also sets our program apart in the local market.

We plan to exceed the highest level of certification standards for a Psychiatric Residential Treatment Facility (PRTF) and meet all requirements for DHMH licensure. We will also adhere to all Joint Commission and national accreditation standards. Our school program will meet standards for Middle States Accreditation and support older youth who may need credit recovery programming, remedial services and vocational/career technical coursework. We plan to partner with local community providers and Core Service Agencies across the state to ensure we are aligned with the most appropriate supports for the youth we serve.

Finally, we agree with national thought leaders who feel residential treatment should remain an important component of an organized system of care, but, should no longer be used as the primary resource to support youth with behavioral problems due to mental health challenges. Our length of stay goals and treatment objectives are consistent with the principles of local and national industry experts.

Our philosophy of communicating, collaborating and cooperating with community stakeholders will set us apart from other programs and providers. Our tagline, "*Transformative Care Rooted In the Community*," is not just marketing copy. Our guiding principles are built around innovation, partnership and collaboration, best in class practices, and long-term positive impact on families and youth suffering from a history of trauma.

Seasons Residential is built on a philosophy of care that will support, identify, build and leverage local community-based resources in order to more effectively and efficiently address the serious and specific challenges confronting local youth. By partnering with community-based programs, we can extend the support beyond our campus and reduce the amount of time youth spend away from their natural resources and shape long term-treatment success. We believe youth are best served in their community with proper stakeholder supports and want to help shape in-state programs that meet current mental health needs of youth and families.

**10.24.01.08G(3)(d). Viability of the Proposal.**

*For purposes of evaluating an application under this subsection, the Commission shall consider the availability of financial and non-financial resources, including community support, necessary to implement the project within the time frame set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.*

*Please include in your response:*

- a. *Audited Financial Statements for the past two years. In the absence of audited financial statements, provide documentation of the adequacy of financial resources to fund this project signed by a Certified Public Accountant who is not directly employed by the applicant. The availability of each source of funds listed in Part II, B. Sources of Funds for Project, must be documented. (See Exhibit 14)*

Seasons Residential Treatment Program is a new organization and has not been operational for the past 2 years. Leading up to the filing of this application, we searched for a partner who has demonstrated a commitment to improving the communities where they are located and by providing children, adults and families with high-quality, trauma-informed behavioral health services and support systems and have found that in the partnership with Strategic Behavioral Health **(See attached MOU in Exhibit 14)**

Strategic will acquire Seasons Residential Treatment Program, LLC, if the Commission approves the Certificate of Need and the program is granted a license. In the interim, Seasons will remain privately owned.

Strategic Behavioral Health is a Memphis-based organization with more than 8 behavioral health programs in four states. The company's portfolio includes acute and residential programs and a commitment to healing children, strengthening families and building community. We are excited about our ability to "hit the ground running" under the direction of their experienced leadership team, clinical expertise, evidence-based programming and use of outcomes tools (measurement).

Strategic Behavioral Health brings a host of other tangible and intangible benefits to this market, including tremendous financial resources to improve the physical plant for our residents. Unlike other providers, the organization is also committed to managing admissions and growing the program slowly -- in way that is safe and supportive for all stakeholders.

Please see the two year audited financial statements from Strategic Behavioral Health as a testament to their commitment to this market and to Seasons Residential Treatment Program, LLC.

Seasons Residential Treatment Program has received support from local community providers, referral agencies and related service providers. We have had preliminary discussions regarding MOU/transfer agreements with local acute in-patient psychiatric hospitals in the area.

- b. Existing facilities shall provide an analysis of the probable impact of the Project on the costs and charges for services at your facility. **(Not Applicable)**
- c. A discussion of the probable impact of the Project on the cost and charges for similar services at other facilities in the area.

As outlined previously in this application, PRTF-level care and certification requires more clinical staffing, clinical oversight and documentation. The cost and charges for similar services at other facilities in the area will not be adversely affected by the introduction of this project in the local market because there is a gap in the level of programming and type of youth we wish to serve.

We have identified three local providers with similar admissions criteria, generally considered our “competitors.” However, these providers are not currently serving our target population -- tough to treat, older Maryland youth and youth with similar histories of trauma and mental illness referred by agencies in the District of Columbia.

Our per diem rate for therapeutic/residential services will be consistent with rates currently approved and set by federal, state and local jurisdictions. The projected rates are outlined in Tables 2 and 4 (Statistical Projections and Projected Revenue and Expenses) and include the Medicaid rate set by the State of Maryland for PRTF level care in accordance with standards set by the Centers for Medicare and Medicaid.

Reimbursement for education services is based on several factors, including general and special education population mix, length of academic calendar, availability of extended services, type and (behavioral) level of population served and curriculum (i.e.. vocational and career technical courses/certifications). Academic rates are set each year in partnership with the Maryland Department of Education and are generally capped at cost plus 10% for nonpublic school providers.

- d. All applicants shall provide a detailed list of proposed patient charges for affected services. (See attached)

**(INSTRUCTIONS: Table 3, "Revenue and Expenses - Entire Facility (including the proposed project)" is to be completed by existing facility applicants only. Applicants for new facilities should not complete Table 3. Table 4, "Revenues and Expenses - Proposed Project," is to be completed by each applicant for the proposed project only. Table 5, "Revenues and Expenses (for the first full year of utilization", is to be completed by each applicant for each proposed service in the space provided. Specify whether data are for calendar year or fiscal year. All projected revenue and expense figures should be presented in current dollars. Medicaid revenues for all years should be calculated on the basis of Medicaid rates and ceilings in effect at the time of submission of this application. Specify sources of non-operating income. State the assumptions used in projecting all revenues and expenses.)**

**TABLE 3: REVENUES AND EXPENSES - ENTIRE FACILITY** (including proposed project)

**(INSTRUCTION: ALL EXISTING FACILITY APPLICANTS MUST SUBMIT AUDITED FINANCIAL STATEMENTS)**

CY or FY (Circle)	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
	2018	2019	20__	20__	20__	20__	20__
<b>1. Revenue</b>							
a. Inpatient services							
b. Outpatient services							
c. Gross Patient Service Revenue							
d. Allowance for Bad Debt							
e. Contractual Allowance							
f. Charity Care							
g. Net Patient Services Revenue							
h. Other Operating Revenues (Specify)							
i. Net Operating Revenue							

Table 3 Cont.	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
	20__	20__		20__	20__	20__	20__
2. Expenses							
a. Salaries, Wages, and Professional Fees, (including fringe benefits)							
b. Contractual Services							
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization							
i. Supplies							
j. Other Expenses (Specify)							
k. Total Operating Expenses							
3. Income							
a. Income from Operation							
b. Non-Operating Income							
c. Subtotal							
d. Income Taxes							
e. Net Income (Loss)							

Table 3 Cont.	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	20__	20__	20__	20__	20__	20__	20__
4. Patient Mix:							
A. Percent of Total Revenue							
1. Medicare							
2. Medicaid							
3. Blue Cross							
4. Commercial Insurance							
5. Self-Pay							
6. Other (Specify)							
7. TOTAL	100%	100%	100%	100%	100%	100%	100%
B. Percent of Patient Days/Visits/Procedures (as applicable)							
1. Medicare							
2. Medicaid							
3. Blue Cross							
4. Commercial Insurance							
5. Self-Pay							
6. Other (Specify)							
7. TOTAL	100%	100%	100%	100%	100%	100%	100%

**TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT (See Attached)**

**(INSTRUCTION: Each applicant should complete this table for the proposed project only)**

**10.24.01.08G(3)(e). Compliance with Conditions of Previous Certificates of Need.**

*To meet this subsection, an applicant shall demonstrate compliance with all conditions applied to previous Certificates of Need granted to the applicant.*

*List all prior Certificates of Need that have been issued to the project applicant by the Commission since 1995, and their status.*

**Applicant has never applied for or received a Certificate of Need from the Commission.**

**10.24.01.08G(3)(f). Impact on Existing Providers.**

*For evaluation under this subsection, an applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the service area, including the impact on geographic and demographic access to services, on occupancy when there is a risk that this will increase costs to the health care delivery system, and on costs and charges of other providers.*

Indicate the positive impact on the health care system of the Project, and why the Project does not duplicate existing health care resources. Describe any special attributes of the project that will demonstrate why the project will have a positive impact on the existing health care system.

1. an assessment of the sources available for recruiting additional personnel;
2. recruitment and retention plans for those personnel believed to be in short supply;
3. for existing facilities, a report on average vacancy rate and turnover rates for affected positions,

**(INSTRUCTION: FTE data shall be calculated as 2,080 paid hours per year. Indicate the factor to be used in converting paid hours to worked hours.**

This regulation is not required according to Maryland State Health Plan for our project, but, is covered in part, by the answer in **COMAR Standard 10.24.07 G (3)(i) Staffing.**

**TABLE 5. MANPOWER INFORMATION (see attached)**

**(INSTRUCTION: List by service the staffing changes (specifying additions and/or deletions and distinguishing between employee and contractual services) required by this project.)**

Position Title	Current No. FTEs	Change in FTEs (+/-)	Average Salary	Employee/ Contractual	TOTAL COST
Administration					
Direct Care					
Support					
				Benefits	_____
				TOTAL	_____

**(INSTRUCTION: Indicate method of calculating benefits percentage):**

A: If the CON is granted and licensing is approved, Seasons will be acquired by Strategic Behavioral Health. Strategic Behavioral Health currently has a portfolio of acute and residential beds in four states around the country and gross revenues of \$83M. The company currently employs more than 3,000 employees. The size and scope of Strategic Behavioral Health will allow us to provide the best benefits options to our employees at the lowest costs. We calculated the benefits percentage for this project at 23.5% based on the average cost for local employers and included a variable cost savings based on our post-acquisition total payroll and total number of employees.

**PART IV - APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION AND SIGNATURE**

1. List the name and address of each owner or other person responsible for the proposed project and its implementation. If the applicant is not a natural person, provide the date the entity was formed, the business address of the entity, the identify and percentage of ownership of all persons having an ownership interest in the entity, and the identification of all entities owned or controlled by each such person.

Tyeaesis Johnson, 1101 30<sup>th</sup> Street, NW, 4<sup>th</sup> Floor, Washington, DC 20007

2. Is the applicant, or any person listed above now involved, or ever been involved, in the ownership, development, or management of another health care facility? If yes, provide a listing of each facility, including facility name, address, and dates of involvement.

No

3. Has the Maryland license or certification of the applicant facility, or any of the facilities listed in response to Questions 1 and 2, above, ever been suspended or revoked, or been subject to any disciplinary action (such as a ban on admissions) in the last 5 years? If yes, provide a written explanation of the circumstances, including the date(s) of the actions and the disposition. If the applicant, owner or other person responsible for implementation of the Project was not involved with the facility at the time a suspension, revocation, or disciplinary action took place, indicate in the explanation.

No

4. Is any facility with which the applicant is involved, or has any facility with which the applicant or other person or entity listed in Questions 1 & 2, above, ever been found out of compliance with Maryland or Federal legal requirements for the provision of, payment for, or quality of health care services (other than the licensure or certification actions described in the response to Question 3, above) which have led to an action to suspend, revoke or limit the licensure or certification at any facility. If yes, provide copies of the findings of non-compliance including, if applicable, reports of non-compliance, responses of the facility, and any final disposition reached by the applicable governmental authority.

No

5. Has the applicant, or other person listed in response to Question 1, above, ever pled guilty to or been convicted of a criminal offense connected in any way with the ownership, development or management of the applicant facility or any health care facility listed in response to Question 1 & 2, above? If yes, provide a written explanation of the circumstances, including the date(s) of conviction(s) or guilty plea(s).

No

**ATTESTATION**

One or more persons shall be officially authorized in writing by the applicant to sign for and act for the applicant for the project, which is the subject of this application. Copies of this authorization shall be attached to the application. The undersigned is the owner(s), or authorized agent of the applicant for the proposed or existing facility.

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or  
Authorized Agent of the Applicant