MARYLAND HEALTH CARE COMMISSION

Completeness Letter Response

Seasons Residential Treatment Program, LLC

Prince George's County

March 30, 2018

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LIST OF ABBREVIATIONS

Term	Abbreviation
American Society of Addiction Medicine	ASAM
Attention Deficit Hyperactivity Disorder	ADHD
Centers for Medicare and Medicaid Services	CMS
Code of Federal Regulations	CFR
Code of Maryland Regulations	COMAR
Colorado	CO
Community Services Boards	CSB
Department of Health and Human Resources	DHHR
Diagnostic & Assessment	D&A
Diagnostic and Statistical Manual of Mental Disorders, 5th Edition	DSM-V
(The) District of Columbia	DC
District of Columbia Child and Family Services Agency	DC CFSA
District of Columbia Department of Behavioral Health	DC DBH
District of Columbia Department of Youth Rehabilitation Services	DC DYRS
Early Periodic Screening Diagnosis and Treatment	EPSDT
Federal Bureau of Investigation	FBI
Fiber-Reinforced Plastic	FRP
Free Appropriate Public Education	FAPE
General Educational Development or General Education Diploma	GED
Health Insurance Portability and Accountability Act of 1996	HIPAA
Interstate Compact on the Placement of Children	ICPC
Individualized Education Program	IEP
Lesbian, Gay, Bisexual, Transgender, and Questioning	LGBTQ
Local Educational Agency	LEA
Local School System	LSS
Maryland	MD
Maryland Behavioral Health Administration	MD BHA
Maryland Department of Health	MD DOH
Maryland Department of Human Services	MD DHS
Maryland Department of Juvenile Services	MD DJS
Maryland Health Care Commission	MHCC
Maryland Human Services Agency	MD HSA
Maryland State Department of Education	MSDE
Memorandum of Understanding	MOU
Mental Health Residential Placements	MHRP
Nevada	NV
New Mexico	NM
North Carolina	NC

LIST OF ABBREVIATIONS
(Continued)

Term	Abbreviation
Occupational Safety and Health Administration	OSHA
Personal Education Plan	PEP
Prince George's County Public Schools	PGCPS
Post-Traumatic Stress Disorder	PTSD
Psychiatric Residential Treatment Facility	PRTF
Residential Treatment Center	RTC
Seasons Residential Treatment Program	Seasons
State Educational Agencies	SEA
Substance Abuse and Mental Health Services Administration	SAMHSA
Tennessee	TN
Texas	TX
United States Department of Agriculture	USDA
Virginia	VA
West Virginia	WV
Wisconsin	WI

LIST OF TERMINOLOGY

Term	Meaning
Youth	Refers to the demographic served by Seasons prior to being admitted to the facility
Resident(s)	Refers to the demographic served by Seasons after being admitted to the facility
Student(s)	Refers to the residents of Seasons during any discussion related to education

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January 23, 2018

VIA Email & U.S. MAIL

Tyeaesis Johnson, CEO
Seasons Residential Treatment Program, LLC
145 Fleet Street, PMB #144
Oxon Hill, MD 20745

Re: Seasons Residential Treatment Program, LLC
Establishment of a 72-bed RTC
Matter No. 17-16-2408

Dear Ms. Johnson:

Commission staff has reviewed the application of Seasons Residential Treatment Program, LLC ("Seasons" or "the Applicant") for Certificate of Need ("CON") approval to establish a 72-bed residential treatment center ('RTC") on a 16.01-acre site in Fort Washington, Prince George's County, Maryland. The proposal involves new construction to the property at an estimated total project costs of $17,958,263. Staff finds the application incomplete, and, accordingly, requests that you provide responses to the following questions:

PART I – PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. Regarding Clinical Services on p. 34, please discuss the type of patients that Seasons will serve in the young adult males program, age 18 to 21 years. What type of services and staffing will Seasons provide for this program?

As described in the CON Application, pages 91 and 92, the young adult program will be a 16-bed program focused exclusively on males 18 to 21 years of age and is an intensive treatment program designed to support residents with a history of significant psychiatric illness and/or behavioral disorders and who are unable to function in a less restrictive setting. The resident's psychiatric problems are exacerbated by other issues, such as problems at school or within the legal system, substance abuse, physical abuse and neglect, trauma, learning deficits, and chaotic family situations.

Treatment Philosophy and Modalities:

This program is designed to benefit troubled youth, featuring trauma-informed, psycho-educational treatment focusing on the development of sustainable pro-social and independent living skills. Many of the youth will likely come to Seasons in need of academic remediation and have had some involvement with the juvenile justice system. Because of their age, these residents are assumed to likely leave the program without the support of their families.

Residents in the program will receive:

- dialectical behavior therapy for the treatment of persons with history of trauma, behavioral disorders, and self-injurious behaviors
- family and social support development
- clinical services to address individual needs
- nutritional services
- psychiatric medication therapy and symptom management
- referral and linkage to medical, eye, and dental care
- support with learning life skills (e.g., food shopping, budgeting/banking, using public transportation, structuring productive daily activity, clothes shopping, etc.)
- treatment of co-occurring substance abuse disorder
- vocational rehabilitation

The goal of this program is to assure Seasons' residents leave RTC level of care to community-based living arrangements with the following to avoid subsequent hospitalizations, readmissions to RTC level of care, re-arrests, re-convictions, or re-incarcerations:

- a high school diploma, GED, or plans to continue in school
- a savings account
- connections to positive adults and family members
- access to needed community resources including but not limited to clinical services, medical care, appropriate living arrangements, transportation, and resources to seek crisis support, if needed.
- an effective transition plan that includes gainful employment and/or post-secondary education

Education Services:

The young adults on this unit matriculating towards a high school diploma or GED will benefit from Seasons' partnership with Baltimore-based Connections Academy[22].

Connections Academy is an excellent tool for older students in need of academic remediation. Through Connections Academy, Seasons will help young adults obtain credits for courses they have previously taken and have been unsuccessful in completing and will also allow students who have had previous issues with truancy or multiple out-of-home placements to earn credits towards graduation.

Young adults on this unit will also be eligible to take advantage of Seasons' "credit by examination" program to realize 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 special education and general education teachers.

The program curriculum, courses, and certificates are aligned with the MSDE and local state education authorities including DC Public Schools, VA Department of Education and WV Department of Education.

Connections Academy also has an impressive list of local partnerships with Learning Disabled and Emotionally Disabled elementary and secondary school programs in the region. Seasons also plans 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 students and will support them through the discharge process as part of Seasons' continuum of care.

Seasons assumes 70 percent of the young adults will receive some level of educational services while residents.

Vocational Training:

This program will be available to all residents on this unit, who, because of age, will likely benefit from a combination of high school, GED, and vocational training. The goal of this track is to concentrate on attainment of basic skills competencies, opportunities for academic and occupational training, and eventual exposure to the job market and the potential for pre-discharge employment through partnerships with local employers.

Seasons' staff will address risk factors to successful and sustainable employment, including academic failure, alienation and rebelliousness, association with delinquent and violent peers, and low commitment to school. Seasons will focus on a developmental approach to help residents avoid high-risk behavior and promote academic and work-readiness skills, as well as the personal attributes employers seek.

[22] www.connectionsacademy.com

Staffing:

Residents on the Young Adult Unit will receive the same level of oversight as residents in the adolescent residential program and consistent with the staffing ratios detailed in the CON application. On occasion, Seasons may contract with independent occupational therapist to determine specific goals, needs, interventions and resources.

2. Since each of the patient rooms are designed to be semi-private occupancy, please discuss whether double occupancy rooms will meet the contractual requirements and appropriately address the need for sleeping quarters with the various state agencies such as Maryland Department of Human Resources; Department of Juvenile Services; Behavioral Health Administration; Core Service Agencies; and the District of Columbia Department of Youth and Family Services for this patient population?

Resident room requirements are typically contract or "Request-for-Proposal" specific. Seasons will have the flexibility within each of the units to designate rooms as single occupancy based off of the specific requirements of the placing agency or contract. Single occupancy rooms would also be assigned on an as-needed basis for those residents who might require quarantine for an illness during their stay. Please note that the utilization projections do not take each unit to full capacity allowing for flexibility for single occupancy rooms.

3. Regarding the partnership with the University of North Carolina at Wilmington ("UNCW") discussed on p. 35, please provide a signed agreement that provides the costs of this arrangement and the details on the type of services that UNCW will provide to Seasons RTC, including the final products that will be produced. Will this arrangement meet the contractual needs of Seasons RTC in providing this level of RTC service with such agencies as either the Maryland Medical Assistance Program, Maryland State Department of Education, Maryland Department of Human Resources; Department of Juvenile Services; Behavioral Health Administration; Core Service Agencies; the District of Columbia Department of Youth and Family Services, and/or some other federal/state agency?

Please refer to Exhibit 36 for the UNC Wilmington agreement.

The cost of the UNC Wilmington agreement is paid for by SBH at a corporate level for all of its operating facilities. The cost is not passed down to the facility level, therefore is not accounted for as part of Seasons' pro forma financial statements.

UNC Wilmington will provide Seasons with outcome data for the following intervals:

- One month post discharge
- Six months post discharge
- One year post discharge

Outcome data is tracked and reported back to the facility by UNCW and this information is used in conjunction with facility level reporting to meet any contractual requirements.

4. Regarding community-based services in Item #10, please provide the names of the group home providers, independent living programs, local school systems, post high school educational programs, vocational/career training programs, local law enforcement agencies, and social outlets that Seasons has either contacted or will partner with to offer services at the proposed RTC. If available, please provide a description on the type of services these programs will provide to residents, or provide copies of the MOUs detailing the type of arrangement or services these agencies will provide at Seasons.

Please refer to Exhibit 37 for a list of the community-based services that Seasons has either contacted or will partner with to offer services at the proposed RTC. Although no MOUs have been established, Exhibit 37 includes a description of the services provided by the community-based service providers.

5. The Strategic Behavioral Health ("SBH") website (http://www.strategicbh.com/about-us/.) states that the organization works with all age groups including children, adolescents, adults, and senior citizens. Regarding the ten SBH behavioral health programs operated nationally, which program(s) currently provide RTC/PRTF level of care to adolescents (i.e., for both males and females) similar to the program proposed for Prince George's County? Please provide some background information as to the size/number of beds, type of adolescents treated, and any information on the level of services provided and SBH's level of success in treating this population.

The following is a list of SBH owned and operated facilities that currently provide RTC/PRTF services, along with program details and bed capacity:

Figure 63: SBH Behavioral Health Programs with Adolescent RTC/PRTF Level of Care

Facility Name	Location	Total PRTF Beds	PRTF Male Beds	PRTF Female Beds	PRTF Coed Beds
Strategic Behavioral Center – Wilmington	Leland, NC	72	36	36	0
Strategic Behavioral Center – Raleigh	Garner, NC	60	24	24	12
Strategic Behavioral Center – Charlotte	Charlotte, NC	36	12	12	12
Montevista Hospital	Las Vegas, NV	48	24	24	0
Peak Behavioral Health	Santa Teresa, NM	32	16	16	0
	Total	248	112	112	24

Please refer to the CON Application, Exhibit 10: SBH 2010 - 2016 Clinical Outcome Report for information related to the success in treating this population.

PART II - PROJECT BUDGET

6. Please reconcile the difference between the $475,000 in cost of purchasing property in Exhibit 7 (Purchase and Sale Agreement) with the $498,000 listed in the project budget.

Figure 64: Property Purchase Reconciliation

	CON Application	Amount
Recitals E. Previous agreement estimated taxes and ground maintenance expenses.	Page 225	$11,500
3.1 Purchase Price	Page 226	$475,000
3.3 Payment for Amendment and Restatement	Page 227	$11,500
Land Purchase Total		$498,000

7. Please discuss how the applicant will utilize the $1,694,171 in Working Capital Start-up Costs.

Figure 65: Working Capital Explanation

	CON Application	Amount
Starting Cash – Cash needed to cover revenue shortfall during the first year of operation due to ramp-up of resident days and delay in payments.	Page 391	$1,320,000
Initial Start-Up Expenses - Related to staffing, advertising, recruitment, and insurance prior to the opening of the facility.	Page 423	$374,171
Working Capital		$1,694,171

PART III - APPLICANT HISTORY, STATEMENT OF RESPONSIBILTY, AUTHORIZATION AND RELEASE OF INFORMATION, AND SIGNATURE

8. Regarding Exhibit 1, please clarify why the names of John Hull Dobbs, Jr., Edward J. Dobbs, Jr., and Caroline Kirby Dobbs Floyd are listed twice under Figure 17 on p. 48 as owners of Strategic Behavioral Health, LLC.

The names of John Hull Dobbs, Jr., Edward J. Dobbs, Jr., and Caroline Kirby Dobbs Floyd are listed twice under Figure 17 on p. 48 as owners of Strategic Behavioral Health, LLC because Figure 17 highlights the source of and amount of ownership interest. As the table indicates, the names are listed more than once if the individual is a trustee on more than one Trust.

Figure 66: Figure 17 and CON Application, Exhibit 1 Comparison

	Figure 17, Page 48		Exhibit 1, Page 197
Name	Source	Interest	5% or Greater Ownership
Edward J. Dobbs, Jr.	Grantor Trust	22.375%	27.75%
Edward J. Dobbs, Jr.	2009 Trust	5.37%	
Caroline Kirby Dobbs	1985 Trust	18.64%	23.64%
Caroline Kirby Dobbs Floyd	2012 Trust	5.00%	
John Hull Dobbs, Jr.	1985 Trust	17.74%	23.64%
John Hull Dobbs, Jr.	Grantor Trust	5.90%	
Juliette C. Dobbs	1985 Trust	17.64%	17.64%
Jackson Dobbs Allen	2012 Trust	6.00%	6.00%

9. Regarding Item #4, please provide copies of the settlement reached, proposed findings or final-findings of non-compliance and related documentation including reports of non-compliance, responses of the facility, and any final disposition or conclusions reached by the applicable authority regarding the 60-day admissions ban at the Strategic Behavioral Centers in Raleigh and Charlotte.

Please refer to Exhibit 38 for a copy of the requested documents regarding the 60-day admissions ban at the Strategic Behavioral Centers in Raleigh and Charlotte. At the present time, the issues related to these facilities have been resolved and the admission bans have been lifted.

PART IV – CONSISTENCY WITH REVIEW CRITERIA AT COMAR 10.24.0108(G)(3)

Need

10. Regarding your response to Need on p. 56, please address the following:
    a. Please identify the Interstate Compact on the Placement of Children ("ICPC") requirements that will be used to admit out-of-state youth?

The State of MD requires a receiving RTC to certify and verify admission of the out-of-state placement to the RTC as part of and prior to admissions from the sending state. The ICPC process, by and between the sending and receiving state generally takes about 4-6 weeks. All youth who are not MD residents admitted to Seasons must be processed and approved by the ICPC agency in both the sending and receiving state agency before the child is placed in the program.

The following summarizes the ICPC process:

> The Interstate Compact on the Placement of Children is the best means we have to ensure protection and services to children who are placed across state lines for foster care or adoption. The Compact is a uniform law that has been enacted by all 50 states, the District of Columbia, and the U.S. Virgin Islands. It establishes orderly procedures for the interstate placement of children and fixes responsibility for those involved in placing the child.
>
> The Interstate Compact on Juveniles permits interstate supervision of adjudicated delinquents on probation or parole and provides for the placement of certain juvenile delinquents in out-of-state public institutions. This Compact also authorizes the return of juvenile escapees and absconders to their home states, and is used to arrange the return of non-delinquent runaways to their homes. All 50 states and other jurisdictions, except for Puerto Rico and the Virgin Islands, have enacted this Compact.
>
> The Interstate Compact on Mental Health permits the transfer of mentally ill and mentally retarded children and adults from a public institution in one state to a public institution in another state. It may also be used to secure publicly provided aftercare services in another state. A patient transferred through this Compact becomes the responsibility of the receiving state. The Interstate Compact on Mental Health has been enacted by most states and jurisdictions.
>
> The Compact Administrator for the State of MD is Rebecca Jones-Gaston. Ms. Jones-Gaston can be reached by phone at (410)767-8939 and via email: Rebecca.jonesgaston@maryland.gov.

Please refer to Exhibit 39 for the full context of the Interstate Compact on the Placement of Children.

b. What are the Free Appropriation of Public Educations provisions for out-of-state youth that you discuss in the narrative?

Free Appropriate Public Education is an educational right of all children in the United States that is guaranteed by the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act. Under Section 504, FAPE is defined as, "...the provision of regular or special education and related aids and services that are designed to meet individual needs of handicapped persons as adequately as the needs of non-handicapped persons are met and are based on adherence to procedures that satisfy the requirements of" the section. Under the Individuals with Disabilities Education Act, FAPE is defined as an educational program that is individualized to a specific child, that meets that child's unique needs, provides access to the general curriculum, meets the grade-level standards established by the state, and from which the child receives educational benefit. The United States Department of Education issues regulations that define and govern the provision of FAPE.

To provide FAPE to a child with a disability, schools must provide students with an education, including specialized instruction and related services that prepares the child for further education, employment, and independent living. When approved, Seasons will comply with all aspects of this regulation.

Please refer to Exhibit 40 for a copy of the FAPE provision.

11. On p. 58, please provide documentation or evidence to support your statement that "Very often, a more national approach to program selection and location is required when the needs of the youth are very specific." How will Seasons RTC use this approach?

The statement on page 58 is fully supported with a direct quote in the CON Application, page 67, from the FY2016 Out-of-Home Placement and Family Preservation Resource Guide. The MD Governor's Office for Children on page 35 of the FY2016 Out-of-Home Placement and Family Preservation Resource Guide, which is included in the CON Application, Exhibit 12, pages 280 and 281, states,

> Residential treatment centers and group homes with expertly trained staff who are equipped and experienced in treating acute medical issues, developmental disabilities, and sex offenders have not existed in Maryland. Therefore, when Human Resources' foster children and youth present with these intensive needs, an out-of-state placement has been the most reasonable and appropriate.
>
> Out-of-state community-based placement options include group homes and behavioral health centers. These facilities specialize in meeting the needs of children with behavioral and mental health issues and their availability allows Human Resources to appropriately place this population of children and youth. Without these out-of-state placement services, Human Resources would not be able to address effectively the unique needs of each child and provide quality care to this population.

Seasons will strive to provide services to residents who may have acute medical issues or developmental disabilities that can be managed at a non-specialized treatment center or to residents who are sex offenders. Maryland youth will have priority for these services, but the services will also be made available to youth in other states where these services are not immediately available.

Additionally, consistent with Governor Hogan's legislative initiative and newly created interagency workgroup, regarding the need to reduce the amount of Maryland youth in out-of-state placement, if approved, Seasons will treat adolescents and young adults who are currently without residential treatment service options in MD.

Please refer to Exhibit 41 for the details of Governor Hogan's interagency workgroup as outlined in the internal memo to State Agency Stakeholders dated June 20, 2017.

Seasons approach to residents of MD will be to work closely with MD stakeholders to:

- Divert MD youth from out-of-state placements;
- Support capacity building to reduce the need for out-of-state placement
- Provide specific and specialized services for youth currently placed in out of home placement. These children and young adults include: treatment for sexually inappropriate behavior, children and young adults with serious aggressive or self-injurious behavior, services for sex-trafficking victims, and individualized treatment for youth engaging in fire setting

12. Regarding the Recidivism Rates in Figure 23 on p. 64, does the applicant have any numbers on rates of recidivism (i.e., re-admissions to RTCs, re-arrest, re-conviction, and re-incarceration) for the adolescent programs currently operated by Strategic Behavioral Health nationally, and if so, please provide these numbers?

SBH tracks recidivism and police contact. This information can be found in the CON Application, Exhibit 10: SBH 2010 – 2016 Clinical Outcomes Report, page 7. The percentage of re-hospitalization was 14.2 percent at one month post discharge and the percentage of police contact was 38.0 percent at one month post discharge. SBH does not track the percentage of those that had police contact actually ending up being re-arrested, re-convicted or re-incarcerated, as such, the information reported in Figure 23 does not line up exactly with the data that is collected by SBH.

13. Please submit a complete copy of the FY 2016 Out-of-Home Placement and Family Preservation Resource Guide (Exhibit 12) and the MD DJS: 2013 Residential and Community-Based Services Gap Analysis (Exhibit 13) for the record.

Please refer to Exhibit 42 for the FY 2016 Out-of-Home Placement and Family Preservation Resource Guide and Exhibit 43 for the MD DJS: 2013 Residential and Community-Based Services Gap Analysis.

14. Please provide a complete copy of the MD DJS Data Resource Guide Fiscal Year 2016 which you state is Exhibit 12 on p. 71.

Please refer to Exhibit 44 for the MD DJS Data Resource Guide Fiscal Year 2016.

15. As shown on p. 85, please provide copies of the DC Letters of Support listed in Figure 37.

Please refer to the CON Application, Exhibit 31, pages 546, 549, 551, and 552 for copies of the requested DC Letters of Support listed in Figure 37.

Sex Specific Programs

16. Regarding Connections Academy, please respond to the following:
    a. When will this educational program become operational within Maryland, and will this program meet state requirements for certification or accreditation from such agencies as the Maryland State Department of Education as well as equivalent agencies for Washington, D.C. and Virginia (where this organization is also under development).

Connections Academy combines the best online and offline resources from leading educational publishers and curriculum specialists to deliver comprehensive, high-quality K–12 online education. With the best resources at their fingertips, Connections Academy students explore and master all required core subjects: language arts, mathematics, science, and social studies.

Connections Academy schools are tuition-free online public schools for students in grades K–12. Connections Academy-supported schools are eligible to be accredited by one of the six regional accrediting agencies.

According to the CEO for Connections Academy, the current plan is to become operational and accredited in the State of MD, DC and VA within the next 9 months, which is prior to seasons becoming operational. The delivery date for Connections Academy in WV was not available at the time of this application.

    b. Does Seasons currently use Connections Academy at any of the ten SBH operated facilities across the country, and what has your experience been in using them?

Currently, Connections Academy is not used at any of the SBH operated facilities across the country.

    c. Does Seasons have a contingency plan should Connections Academy encounter any difficulties in becoming operational in Maryland?

Connections Academy was never intended to replace the educational requirements or core curriculum of the Maryland State Department of Education, or the educational authorities of any neighboring state where youth maybe admitted from.

If Connections Academy is not operational in MD, Seasons will use International Connections Academy, a truly virtual program for students without access to a brick and mortar traditional program, or another credit recovery program to support youth who have struggled with meeting core curriculum requirements due to out of home placement, truancy, and other disruptions due to mental health challenges..

International Connections Academy is accredited by the Middle States Association of Colleges & Schools. International Connections Academy is also accredited by the following accrediting divisions of AdvancED: the Southern Association of Colleges & Schools Council on Accreditation and School Improvement, the Northwest Accreditation Commission, and the North Central Association Commission on Accreditation and School Improvement.

This product will primarily be used for students in Seasons Young Adult program in need of credit recovery and residents in Seasons D&A program who may be able to benefit from taking one or two accredited courses as part of their treatment and community reintegration plan.

d. Will Connections Academy have a physical presence at Seasons, or only offer virtual teachers in a virtual classroom? Please provide evidence that the applicant has contacted and that the Maryland State Department of Education is satisfied that such an arrangement will meet the needs for the Young Adult males placed in this unit.

Connections Academy is not intended to replace the educational requirements or core curriculum of the Maryland State Department of Education or the educational authorities of any neighboring state where youth maybe admitted from. Connections Academy is a virtual program and will not have a physical presence at Seasons.

Seasons will use approved and accredited courses in the Connections Academy curriculum to support Young Adult males and other residents in need of credit recovery. Seasons teachers will support students in the Connections Academy program in accordance with the course outline and state educational authority.

e. Why did Seasons choose to use Connections Academy and not the local school system such as in Prince George's County for the Young Adult unit?

Seasons will to partner with the LSS to provide support for the Young Adult unit. Seasons has contacted the Prince George's County Public School Career and Technical Education Program to discuss how Seasons can best collaborate to help residents in the Young Adult program gain post-discharge admission to accredited schools. This program is ideal for Seasons' young adult residents since it can ultimately lead to industry-recognized professional certifications and/or license. The program allows for work-based learning experiences and apprenticeship opportunities to earn money while in high school.

Connections Academy was selected because of the flexibility of the virtual program and the access to online credit recovery. Credit recovery is often a challenge for young adults who have had multiple out of home placements and education disruption.

Seasons also selected Connections Academy as a supplement to the LEA because of their vocational training coursework. Seasons will also work closely with Prince George's County Community College, Northern VA Community College, and the University of the District of Columbia to supplement Seasons vocational training program for Young Adult residents.

17. Please provide details as to whether there are any sex-specific modalities or treatments in place in either the adolescent D & A units or the adolescent PRTF units.

Studies have shown that sex, gender, gender identity and gender related conditions can impact mental health services. There are well known cultural and gender differences in behavioral health. Men are 3.56 times more likely to commit suicide. White males accounted for 7 out of 10 suicides in 2016[22]. Men with depression are more likely to use alcohol and other substances with the prevalence rate being more than twice as high in men than in women. Their depression may be harder to recognize and it is "missed" more frequently in men and there can be gender bias in diagnosing mental illness.

Doctors are more than likely to diagnose depression in women than with men, even when they have similar scores on standardized measures of depression and have identical symptoms[23]. Gender specific conditions that exist in the world can greatly impact the delivery, reception and outcome of mental health services, and these problems can be complex, therefore solutions must integrate the risk and success factors related to gender for the most success.

Layered with more "universal" gender issues, treatment teams must be mindful, respectful and careful to understand cultural and religious traditions and experiences that may impact treatment priorities.

Female Adolescents

SBH interventions for female adolescents will include multi-disciplinary interventions (individual and group therapy, recreational therapy, nursing interventions) that share common themes to reinforce one another, so that learning will be strengthened and enhanced on the part of the resident. These themes will present positive behavior strategies for female adolescents to use towards:

- Recognizing sexism and its many components, which creates fewer choices and less power for females.
- Safety, and seeking physically and emotionally safe places and situations, which is also an important element of Trauma Informed Care.
- Relationships, and prioritizing seeking and developing relationships that value trust and interdependence and support.
- Cultural traditions and understanding how to honor those traditions and focus on cultural strengths within the framework of becoming an emotionally and physically healthy adolescent female.
- Health and understanding how women's physical health, including development, pregnancy, disease and disease prevention can affect their emotional wellbeing, and teaching adolescent females to seek preventative and routine health checkups and advice to prevent problems that can greatly exacerbate mental health issues.

SBH will also ensure that programming and the environment assumes the female perspective, with, as an example, posters and art work that feature strong and healthy females and their choices. These issues can

[22] American Foundation for Suicide Prevention, 2018.
[23] World health Organization, 2018.

be addressed through group therapy with the topics and priorities as front and center topics for discussion, in recreational therapy – using role play, creative and expressive arts.

Adolescent and Young Adult Males

Adolescent and young adult males are significantly less likely to use mental health services than adolescent females. This is especially true for Black, Latino and Asian young adult males – and young adult males are likely to "suffer in silence." Therefore, the first objective will be to ensure that the assessment is thorough and the diagnosis and presenting problems are accurately identified, and understanding the relationship between those presenting problems (aggressiveness, isolation, substance abuse), gender issues, and the underlying diagnosis. For adolescent and young adult males, key barriers might include:

- The impact of hegemonic masculinity and adolescent and young adult males' belief that they must behave in stereotypical "masculine" ways.
- Understanding the masculine tendency to avoid seeking help for emotional and physical problems.
- How emotional suppression can be a barrier to adolescent and young adult males moving forward in a productive and healthy manner in their lives.
- Understanding that adolescent and young adult males often mask underlying psychiatric or emotional problems through the abuse of substances or other destructive behaviors.
- Myths about what defines healthy relationships between males and females.

A key objective for adolescent and young adult males to understand their response to hegemonic masculinity dynamics and how that might be a barrier to functioning in a successful and productive manner. Group therapy themes might get out on the table "what it means to be a man" and to open up discussion about perceived limitations and their roles and their behaviors. Psychoeducational groups might include activities and professions performed by men that might not be, in the adolescent and young adult male residents' eyes, "traditional" male roles, but where there is clear value to the male and others about him when he embraces and nurtures those roles.

Using the focused education and training of various members of the interdisciplinary team, i.e., nursing groups, and individual health education might emphasize how resistance to acknowledging the presence of mind/body/health problems can create serious health issues in the not too distant future for adolescent and young adult males.

Another objective would be for adolescent and young adult males to understand the concepts of emotional suppression, identification and/or denial and seeking help for those emotional problems as they are manifested. Adolescent and young adult males may be more likely to respond to an "anger management" group because anger and hostility is seen as more acceptable than feelings of sadness, loss, grief, rejection or aloneness.

For adolescent and young adult males (and adolescent females), Seasons will use the empirically supported Seven Challenges for working with adolescents and young adults who have substance abuse problems, which is often a result of restricted or constrained emotional expression. Residents will be

encouraged to be open and honest about their drug and alcohol use, to identify what they like about that use, the harm that it causes self and others, the responsibility of self and others for their problems, to think about where they want to go and what they want to accomplish, to make thoughtful decisions about their lives and the use of alcohol and other drugs and to follow through on those decisions.

The gap in longevity between males and females has been steadily narrowing, and it is mostly due to the reduction in male mortality rather than an increase in female mortality. This is a positive development, however, from the ages of 15 to 24 the ratio of male to female mortality peaks because of a surge in male deaths due to reckless behavior or violence. Males are more likely to die from heart disease, addiction, homicide and suicide than females, but some deaths in males are related to something as simple as not buckling their seat belt. Health education groups, psychoeducational groups, nursing interventions and "self-care" group therapy can help males to understand that seeking to identify and correct health and mental health problems is not "un-masculine."

Lesbian, Gay, Bisexual, Transgender, and Questioning Genders

For residents who identify in the continuum or range of LGBTQ genders, it will be important to understand their primary gender identification. Residents should share rooms with someone of the same affirmed gender if feasible, if not, the resident should occupy a private room. Staff will be trained to be aware of the resident's chosen name, appropriate pronouns for the affirmed gender, even though these may not align with the medical record. LGBTQ residents will be educated about the prevalence of a mental condition in the LGBTQ community, almost 3 times higher than in others. In addition to the interventions listed above, LGBTQ residents will be educated about stigma and prejudice, how to find support in local settings and national support such as the "It Gets Better" campaign and "The Trevor Project."

While gender identification may be a contributing factor to mental illness, LGBTQ residents will be assured that their treatment is for their mental health condition, not their gender identification. Attention will be given to the use of drugs, alcohol and tobacco – which is higher in the LGBTQ community than in that of straight people. Therefore, there are opportunities for nursing to discuss health education, therapy (individual and group) to discuss the impact of "minority stress", role play to develop strategies for dealing with bias and rejection and psychoeducational groups to discuss creating and maintaining and healthy and supported lifestyle.

18. If "Family and community involvement is a cornerstone of seasons' program" as indicated on p. 112, will Seasons make special arrangements to provide transportation for family members who lack the resources to get to the Allentown Road location and participate in the care and treatment of these adolescents and young adults? If so, please provide details.

Consistent with Seasons' commitment to ensure successful family and community reintegration, Seasons will absorb the transportation cost for family members wishing to participate in treatment or educational team meetings for residents in Seasons care. Identified stakeholders within a 150-mile radius of the facility will qualify. Transportation expenses are included in the Statement of Revenue and Expenses line item "Other Expenses."

Education

19. As instructed by this standard, please discuss whether the proposed RTC will meet educational services for Level V non-public and Level VI students on the same campus as the treatment facility.

Yes, Seasons discusses its educational services in detail and explains it conformance with multiple COMAR requirements in the CON Application, pages 117-128. Seasons will meet educational services for Level V non-public and Level VI students on the same campus as the proposed treatment facility.

Seasons will provide educational services for residents with special education needs with each state education system qualifying the setting and level differently. Seasons commitment is to serve these students in the least restrictive educational environment possible, provide special instruction where required, and fulfill the needs of the student's IEP. For example, this may require Seasons to have non-public day school students in separate classroom from general education students for 50 percent of the school day. Seasons may also need to reduce the classroom size for these students based on their special education level and where (and how) the student learns best. Seasons' education team will work closely with the student, LSS, and parents to ensure the student is meeting all educational requirements based on their educational goals and treatment plan. Every effort will be made to move the student to a lower level while in Seasons' care and provide post discharge recommendations for local educational placement.

Staffing

20. With regard to Table L, please discuss whether Season's will have a psychologist who has experience working with adolescents, speech pathologist/audiologist, occupational and recreational therapists, and an art, dance, music specialist, and their number on staff at the proposed RTC. What will be their qualifications and their salaries/cost?

Seasons will contract with all necessary professionals to meet the educational or treatment needs of the residents in Seasons' care. The local specialist Seasons will contract with include: licensed psychologist, speech pathologist/audiologist, movement therapist, and occupational therapists. The specific needs will be determined as part of the admissions process and will be delivered based on the determination of the clinical team and referral agency.

Accreditation and Certification

21. Please identify MD BOE as indicated by applicant on p. 139.

Abbreviation	Term
MD BOE	Maryland State Department of Education

Need

22. Please define the primary and secondary service area for Season's RTC. The primary service area should be defined as the postal zip code areas from which the first 60 percent of the proposed RTC's discharges originate, with the secondary service area including the zip codes for the next 15% patient discharges. List the assumptions used to support the applicant's basis for the primary and secondary service area.

Per clarification from MHCC to allow counties rather than zip codes to define the service area, Seasons considers the following counties to be included in the primary service area and are expected to generate approximately 60.0 percent of the discharged residents:

Figure 67: County Service Area Discharges (Totals may not square due to rounding.)

Primary Service Area					
County	State	Resident Discharges	Year 1	Year 2	Year 3
Anne Arundel	MD	25.0%	19	47	52
Calvert					
Charles					
Howard					
Montgomery					
Prince George's					
District of Columbia	DC	30.0%	22	56	63
Alexandria	VA	5.0%	4	9	10
Arlington					
Fairfax					
Loudoun					
Subtotal		60.0%	44	112	125
Secondary Service Area					
County	State	Resident Discharges	Year 1	Year 2	Year 3
Baltimore	MD	15.0%	11	28	31
Baltimore City					
Carroll					
Frederick					
Washington					
Subtotal		15.0%	11	28	31
Tertiary Service Area					
County	State	Resident Discharges	Year 1	Year 2	Year 3
Other MD Counties	MD	5.0%	4	9	10
WV Counties	WV	10.0%	7	19	21
Other States		10.0%	7	19	21
Subtotal		25.0%	19	47	52
Total		100.0%	74	187	209

The primary, secondary, and tertiary service areas are based on the county's proximity to Seasons in Prince George's County. The discharges per year are calculated in CON application, pages 407, 411, and 415.

Figure 68: State Discharges (Totals may not square due to rounding.)

State	Resident Discharges	Year 1	Year 2	Year 3
MD	45.0%	34	84	93
DC	30.0%	22	56	63
WV	10.0%	7	19	21
VA	5.0%	4	9	10
Other	10.0%	7	19	21
Total	100.0%	74	187	209

23. Regarding the population figures provided in Figure 46 on p. 148, for those jurisdictions within your primary and secondary service area, provide a breakdown of juveniles by age and gender, reporting these numbers by age cohorts (10-14, 15-19, and 20-24 years old). Please provide the assumptions used to generate these projected patient populations.

Please refer to Exhibit 45 for tables identifying the primary service area counties in MD. The counties are assumed to provide the majority of the MD referrals equaling 45.0 percent of the admitted residents. No assumptions were used in the development of the tables, as the population cohorts were projected by the MD Department of Planning. No publically available data exhibits for the age cohorts (10-14, 15-19, and 20-24 years old) for DC, which is assumed to make up the remainder of the primary service area.

24. Please provide a statistical projection table similar to Table 2 in your CON application that provides a breakdown of admissions, patient days, and length of stay by unit, gender, and program, with all assumptions used for these utilization projections disclosed, explained, and justified.

TABLE 2-R. STATISTICAL PROJECTIONS - PROPOSED PROJECT BY UNIT BY GENDER			
Indicate CY or FY	CY2020	CY2021	CY2022
1. ADMISSIONS			
d. Other (Adolescent PRTF) (Male)	14	20	20
d. Other (Adolescent PRTF) (Female)	14	20	20
d. Other (Young Adult Unit) (Male)	18	23	26
d. Other (Diagnostic & Assessment Unit) (Male)	38	72	72
d. Other (Diagnostic & Assessment Unit) (Female)	22	60	72
TOTAL ADMISSIONS	106	195	210
2. PATIENT DAYS			
d. Other (Adolescent PRTF) (Male)	2,384	5,238	5,354
d. Other (Adolescent PRTF) (Female)	2,384	5,238	5,354
d. Other (Young Adult Unit) (Male)	2,386	4,199	4,656
d. Other (Diagnostic & Assessment Unit) (Male)	1,710	3,240	3,240
d. Other (Diagnostic & Assessment Unit) (Female)	990	2,700	3,240
TOTAL PATIENT DAYS	9,854	20,615	21,844
3. AVERAGE LENGTH OF STAY			
d. Other (Adolescent PRTF) (Male)	270.0	270.0	270.0
d. Other (Adolescent PRTF) (Female)	270.0	270.0	270.0
d. Other (Young Adult Unit) (Male)	180.0	180.0	180.0
d. Other (Diagnostic & Assessment Unit) (Male)	45.0	45.0	45.0
d. Other (Diagnostic & Assessment Unit) (Female)	45.0	45.0	45.0
TOTAL AVERAGE LENGTH OF STAY	93.0	105.7	104.0
4. OCCUPANCY PERCENTAGE			
d. Other (Adolescent PRTF) (Male)	36.2%	79.7%	81.5%
d. Other (Adolescent PRTF) (Female)	36.2%	79.7%	81.5%
d. Other (Young Adult Unit) (Male)	40.7%	71.9%	79.7%
d. Other (Diagnostic & Assessment Unit) (Male)	46.7%	88.8%	88.8%
d. Other (Diagnostic & Assessment Unit) (Female)	27.0%	74.0%	88.8%
TOTAL OCCUPANCY %	37.4%	78.4%	83.1%

Indicate CY or FY	CY2020	CY2021	CY2022
5. NUMBER OF LICENSED BEDS			
d. Other (Adolescent PRTF) (Male)	18	18	18
d. Other (Adolescent PRTF) (Female)	18	18	18
d. Other (Young Adult Unit) (Male)	16	16	16
d. Other (Diagnostic & Assessment Unit) (Male)	10	10	10
d. Other (Diagnostic & Assessment Unit) (Female)	10	10	10
TOTAL LICENSED BEDS	72	72	72
6. EDUCATION/SCHOOL DAYS			
d. Other (Adolescent PRTF) (Male)	1,410	3,150	3,230
d. Other (Adolescent PRTF) (Female)	1,410	3,150	3,230
d. Other (Young Adult Unit) (Male)	987	1,771	1,964
d. Other (Diagnostic & Assessment Unit) (Male)	1,048	1,980	1,980
d. Other (Diagnostic & Assessment Unit) (Female)	602	1,650	1,980
TOTAL EDUCATION/SCHOOL DAYS	5,457	11,701	12,384

The assumption used in developing the projected utilization are identified in Table 2: Statistical Projections – Proposed Project in the CON Application, page 151, and in the CON Application, Exhibit 23, pages 404 through 414. Table 2 identifies the number of days in the month, the average length of stay, and the number of licensed beds, while the CON Application, Exhibit 23 identifies the admissions by month in the color blue and the discharges by month in the color red.

Additionally, in the CON Application, Exhibit 28, page 489, the Utilization calculations, assumptions, and links are identified.

> Please note, in arriving at these projections, Seasons must assure that the actual placement numbers that it uses account for the significant double counting of the placements of youth that are paid for by Medicaid and reported by the Maryland Behavioral Health Administration and of youth placed by the Maryland Department of Human Resources and the Maryland Department of Juvenile Services. Should you reach out to D.C. agencies, you should take into account the problem with double counting as well between the D.C. Department of Youth Rehabilitation Service, the D.C Department of Behavioral Health and the D.C. Department of Health Care Finance. Finally, the applicant should note that most Maryland Department of Juvenile Services placements to staff secure and hardware secure facilities are not RTC placements.

The health planning process and need justification utilized by Seasons relies upon various data sets and reports. Seasons makes all reasonable attempts to ensure the integrity and accuracy of the data used for utilization projections. As such, and in response to the issue of "double counting", Seasons reached out to the author of the report in question, The MD Governor's Office for Children. In a series of email exchanges, Christina Church, a Senior Policy Analyst at the Governor's Office for Children puts to rest the issue of "double counting" in stating the following:

> "I feel reasonably confident in the RTC numbers as they are reported for the past couple of years - however because I only receive lists of placements and not of actual children, I have to include the disclaimer. I can share that during the audit of 2016 RTC placements by those two agencies, the placements were to almost entirely different facilities and there was very little risk of double counting. Based on the service needs that we are currently seeing, I would expect that to continue. I know that doesn't exactly answer your question, but it underscores the need for this office to collect more precise data than we have in years past."

Please refer to Exhibit 46 for the email exchange with Ms. Church.

25. Staff has questions regarding the need for the proposed 72-bed RTC in Fort Washington. Historically, RTC placements by Maryland State agencies have declined sharply, a trend that includes a decreasing number of out-of-state placements. Between 2009 through 2016, these State agencies showed a 31% decline in RTC placements.

In responses from Maryland's Department of Human Resources (DHR) and from the Department of Juvenile Services (DJS) requesting their perspective on RTC bed need, they reported the following:

- DHR saw its RTC population decline from 171 on January 31, 2016 to 140 in November 2016; and
- DJS had 101 youth in RTCs in January 2016, which declined to 84 in January 2017. Only 3 youth were placed out-of-state.

Since November 2016, three Maryland RTCs temporarily delicensed 237 beds, which in no small part was attributable to declining referrals for RTC treatment. A letter dated September 14, 2017 from the Maryland Department of Juvenile Services (Exhibit 14) indicates "there is no projected need for an additional 72 bed RTC for DJS youth."

The establishment of Season's RTC during this decline in demand may have a negative impact on the stability of the remaining existing RTCs. With this question regarding need and demand for this service, staff would question the financial viability of your proposal, as well as whether this project is the most cost-effective solution, and that it will have a potential adverse impact on existing providers.

The Commission requests that Season's RTC contact Maryland and District of Columbia agencies to document the need and their likelihood in using RTC beds in sufficient numbers to support the size and programming of each unit as currently proposed (the young adult unit for males age 18-21 years old, and the two Diagnostic & Assessment units and two PRTF units designated to treat both males and females age 13-17 years old). Seasons should contact agencies such as the Department of Human Resources; Behavioral Health Administration; Core Service Agencies; and the District of Columbia Department of Youth and Family Services and have each speak to the respective agencies' perception of need for the new/additional RTC capacity. In response to these agencies, Seasons must provide a response that is specific about its willingness and preparation to accept and treat the types of youth that the agencies identify as likely to be referred, and how the proposed Season's RTC will appropriately treat these youths, or how it will separate youths that may not be appropriate for placement.

Included in Exhibit 14, pages 292-296, and Exhibit 16, pages 316-319, are letters from the MD DJS and MD HAS indicating both the historical numbers of out-of-state placements, the desire to place in-state, and the common behaviors of youth placed out-of-state.

The behaviors identified by these three agencies include sexual offenders, the developmentally delayed, IQ's of 70 and below, medically fragile, highly aggressive, self-injurious, sex trafficking victims, fire setting behavior, comorbid aggressive/violent behavior, and intergenerational trauma.

Additionally, on CON application pages 72-82, Seasons presents as supporting evidence Mental Health Survey responses from MD governmental agencies indicating that additional residential services are needed within MD based on the existing environment. The surveys in Exhibit 15, pages 298-309, were from the following agencies:

Figure 69: MD Agency Mental Health Survey Respondents

MD Agency
Department of Health and Human Services, Montgomery County
Calvert County Family Network
Anne Arundel County Mental Health Agency
Washington County Mental Health Authority
Calvert County Department of Social Services
Harford County Department of Community Services – Local Management Board
Howard County Department of Social Services
Frederick County Mental Health Management Agency
Prince George's County Core Service Agency

The surveys asked respondents to estimate the annual need that was not being met in the state. On CON application page 82, total estimated need for just these nine MD agencies is 269 youth annually.

Figure 70: MD Mental Health Services Need Survey Result Summary

RTC Mental Health Services Needed	Estimated Annual Need
For seriously emotionally disturbed adolescent females	36
For seriously emotionally disturbed adolescent males	36
For male sex offenders	16
For developmentally delayed adolescent males with a serious psychiatric condition	29
For developmentally delayed adolescent females with a serious psychiatric condition	29
For adolescents with co-occurring behavioral and autistic spectrum disorders	34
For children younger than 12 with serious emotional problems	20
For older youth 18-21	25
For children and youth in need of pre-placement assessment and diagnostic evaluation	44

In response to COMAR 10.24.07G(4)(a): Meeting Special Needs, CON application page 142, Seasons states,

> The adolescents and young adults Seasons plans to serve will generally require treatment for more severe and chronic behavior disorders, emotional challenges, and trauma-related mental illness.
>
> The residents in Seasons' care will likely have a history of:
> - fire setting/arson behaviors
> - assaultive behaviors
> - aggressive behaviors
> - substance abuse
> - significant emotional and behavioral challenges
> - mental illness
> - sexual abuse and sex trafficking
> - academic failure or challenges
>
> Most youth will likely present with dual diagnoses as defined by the DSM-V.
>
> Seasons' residents will:
> - be among the most difficult to place in traditional RTCs
> - have a high rate of recidivism in RTC settings
> - meet the requirements for PRTF level of care
> - most likely have failed in multiple community-based programs or other RTCs

As such, Seasons will serve the population of youth indented by both the MD and DC agencies, as well as the MD County agencies.

The surveys asked respondents to then explain why this need existed. Every potential reason included in the survey was listed as a reason why the need existed. The following table highlight the reasons identified by the nine MD agencies.

Figure 71: MD Mental Health Services Need Survey Reason Summary

RTC Mental Health Services Needed	Reasons
For seriously emotionally disturbed adolescent females	1 2 3 4
For seriously emotionally disturbed adolescent males	2 3 4
For male sex offenders	1 2 3
For developmentally delayed adolescent males with a serious psychiatric condition	1 2 3 4
For developmentally delayed adolescent females with a serious psychiatric condition	1 2 3 4
For adolescents with co-occurring behavioral and autistic spectrum disorders	1 2 3 4
For children younger than 12 with serious emotional problems	1 2 3
For older youth 18-21	1 2
For children and youth in need of pre-placement assessment and diagnostic evaluation	1 2 3 4

Figure 72: MD Mental Health Services Need Survey Reasons

Reason #	Reasons Additional Services Are Needed
1	The services are simply not available
2	There exists an extraordinarily long waiting list for these services
3	Patients have to travel for very long distances to receive these services which creates a tremendous hardship on family and others wishing to be involved in treatment
4	The services that are available are not effective, or I have concerns about the safety of patients receiving care in those available treatment locations

Using Exhibits 14, 15, and 16 and as support for a need in MD for an additional RTC, Seasons projected a two year ramp up period to "full" utilization of the facility. The following table highlights the admissions by unit as projected in the CON application, Exhibit 23, pages 404-415:

Figure 73: Projected Seasons Admissions

Unit	Year 1	Year 2	Year 3
PRTF Male	14	20	20
PRTF Female	14	20	20
Young Adult (Male)	18	23	26
D&A Male	38	72	72
D&A Female	22	60	72
Total Admissions	106	195	210

In the third year of the project, Seasons projects to admit 201 youth of which 45.0 percent will originate from MD or 90 youths, which is much less than the identified need of 269 youth from only nine MD agencies.

The Governor's Office for Children discusses the multiple levels of MD child-placing and funding agencies and administrations:

> Local Operations: Each of these child-placing and funding agencies and administrations operates differently at the local level. The Departments of Health and Mental Hygiene (through Behavioral Health), Human Resources, and the Maryland State Department of Education serve children and families through their 24 local counterparts within each of the State's local jurisdictions – the local Department of Social Services, the local Core Service Agencies, the local Substance Abuse Councils, and the Local School Systems. The Department of Juvenile Services and Developmental Disabilities Administration have regional offices, which, in turn, have local offices. For administrative purposes, Juvenile Services has six designated regions and Developmental Disabilities Administration has four.

Based on the familiarity that local agencies have with both the RTCs and the placed youth, their survey responses have merit and present reasonable observations that support the need for an additional RTC in MD that is available to youth with severe behavioral issues.

Availability of More Cost Effective Alternatives

26. Please respond to the following:
    a. Regarding Figure 51 on p. 157, which employees or job categories are included in the 2015 healthcare workforce numbers and cite the source for these numbers?

The source of the 2015 healthcare workforce number is identified on page 156. Data USA, www.datausa.io/, is a free source for county demographic data in the United States. The healthcare workforce numbers are found on the specific county demographic webpage under Employment by Occupations. The healthcare workforce numbers include three categories; Healthcare Practitioners, Technical Occupations, and Healthcare Support Occupations and are standard American Community Survey occupational classification system categories.

Figure 74: Healthcare Workforce Categories

Healthcare Practitioners and Technical Occupations
Chiropractors
Dentists
Dieticians and Nutritionists
Optometrists
Pharmacists
Physicians and Surgeons
Physician Assistants
Podiatrists
Registered Nurses
Nurse Anesthetists
Nurse Practitioners, and Nurse Midwives
Audiologists
Occupational Therapists
Physical Therapists
Radiation Therapists
Recreational Therapists
Respiratory Therapists
Speech Language Pathologists
Other Therapists, Including Exercise Physiologists
Veterinarians
Health Diagnosing and Treating Practitioners, All Other
Clinical Laboratory Technologists and Technicians
Dental Hygienists
Diagnostic Related Technologists and Technicians
Emergency Medical Technicians and Paramedics
Health Practitioner Support Technologists and Technicians
Licensed Practical and Licensed Vocational Nurses

Medical Records and Health Information Technicians
Opticians, Dispensing
Miscellaneous Health Technologists and Technicians
Other Healthcare Practitioners and Technical Occupations

Healthcare Support Occupations
Nursing, Psychiatric, and Home Health Aides
Occupational Therapy Assistants and Aides
Physical Therapist Assistants and Aides
Massage Therapists
Dental Assistants
Medical Assistants
Medical Transcriptionists
Pharmacy Aides
Veterinary Assistants and Laboratory Animal Caretakers
Phlebotomists
Healthcare Support Workers, All Other, Including Medical Equipment Preparer

b. Regarding Figure 52 on p. 158, please cite the source for the 2015 Median Property value per county.

The source of the 2015 median property value per county is identified on page 156. Data USA, www.datausa.io/, is a free source for county demographic data in the United States. The 2015 median property value per county is a part of the American Community Survey 1-Year Estimate dataset.

c. With regard to your response to Joint Venture on p. 163, did Seasons attempt to contact any existing providers about working together on the RTC proposal, and if so, are there any reasons why this arrangement will not work out between the two parties?

No RTC service providers operate in Prince George's County, the MD location selected based on the four core component analyses presented in the CON application page 160, Figure 54: Core Component Comparison; however, Seasons did contact a local acute care hospital but was unable to establish a joint venture because of the reasons started in the CON application, page 163.

d. Regarding your response to Build Smaller and Figure 56 on p. 164, please provide a breakdown on the types of expenses included in the table, time period this comparison represents for the proposed RTC, and the assumptions used to calculate each of these identified costs.

- Administrative/Support Construction would be identical for both a 72-bed and a 45-bed facility.
- Residential Construction would be 37.5 percent lower due to reduced square footage construction associated with 27 fewer beds in the 45-bed facility.
- Miscellaneous Costs would be 22.6 percent lower due to reduced Site and Infrastructure, Contingency, Furniture, and Working Capital Startup Costs.

e. As indicated on p. 165, please discuss (a) what energy efficient details have been included with the construction of Seasons RTC and (b) what design features have been included to support your statement "the facility can be expanded to add approximately 30.0 percent more space to care for residents."

Seasons will be built with an energy efficient "green" kitchen that uses no fryers and drastically reduces the amount of grease and pollutants released into the air. The "green" kitchen also provides a safer environment by removing the risk of grease fire and the risk of burn because the food is heated through convection. In addition, there are several energy saving features to be incorporated, such as use of efficient T8 fluorescent lighting throughout building. The site will incorporate high efficiency gas water heaters throughout, which are more efficient and less costly than electric. All HVAC units are high SEER ratings for maximum efficiency. Site lighting will incorporate LED lighting technology.

The Seasons facility is built in such a way that all of the infrastructure, administrative space, cafeteria, gymnasium and other non-resident care areas would accommodate approximately 30 percent increase in residents. The site is developed in such a way that an additional unit can be built onto the existing building without the need for modification to the site plan or parking plan. In addition, the site is large enough that there would be ample room for expansion of outpatient services if the need is identified and supports the construction of an outpatient building on the same campus.

f. Please provide examples of the type of aftercare programs for residents and families that are currently provided by Seasons in the RTC and/or PRTF programs it currently operates with the existing ten SBH facilities.

Please refer to Exhibit 47 for examples of the type of aftercare programs for residents and families currently being provided at the PRTF programs at four SBH facilities. These same programs will be provided by Seasons.

Viability of the Proposal

27. Please respond to the following:
    a. Under Table 4, please identify what is included under "Other Expenses (line j.).

The items included under "Other Expenses" (line j.) were identified in Figure 57: Table 4. Revenues & Expenses – Proposed Project Source Data on page 172. The figure states the following:

Figure 75: "Other Expenses" Calculation

	Projected Years (ending with first full year at full utilization)		
Indicate CY or FY	CY2020	CY2021	CY2022
j. Other Expenses (Specify)	= Professional Stipend + Resident Related Purchased Services + Food + Advertising + Recruitment + Travel & Entertainment + Repairs & Maintenance + Rental Expense + Insurance + Utilities + Property Taxes + Other Expenses		

For response completeness the following highlights the items included in "Other Expenses."

Figure 76: "Other Expenses"

	CY2020	CY2021	CY2022
Professional Stipend	$96,000	$97,728	$99,487
Resident Related Purchased Services	$39,416	$83,944	$90,550
Food	$98,540	$209,861	$226,375
Advertising	$18,000	$18,324	$18,654
Recruitment	$36,000	$36,648	$37,308
Travel & Entertainment	$54,000	$59,972	$51,051
Repairs & Maintenance	$42,000	$42,756	$43,526
Rental Expense	$24,000	$24,432	$24,872
Insurance	$48,000	$48,864	$49,744
Utilities	$48,000	$48,864	$49,744
Property Taxes	$30,000	$30,540	$31,090
Other Expenses	$18,000	$18,324	$18,654
Total	$551,956	$720,257	$741,053

b. Under Table L, please confirm whether Seasons will hire or contract for psychologist(s), speech pathologist/audiologist, and/or art, dance, music specialist and include the costs for these additional resources.

Seasons will contract with all necessary professionals to meet the educational or treatment needs of the residents in Seasons' care. The local specialist Seasons will contract with include: licensed psychologist, speech pathologist/audiologist, movement therapist, and occupational therapists. The specific needs will be determined as part of the admissions process and will be delivered based on the determination of the clinical team and referral agency. Payment for these services will be billed to the payer or placing agency.

c. As indicated on p. 177, discuss whether the equity set aside by the SBH is board-directed or specifically designated for the Allentown facility, and if not, what assurances can the applicant provide that there are sufficient cash resources designated for this project.

Please refer to the CON Application, Exhibit 30 for a copy of a letters from James Cagle, Strategic Behavioral Health CFO, indicating that Seasons "will be funded by a combination of net cash flows from existing operations and availability under our credit facility". This Project was reviewed and approved by all equity partners prior to submitting the Certificate of Need Application. Please refer to the CON Application, Exhibit 29 for copies of the financial documents and specifically to page 3 of the 2016 Consolidated Financial Statements for the Retained Earnings line item indicating $36.5 million. This amount assures sufficient cash resources designated for this project.

d. Similar to the previous question, please discuss whether the applicant has debt financing that is specifically designated for this project, and if not, what assurances can the applicant provide that there are sufficient lines of credit with Fifth Third Bank to fund this project.

Please refer to the CON Application, Exhibit 30, which provides financing letters from SBH and Fifth Third Bank. The letter from Fifth Third Bank describes the credit facility that is currently in place in which there is "approximately $36 million available to fund future development projects such as this Project". The letter goes on to state that "Fifth Third Bank is familiar with the project being proposed for CON approval" and "has a high degree of interest in financing the proposed Project". James Nation, Vice President for Fifth Third Bank goes on to close the letter by stating "We very much look forward to working with you and SBH on the financing and completion of this Project". At this time SBH does not anticipate any complications with funding this project.

28. Please discuss whether the per diem rate for the five treatment units will be the same or different. If the latter, please provide the per diem rate for the Young Adult, adolescent D & A units, and the adolescent PRTF units unit separately.

The per diem rates are highlighted in the Gross Revenue Worksheets in the CON Application, Exhibit 23, pages 383 through 385 of the application.

The worksheets show the following gross charge rate and average reimbursement for Young Adult, Adolescent D & A units, and the adolescent PRTF units for Years 1 through 3:

Figure 77: Gross Charges by Unit

	Year 1	Year 2	Year 3
Young Adult	$1,500	$1,500	$1,500
Adolescent D&A, Male	$1,500	$1,500	$1,500
Adolescent D&A, Female	$1,500	$1,500	$1,500
Adolescent PRTF, Male	$1,000	$1,000	$1,000
Adolescent PRTF, Female	$1,000	$1,000	$1,000

Figure 78: Average Reimbursement by Unit

	Year 1	Year 2	Year 3
Young Adult	$436	$443	$451
Adolescent D&A, Male	$527	$537	$546
Adolescent D&A, Female	$527	$537	$546
Adolescent PRTF, Male	$417	$425	$425
Adolescent PRTF, Female	$417	$425	$425

Impact on Existing Providers

29. Please respond to the following:
    a. Please provide evidence to support your statement on p. 186 that "MD providers cannot or do not want to treat" the type of youths and young adults that Seasons proposes to treat. Specifically identify which Maryland providers are included in this statement.

In the CON Application, pages 73 through 82, Seasons includes nine (9) surveys from MD referral sources for mental health services and ALL nine referral sources identify a need for specialized services because 1) services are simply not available, 2) extraordinary long waiting lists exists for these services, 3) patients have to travel for very long distances to receive these services, and 4) the services that are available are not effective or they have concerns about patient safety.

Seasons believes that rephrasing the statement on page 186 to read, "The need quantified and expressed by identified stakeholders indicates that existing MD providers are not sufficient to treat the types of youth Seasons proposes to serve." better describes the current environment in MD.

Additional evidence supporting Seasons' statement includes the need for a state-level initiative and interagency workgroup created by the Governor's Office for Children to address the need to reduce the amount of Maryland youth in out-of-state placement. Seasons assume, if there were enough beds and providers in the state to treat the adolescents and young adults that Seasons proposes to treat, i.e., aggressive behaviors, sex offenders, fire-setting, etc., there would not be a need for this level and type of initiative and legislation.

While Seasons is not sure of the desire of MD providers to provide support to this population, the needs of these youth are often more costly and require specialized programming and oversight by residential treatment providers.

In Exhibit 42, FY2016 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan:

- Page 21, the following out-of-state data is included:

  Ninety-five (95) placements were to Non-Community-Based agencies. These placements included 16 from Behavioral Health who exhibited three or more serious issues that led them to be rejected by in-State providers (see pages 79-80), 14 from Education who also exhibited unique circumstances (see pages 85-86), and 13 from Human Resources. The 52 remaining placements were by Juvenile Services. The process for making an out-of-State placement under Juvenile Services is described on pages 56-57.

- Page 35, the DHR states:

  As the overall number of children placed in Human Resources out-of-home care decreases so do the overall numbers for children placed out-of-State. As of January 31, 2016, 4% of Human Resources' foster care population was in out-of-State placements (166 children). As illustrated in Table 47 through Table 49, when compared to recent years, the count of children placed out- of-State in family homes increased (by 10% from 2015 to 2016). The number of children in community-based placements holds relatively

steady (although the number increased by 15% from 2015 to 2016). Non-community-based placements have increased through 2015, but dropped back down to its 2014 level in 2016 (13 children).

Over half (52%) of the children placed out-of-State (86) were placed in family home placements (Table 47). Thirty-three percent (33%) of the children placed out-of-State were placed in community-based placements, primarily residential child care (group home) placements but also independent living, college, and JobCorps placements (Table 48).

Of the children placed out-of-State, 35% were 18 years of age or older. Fifty-six percent of children in community-based placement were over the age of 18 (Table 51). Further, 81% of children placed in family home settings were under the age of 18 (Table 50).

A key factor in determining whether a child will be placed out-of-State is the need of the child. It is important to note that the historical lack of adequate services and facilities within the state has made it difficult to keep these children in Maryland. Children placed in these types of residential treatment centers and group home facilities out-of-State present with physical, mental, psychiatric, and educational needs. Of these children, many of them are on multiple psychotropic medications, have diagnoses of one or more developmental disorders including but not limited to: autism, developmental disabilities, mental health issues, emotional disturbances, and/ or learning disabilities. It is common for children placed in these settings to lack verbal skills or to possess IQs below the moderate range.

Residential treatment centers and group homes with expertly trained staff who are equipped and experienced in treating acute medical issues, developmental disabilities, and sex offenders have not existed in Maryland. Therefore, when Human Resources' foster children and youth present with these intensive needs, an out-of-State placement has been the most reasonable and appropriate.

Out-of-State community-based placement options include group homes and behavioral health centers. These facilities specialize in meeting the needs of children with behavioral and mental health issues and their availability allows Human Resources to appropriately place this population of children and youth. Without these out-of-State placement services, Human Resources would not be able to address effectively the unique needs of each child and provide quality care to this population.

- Page 87, according to MD BHA regarding Out-of-State Placements:

  The practicality of treating youth with the combinations of severe behavior health disorders described above in Maryland facilities is problematic. Within the past six years, the number of these complex and severely impaired youth placed out-of-State has varied from six to 26 on the one-day census.

Seasons is unable to specifically identify which MD providers the survey respondents are referring to.

b. Identify the mental health and other providers or identify the types of services that you expect these programs will provide at "a higher-level or lower-level of care" as indicated on p. 186.

Please refer to Exhibit 37 for a list of the community-based services that Seasons has either contacted or will partner with to offer services at the proposed RTC.

c. Cite the source of the data identified on p. 188 from the Governor's Office for Children that indicates "the per diem (bed) rate for out-of-state programs has increased year over year."

Several sources exist in Exhibit 42, the FY2016 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan including:

- Page 6, the Children's Cabinet states:
  > Distance also interferes with the ability of the departments' case manager to participate in the placement's treatment planning and follow the child's progress and, finally, out-of-State programs are often significantly more expensive than the in-State programs.
- Page 49, please see Table 59
- Page 85, please see Table 105
  > Table 105 shows the cost of residential treatment center placements…as a per diem cost. The cost of residential treatment center treatment is by far the larger factor in the Behavioral Health Administration's costs in out-of-home placements due to the complexity and length and expense of residential treatment center care.

d. Provide quantitative data to support your position that Seasons "will positively impact agency and existing provider's budgets who may benefit from stepping down discharged residents from an accessible in-state provider."

While Seasons was not permitted access to quantitative data to support its assumption that existing community-based providers will be positively affected by a continuum of care partnership with Seasons, Seasons assumes MD youth receiving care in out-of-state residential treatment programs, including in Colorado, Florida, Georgia, Massachusetts, and Texas, will benefit from earlier and easier access to local resources prior to discharge, if the youth is receiving care at Seasons and not in an out-of-state program. Seasons has reached out to several providers in the markets it propose to serve and will vet and create strategic alignments with these providers as part of an integrative continuum of care.

All of the out-of-state providers have placement contracts with MD DHS or MD DJS or are enrolled as MD Medicaid providers. We assume having a local program equipped to handle the treatment and safety of MD youth currently being placed in out-of-state programs will decrease the costs associated with monitoring these providers. Seasons further assumes that parent and family therapy in preparation for community and family reintegration is occurring in the out-of-state placements and Seasons will have a positive impact on

these costs due to a decrease in transportation costs to out-of-state providers for family and other relevant stakeholders as part of the reintegration plan.

e. Provide data that indicates where DC youth are referred for treatment currently, whether it is in Mid-Atlantic or nationally as indicated on p. 188.

For the purpose of responding to this question, Seasons will consider the Mid-Atlantic area to include New York, New Jersey, Pennsylvania, Delaware, Maryland, Washington D.C., Virginia, and West Virginia. As identified in the CON Application, Figure 36, page 84, in 2016 and 2017 DC awarded contracts to residential treatment facilities located in three of these states; Virginia, Maryland, and Pennsylvania. In contrast, DC also awarded contracts to residential treatment facilities located in five other states; Florida, Kansas, South Carolina, Georgia, and Maine.

f. Provide evidence to support the statement that "national thought leaders who feel residential treatment should remain an important component of an organized system of care and should no longer be used as the primary resource to support youth with behavioral problems due to mental health challenges" as stated on p. 189.

Please refer to Exhibit 48 for a White Paper titled Appropriate and Effective Use of Psychiatric Residential Treatment Services by Dave Ziegler, Ph.D.

g. Cite the source for the financial data reported in Figure 62 on p. 190.

The source for the financial data reported in the CON Application, Figure 62, page 190, is the MSDE FY2016 Nonpublic Special Education Rates sheet included as CON Application, Exhibit 33, page 612, through 615.

LIST OF EXHIBITS