MARYLAND HEALTH CARE COMMISSION

Certificate of Need Application

Seasons Residential Treatment Program, LLC

Prince George's County

September 26, 2017

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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
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
Occupational Safety and Health Administration	OSHA

LIST OF ABBREVIATIONS
(Continued)

Term	Abbreviation
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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STATE OF MARYLAND

Craig P. Tanio, M.D.
CHAIR

Ben Steffen
EXECUTIVE DIRECTOR

For internal staff use:

MARYLAND HEALTH CARE COMMISSION

_____
MATTER/DOCKET NO.

_____
DATE DOCKETED

INSTRUCTIONS: GENERIC APPLICATION FOR CERTIFICATE OF NEED (CON)
Note: Specific CON application forms exist for hospital, comprehensive care facility, home health, and hospice projects. This form is to be used for any other services requiring a CON.

ALL APPLICATIONS MUST FOLLOW THE FORMATTING REQUIREMENTS DESCRIBED IMMEDIATELY BELOW. NOT FOLLOWING THESE FORMATTING INSTRUCTIONS WILL RESULT IN THE APPLICATION BEING RETURNED.

Required Format:

Table of Contents. The application must include a Table of Contents referencing the location of application materials. Each section in the hard copy submission should be separated with tabbed dividers. Any exhibits, attachments, etc. should be similarly tabbed, and pages within each should be numbered independently and consecutively.

The Table of Contents must include:

- Responses to PARTS I, II, III, and IV of the this application form
- Responses to PART IV must include responses to the standards in the State Health Plan chapter that apply to the project being proposed
  - All Applicants must respond to the Review Criteria listed at 10.24.01.08G(3)(b) through 10.24.01.08G(3)(f) as detailed in the application form.
- Identification of each Attachment, Exhibit, or Supplement

Application pages must be consecutively numbered at the bottom of each page. Exhibits attached to subsequent correspondence during the completeness review process shall use a consecutive numbering scheme, continuing the sequencing from the original application. (For example, if the last exhibit in the

application is Exhibit 5, any exhibits used in subsequent responses should begin with Exhibit 6.) However, a replacement exhibit that merely replaces an exhibit to the application should have the same number as the exhibit it is replacing, noted as a replacement.

SUBMISSION FORMATS:

We require submission of application materials and the applicant's responses to completeness questions in three forms: hard copy; searchable PDF; and in Microsoft Word.

- Hard copy: Applicants must submit six (6) hard copies of the application to:
  Ruby Potter
  Health Facilities Coordinator
  Maryland Health Care Commission
  4160 Patterson Avenue
  Baltimore, Maryland 21215

- PDF: Applicants must also submit searchable PDF files of the application, supplements, attachments, and exhibits.[1] All subsequent correspondence should also be submitted both by paper copy and as searchable PDFs.

- Microsoft Word: Responses to the questions in the application and the applicant's responses to completeness questions should also be electronically submitted in Word. Applicants are strongly encouraged to submit any spreadsheets or other files used to create the original tables (the native format). This will expedite the review process.

PDFs and spreadsheets should be submitted to ruby.potter@maryland.gov and kevin.mcdonald@maryland.gov.

Note that there are certain actions that may be taken regarding either a health care facility or an entity that does not meet the definition of a health care facility where CON review and approval are not required. Most such instances are found in the Commission's procedural regulations at COMAR 10.24.01.03, .04, and .05. Instances listed in those regulations require the submission of specified information to the Commission and may require approval by the full Commission. Contact CON staff at (410) 764-3276 for more information.

A pre-application conference will be scheduled by Commission Staff to cover this and other topics. Applicants are encouraged to contact Staff with any questions regarding an application.

[1] PDFs may be created by saving the original document directly to PDF on a computer or by using advanced scanning technology

PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. FACILITY

Name of Facility: Seasons Residential Treatment Program

Address: Allentown Road (Tax Parcel Number 09-23334)
Street

Fort Washington	MD	20744	Prince George's
City	State	ZIP Code	County

2. Name of Owner: Strategic Behavioral Health, LLC

If Owner is a Corporation, Partnership, or Limited Liability Company, attach a description of the ownership structure identifying all individuals that have or will have at least a 5% ownership share in the applicant and any related parent entities. Attach a chart that completely delineates this ownership structure.

Seasons Residential Treatment Program, LLC is organized under the laws of Maryland and is a wholly-owned subsidiary of Strategic Behavioral Health, LLC.

Parent Company Name: Strategic Behavioral Health, LLC

Mailing Address: 8295 Tournament Drive, Suite 201
Street

Memphis	TN	38125	Shelby
City	State	ZIP Code	County

Please refer to Exhibit 1 for the Seasons' ownership structure chart.

3. APPLICANT. If the application has a co-applicant, provide the following information in an attachment.

Legal Name of Project Applicant (Licensee or Proposed Licensee):

Seasons Residential Treatment Program, LLC

Address: 145 Fleet Street, PMB #144
Street

Oxon Hill	MD	20745	Prince George's
City	State	ZIP Code	County

(202) 495-9797
Telephone Number

4. NAME OF LICENSEE OR PROPOSED LICENSEE, if different from the applicant:

Not applicable.

5. LEGAL STRUCTURE OF APPLICANT (and LICENSEE, if different from applicant).

Check ☑ or fill in applicable information below and attach an organizational chart showing the owners of applicant (and licensee, if different).

Figure 1: Legal Structure of Applicant

A.	Governmental	
B.	Corporation	
	(1) Non-Profit	
	(2) For-Profit	
	(3) Close	
	State & Date of Incorporation	
C.	Partnership	
	General	
	Limited	
	Limited Liability Partnership	
	Limited Liability Limited Partnership	
	Other (Specify)	
D.	Limited Liability Company	X
E.	Other (Specify)	
	To be formed:	
	Existing:	

Please refer to Exhibit 2 for Seasons' articles of incorporation.

6. PERSON(S) TO WHOM QUESTIONS REGARDING THIS APPLICATION SHOULD BE DIRECTED

A. Lead or primary contact:

Name and Title: Tyeaesis Johnson, CEO
Company Name: Seasons Residential Treatment Program, LLC

Mailing Address: 145 Fleet Street, PMB #144
Street

Oxen Hill	MD	20745	Prince George's
City	State	ZIP Code	County

Telephone: (202) 495-9797
Email Address (required): ty.johnson@strategicbh.com
Fax Number: (202) 452-8555

7. TYPE OF PROJECT

The following list includes all project categories that require a CON pursuant to COMAR 10.24.01.02(A). Please mark all that apply in the list below.

If approved, this CON would result in (check as many as apply):

Figure 2: Type of Project

(1)	A new health care facility built, developed, or established	X
(2)	An existing health care facility moved to another site	
(3)	A change in the bed capacity of a health care facility	
(4)	A change in the type or scope of any health care service offered by a health care facility	
(5)	A health care facility making a capital expenditure that exceeds the current threshold for capital expenditures found at: http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/con_capital_threshold_20140301.pdf	

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT												
Before the Project							After Project Completion					
Hospital Service	Location (Floor/ Wing)*	Licensed Beds: 7/1/201_	Based on Physical Capacity				Hospital Service	Location (Floor/ Wing)*	Based on Physical Capacity			
			Room Count			Bed Count			Room Count			Bed Count
			Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Physical Capacity
NON-ACUTE CARE							NON-ACUTE CARE					
							Male PRTF Unit	1st Floor	0	9	9	18
							Male D&A Unit	1st Floor	0	5	5	10
							Female PRTF Unit	1st Floor	0	9	9	18
							Female D&A Unit	1st Floor	0	5	5	10
							Young Adult Male Unit	1st Floor	0	8	8	16
TOTAL NON-ACUTE							TOTAL NON-ACUTE		0	36	36	72
HOSPITAL TOTAL							HOSPITAL TOTAL		0	36	36	72

8. PROJECT DESCRIPTION

A. Executive Summary of the Project: The purpose of this BRIEF executive summary is to convey to the reader a holistic understanding of the proposed project: what it is, why you need to do it, and what it will cost. A one-page response will suffice. Please include:

(1) Brief Description of the project – what the applicant proposes to do
(2) Rationale for the project – the need and/or business case for the proposed project
(3) Cost – the total cost of implementing the proposed project

(1) Seasons Residential Treatment Program, LLC, proposes to construct and operate a 72-bed RTC to include:
- sixteen (16) intensive treatment beds
  - One young adult[2] male 16-bed Young Adult Unit
- twenty (20) D&A beds
  - One adolescent male 10-bed D&A Unit
  - One adolescent female 10-bed D&A Unit
- thirty-six (36) PRTF beds
  - One adolescent[3] male 18-bed PRTF Unit
  - One adolescent female 18-bed PRTF Unit

(2) Seasons proposes to develop residential mental health beds in a RTC to:
- establish an integrative system of care designed to collaborate, communicate, and cooperate with stakeholders to return residents back to family and community
- treat difficult to treat[4], highly aggressive and assaultive youth who may also present with severe emotional disturbance and are dually diagnosed
- deliver intensive, round-the-clock services based on national standards of excellence
- implement a treatment philosophy based upon evidence-based practices, research, and supported by outcomes data and quality assurance reporting
- identify and leverage community and stakeholder assets early in the admission process
- offer supportive, family-focused care and comprehensive discharge planning for better community reintegration
- offer a comprehensive model of multimodal treatment interventions designed to meet the needs of the resident and the family

(3) The construction budget is $13,854,469 and includes building costs, site and infrastructure costs, architect and engineering fees, and permits. Total project capital costs are $15,885,092.

[2] Seasons will treat young adult males 21 years of age, if the resident was admitted for care prior to their 21st birthday and their treatment program lasts beyond their 21st birthday. All residents will be discharged prior to their 22nd birthday.
[3] The Annotated Code of Maryland, Article 1, Section 24(a) states, "the "age of majority" is hereby declared to be eighteen years." For the purpose of this application, an adolescent is 13 to 17 years old and a young adult is 18 to 21 years old.
[4] Please refer to Exhibit 31 and the letter from Gloria Brown Burnett, Director, Prince George's County Department of Social Services stating, "Many of our toughest to place youth fit this description with multiple diagnosis such as mental illness, Developmental delays, and assaultive behaviors. These issues often lead to multiple rejections by programs unable to manage all three needs or those that can, are unable to due bed space."

B. Comprehensive Project Description: The description should include details regarding:
   (1) Construction, renovation, and demolition plans
   (2) Changes in square footage of departments and units
   (3) Physical plant or location changes
   (4) Changes to affected services following completion of the project
   (5) Outline the project schedule

(1) Construction, renovation, and demolition plans

Construction Plan

The facility will be a one-story, 54,586 square foot building serving adolescent males and females and young adult males for long-term (average length of stay of 45 days – D&A Unit , 180 days – Young Adult Unit, and 270 days – PRTF Unit) psychiatric treatment. The structure is type VA construction with the following occupancies:

- Institutional (I-2) at resident units
- Assembly (A-2) at the dining room and classrooms
- Assembly (A-3) at the gymnasium
- Business (B) at the administrative, assessment, and support spaces

The building structure consists of spread footings (unless 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 resident areas to protect resident privacy. On-site parking is provided per local zoning guidelines. A covered ambulatory entrance is also included in the site plan.

All fixtures, hardware, and finishes have been selected to support Seasons' commitment to resident safety and to an environment that is "home-like," warm and non-clinical. Plumbing fixtures, door hardware, shower curtain hangers, and furniture are specified to be anti-ligature. Windows in resident bedrooms and other spaces that will be occupied by residents are protected from the interior with polycarbonate. Corridor and resident room walls are protected below the chair rail with FRP panels. Even with these measures in place, great care has been taken to create a welcoming, comfortable environment with a "home-like" feel for residents and staff.

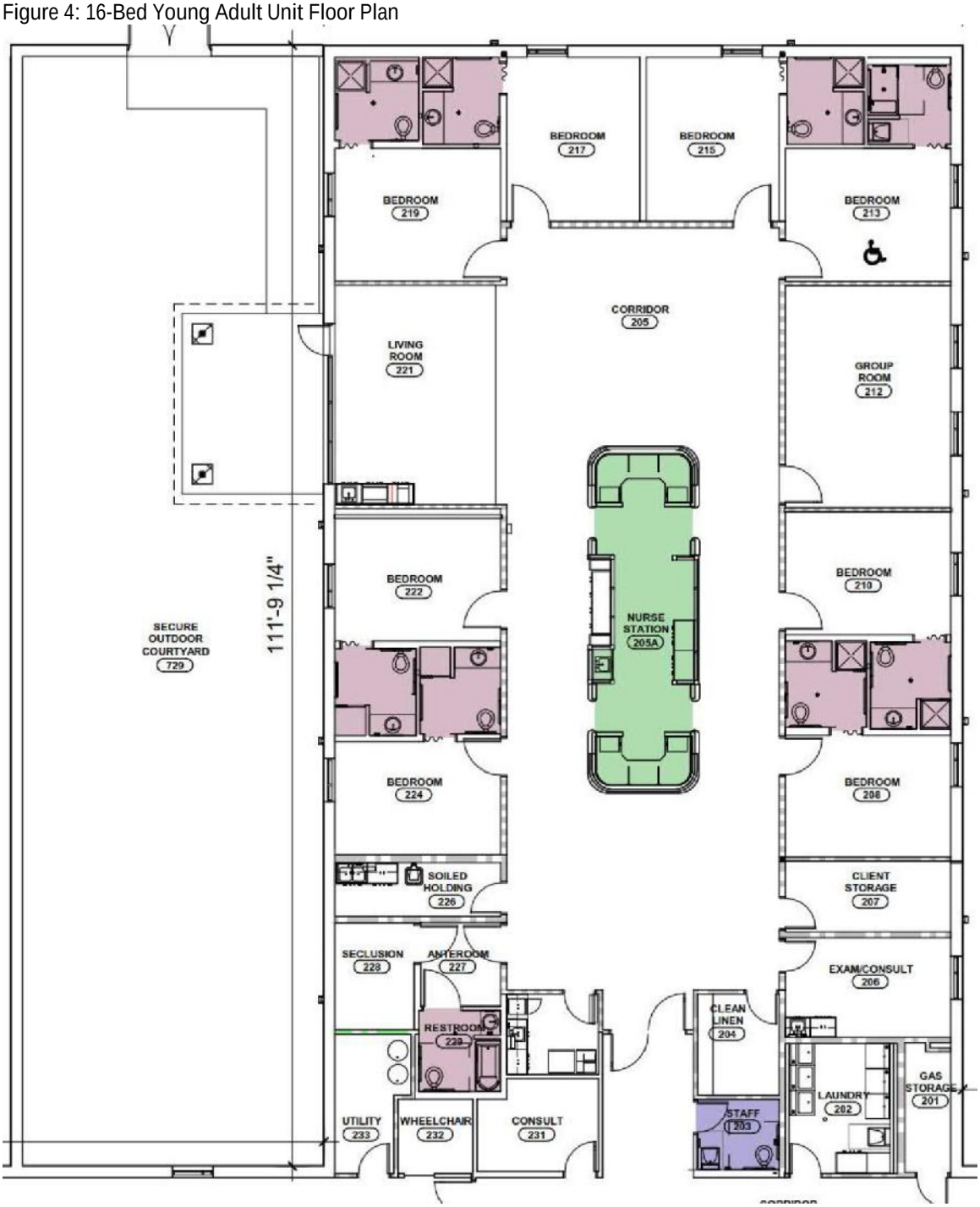
Figure 3: Seasons Residential Treatment Program Floor Plan

Each sex specific program unit is self-contained and designed to be separate and secure from the other program units. Each resident room is double-occupancy and is served by an ajoining bathroom with shower, sink, and toilet. Seasons will use rooms as single-occupancy should there be a clinical need, quarantine need, or contractual need.

Young Adult Unit

The single-sex (male), Young Adult Unit will be physically separated from the adolescent units and includes eight (8) semi-private bedrooms with toilet and shower. The unit includes a living room, group room, doctor office, de-escalation room with dedicated toilet room, central nurses' station, and access to a secure outdoor courtyard.

Figure 4: 16-Bed Young Adult Unit Floor Plan

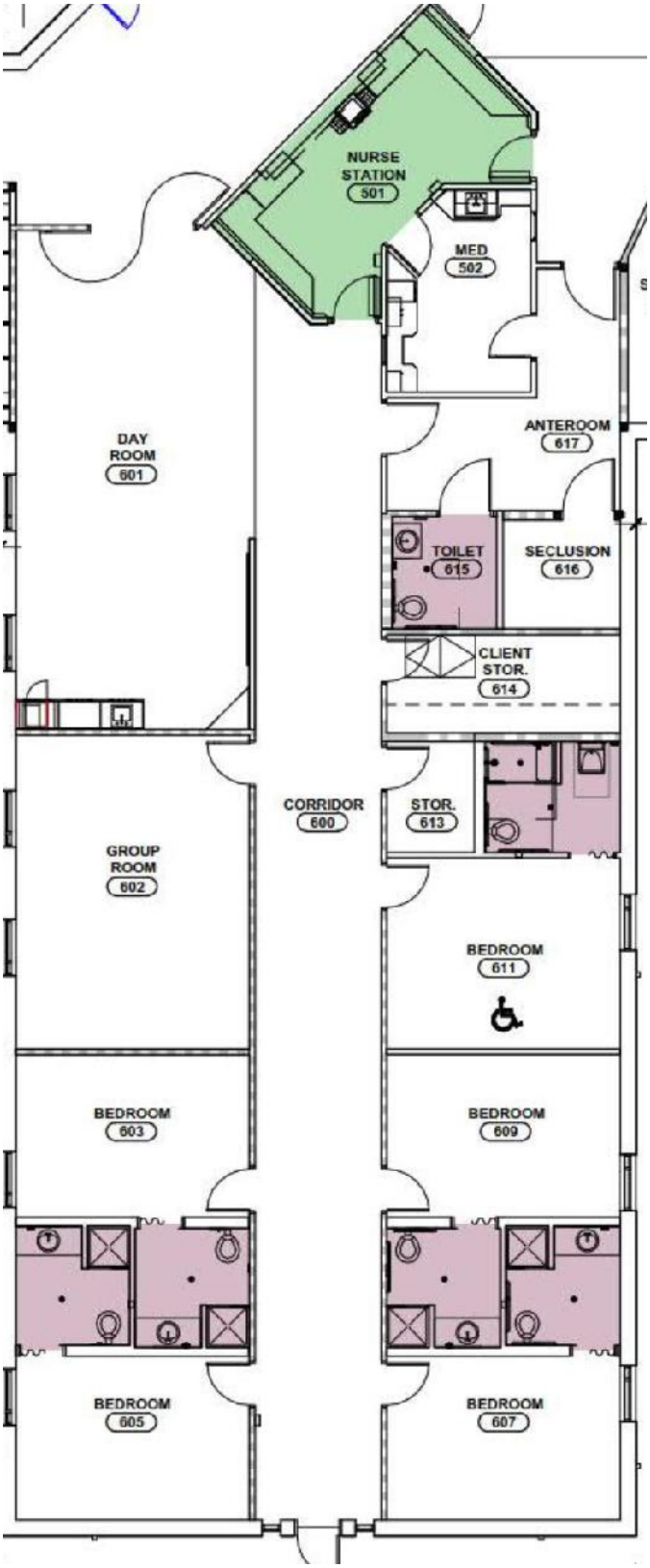


Adolescent D&A Unit

The adolescent D&A Unit will consist of two (2) sex specific wings with each wing accommodating ten (10) residents. Each wing will be "attached" to the sex specific, PRTF wing at the shared nurses' station. Each D&A Unit will have five (5) semi-private bedrooms with toilet and shower, group room, and dayroom. Along with sharing the nurses' station, the D&A Unit will also share a secured medication room, and a de-escalation room with dedicated toilet room. The shared nurses' station will be situated to allow the nursing staff to maintain visual control over both units while preserving acoustic separation between the units and corridor to protect resident privacy.

Figure 5: 10-Bed Male Adolescent D&A Unit Floor Plan

Figure 6: 10-Bed Female Adolescent D&A Unit Floor Plan



Adolescent PRTF Unit

The adolescent PRTF unit will include 36 residential beds and will be separated into two (2) sex specific units designed to accommodate 18 residents each. Each unit will have nine (9) semi-private bedrooms with toilet and shower, a dayroom, and a group room. The PRTF units will each share a nurses' station with the "attached" sex specific D&A Unit, as well as a secured medication room and a de-escalation room with dedicated toilet room. The shared nurses' station will be situated to allow the nursing staff to maintain visual control over both units while preserving acoustic separation between the units and corridor to protect resident privacy.

Figure 7: 18-Bed Male Adolescent PRTF Unit Floor Plan

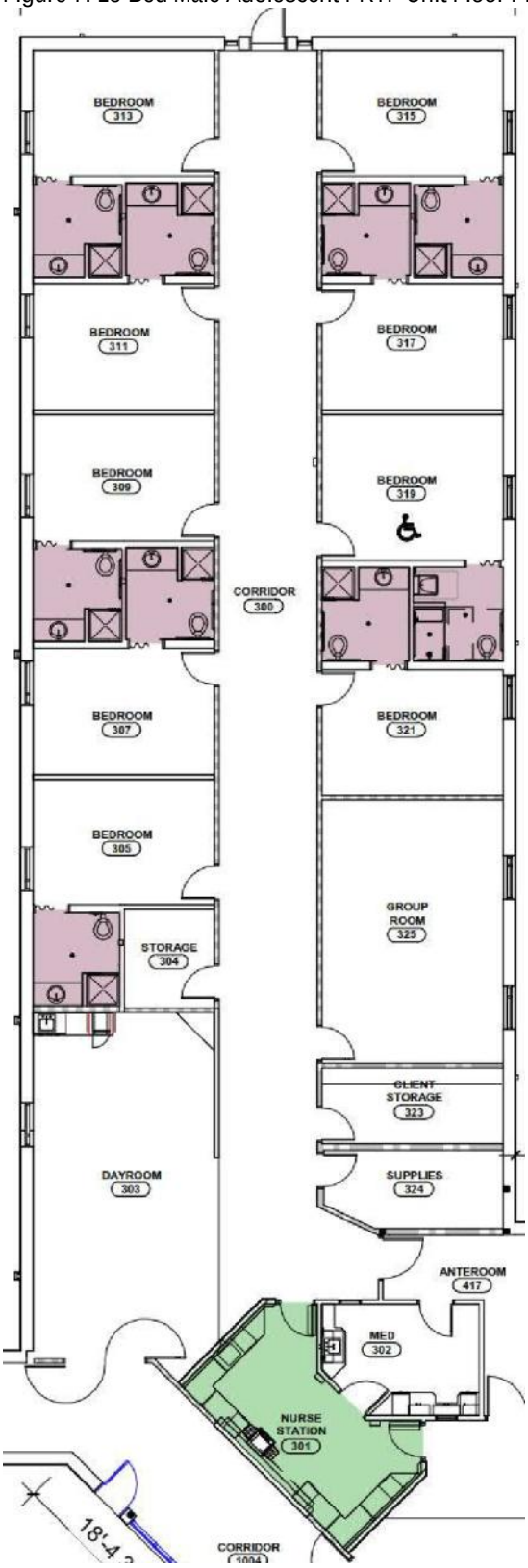
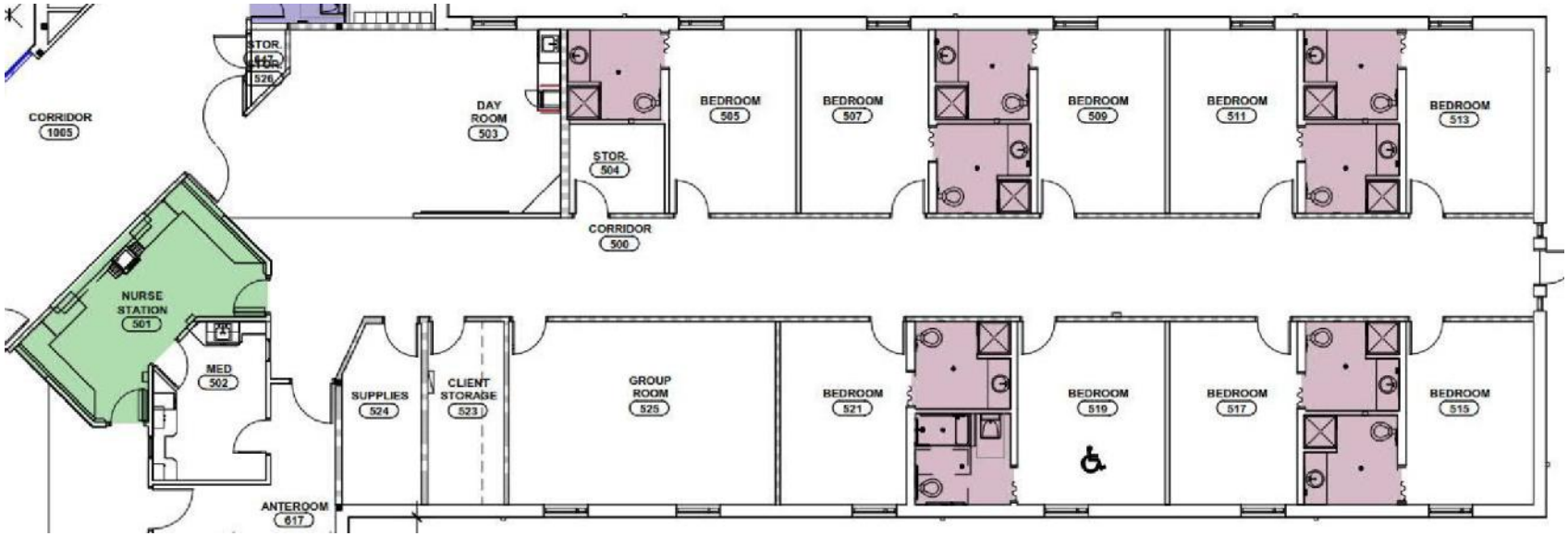


Figure 8: 18-Bed Female Adolescent PRTF Unit FIoor Plan



Educational Space

Seasons' educational program will meet all the requirements outlined by the MSDE for a Type 1, General and Special Education School. The building design will allow Seasons to serve the needs of non-public, day and residential students in full compliance of COMAR 13A.05.01: Provision of a Free Appropriate Public Education, COMAR 13A.09.09: Educational Programs in Nonpublic Schools, and COMAR 13A.09.10: Educational Programs in Nonpublic Schools and Child Care and Treatment Facilities.

Adjacent to the residential units Seasons will have two (2) classrooms, a multipurpose room that can be divided into three (3) classrooms with movable partition walls, and an outdoor recreational area. Adjacent to administration Seasons will have a shared residential and Day School area including two (2) classrooms and a multipurpose room that can also double as a single (1) classroom. Seasons will have the ability to operate eight (8) classrooms, if necessary. The group therapy room located on the Young Adult Unit may also serve as a short-term, Type II classroom to support students on this unit. Each dedicated classroom will be equipped with the latest technology to maximize teaching and foster learning. Additionally, if a student must leave the classroom due to behavioral disruptions, the student and an educational professional or care staff can locate to one of the available assessment rooms or conference rooms to provide 1-on-1 direct supervision until the student can return to the classroom. The room adjacent to the restroom in the Day School area labeled "Office" will be utilized as the school library and will be designed as such.

Seasons will support students with significant gaps in their academic record and students with IEPs and/or special education needs.

Figure 9: Classroom and Multipurpose Room Floor Plan

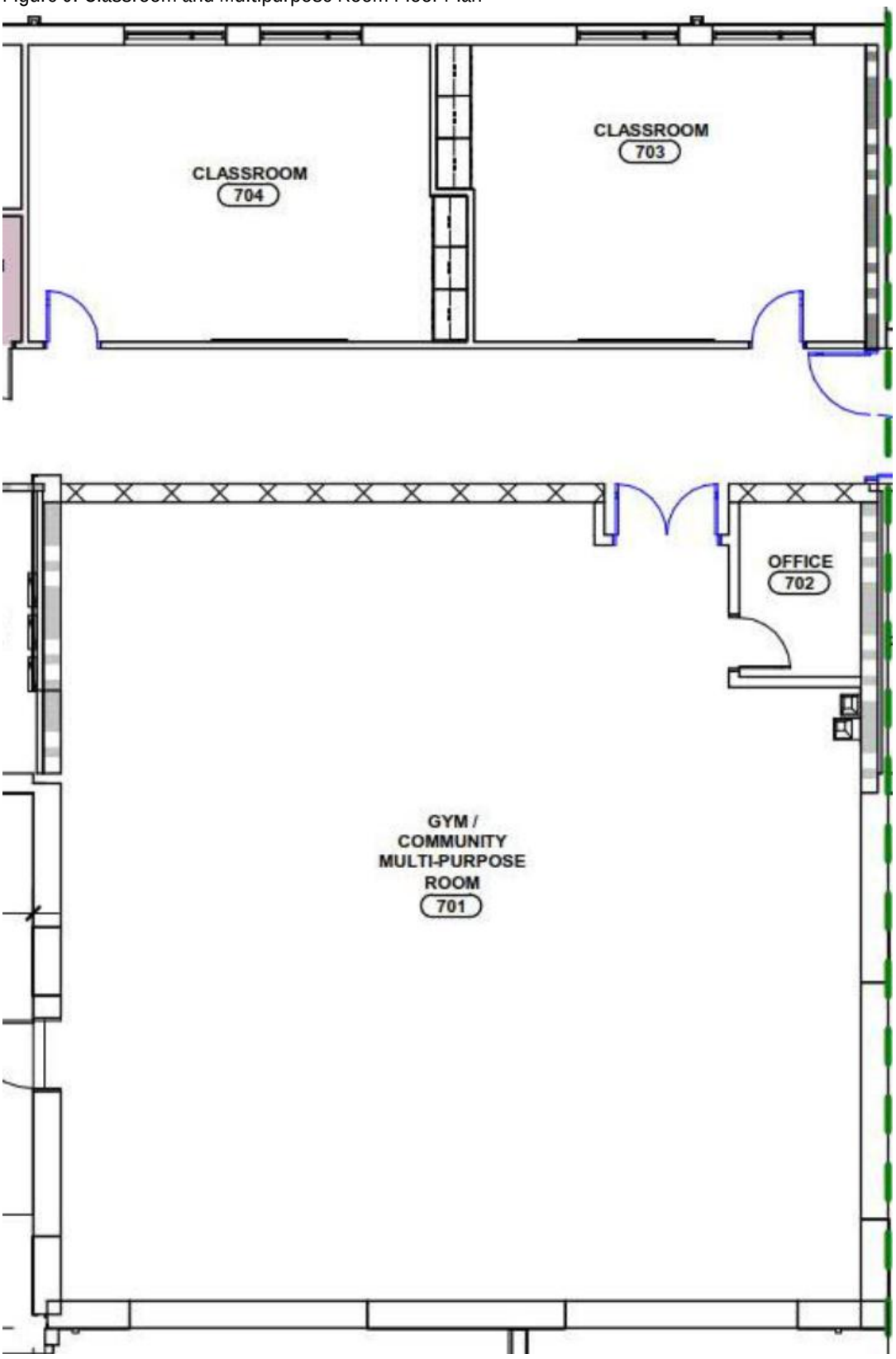
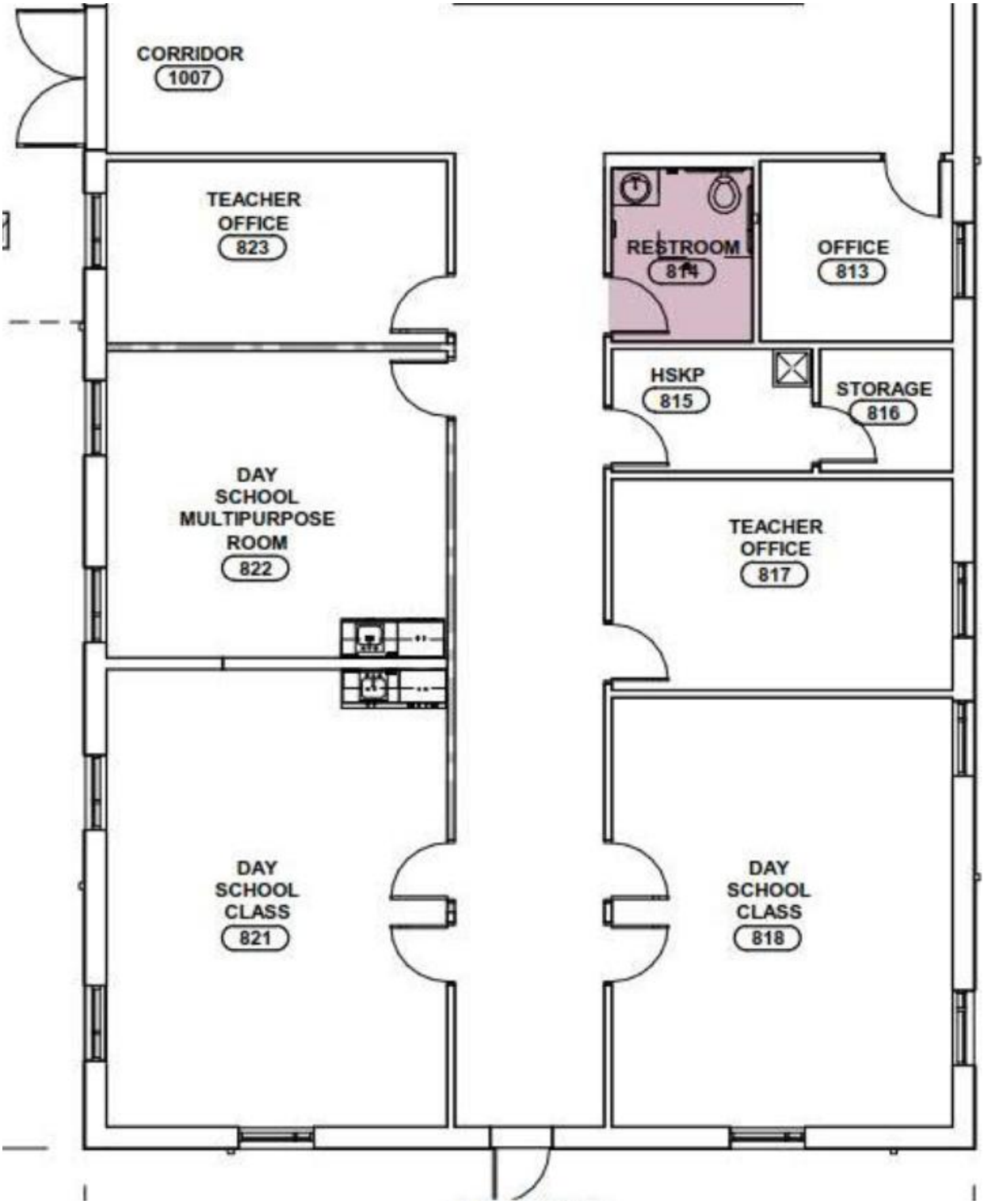


Figure 10: Shared Residential and Day School Classroom Floor Plan



Ancillary Support Space

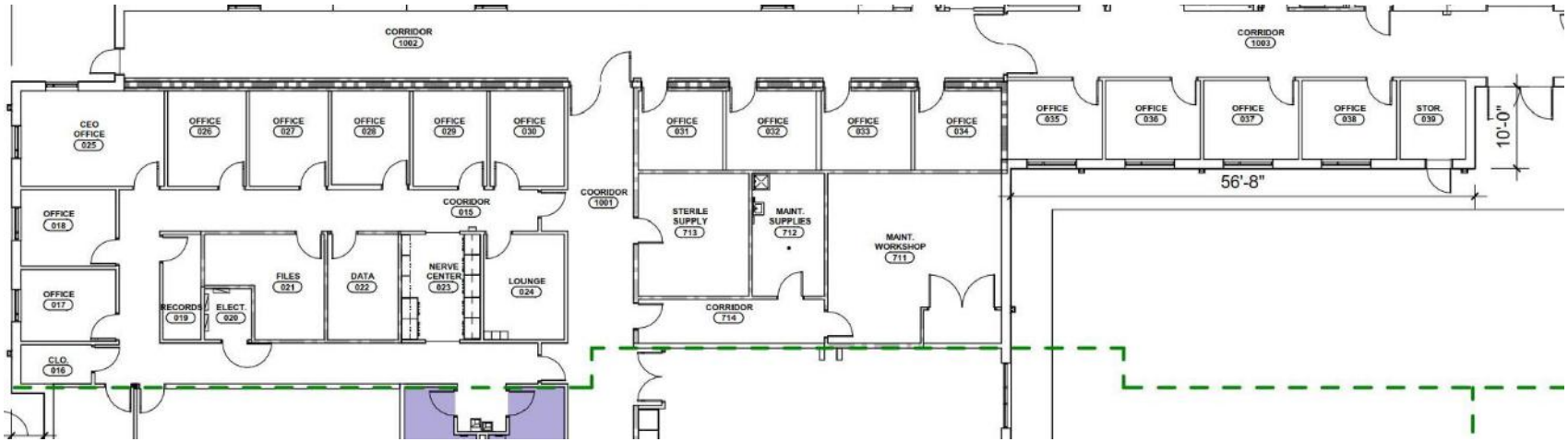
Seasons will have a full-service, commercial grade kitchen adjacent to the dining room. The dining room can be easily divided based on operational needs. The gymnasium will be equipped with sports equipment to support recreational therapy, resident sports, and physical education required curriculum. The assessment area includes rooms dedicated to resident assessment, financial counseling, agency collaboration, private family visitation, and therapy rooms.

Figure 11: Ancillary Support Floor Plan

Administrative Support Space

The administrative area will include sixteen (16) staff offices, medical records, facility files, IT room, and staff lounge.

Figure 12: Administrative Support Floor Plan

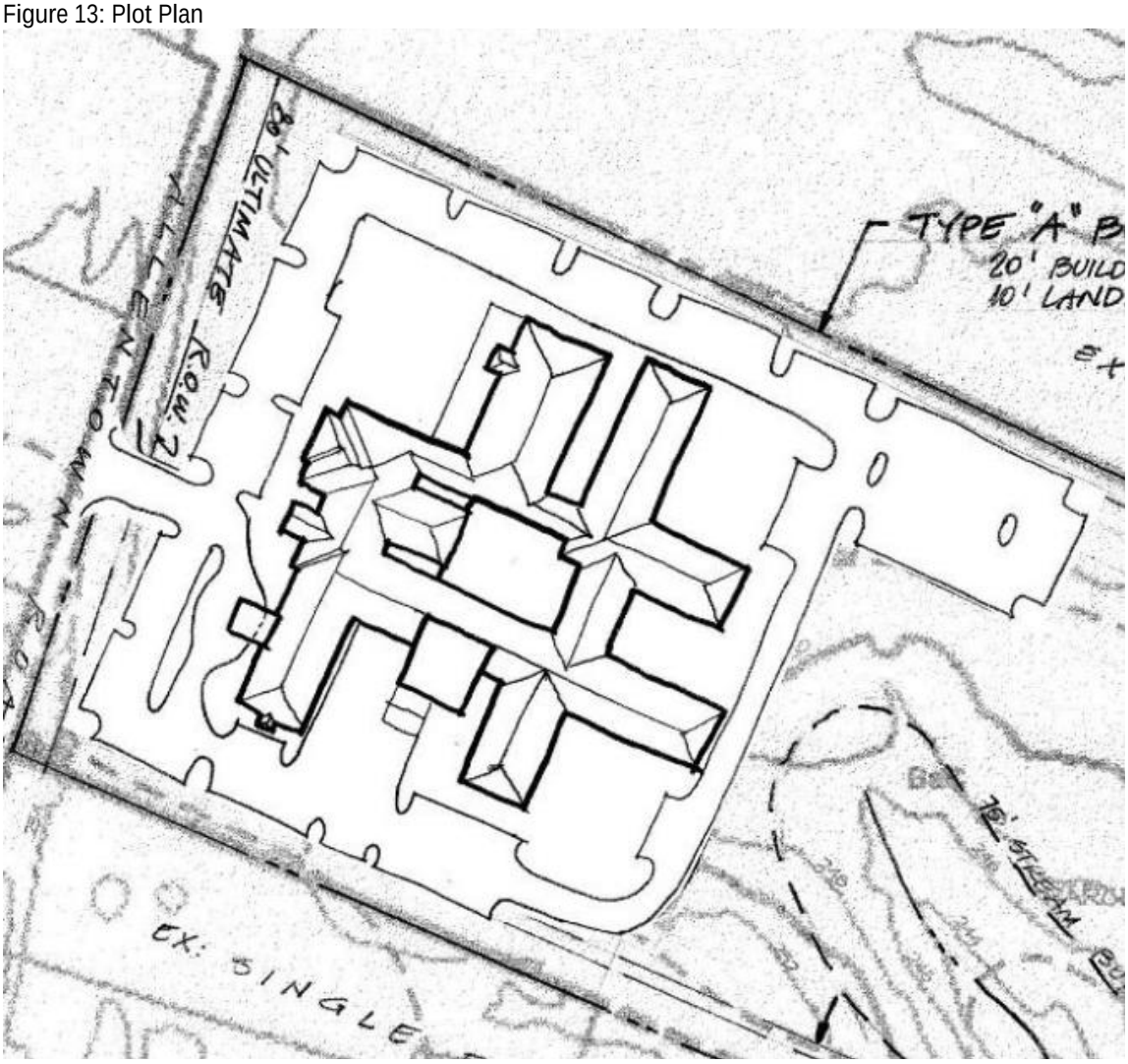


Building Site Layout

The topography is clear of any significant issues and the construction team has successfully completed a test fit of the building for the site and required parking. The 16.01 acre site is undeveloped land on Allentown Road in Fort Washington, Prince George's County (identified by Tax Parcel Number: 09-23334). The site is zoned R-E: Residential-Estate and will not require rezoning.

As indicated on the site plan and project drawings, the building will be located on the west side of the site with frontage and access along Allentown Road. The portion of the site that will be developed is currently cleared and the remainder of the site is wooded. A Phase 1 Environmental Study of the site will be completed during the site permitting process and prior to construction. To Seasons' knowledge no hazardous substances are, will be, or have ever been stored, treated, disposed of, or incorporated into, on, or around the property.

Figure 13: Plot Plan



The building and site are designed to maximize peer interaction, provide secure programming, and facilitate community and family reintegration. Seasons will maximize the latest technology and best practices in all therapeutic, residential, and educational areas.

As outlined in "Table D. Onsite and Offsite Costs," site preparation costs will include:

- storm drains
- rough grading
- paving
- landscaping
- sewer and water
- utilities
- jurisdictional hook-up fees

The overall floor plan shows each program unit labeled as well as the 2,307'-9" lineal feet perimeter. The overall floor plan is 1/32" scale with all detailed floor plans being 1/16" scale.

The plot plan and building design will meet local and state building requirements and regulations set forth in COMAR 10.24.07G: State Health Plan for Facilities Services, MD Health-General §19-308, and COMAR 10.07.04.08: Physical Plant with specific consideration to the following:

- COMAR 10.07.04.08D: Bathrooms
- COMAR 10.07.04.11: Food Services
- COMAR 10.07.04.15: Accommodations

The building design also considers the PRTF certification requirements outlined in 42 CFR 441.150: Basis and Purpose through 42 CFR 441.184: Emergency Preparedness. Specifically, the design team addressed the following:

- de-escalation rooms specially designed to require a staff person to physically holding a spring loaded door handle in the locked position, thus eliminating the possibility that any resident will be secluded without a staff person's direct and constant awareness and supervision and used only when a clinician agrees to its use after all efforts to de-escalate have failed
- space for therapy services on each program unit
- dedicated office/medication administration space
- dedicated nurses' station for staff offering a clear line of site into adjoining units
- 24 hours per day/7 days per week nursing coverage
- locked offices for on-site medical records/storage room

Please refer to Exhibit 3 for the Plot Plan and project drawings.

(2) Changes in square footage of departments and units

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT					
DEPARTMENT/ FUNCTIONAL AREA	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
Institutional I-2 (sleeping areas, resident treatment, support spaces)	0	32,764	0	0	32,764
Dining & Classrooms	0	1,948	0	0	1,948
Gymnasium	0	2,445	0	0	2,445
Administration and Assessment	0	15,501	0	0	15,501
Kitchen	0	1,490	0	0	1,490
Mechanical/Storage	0	438	0	0	438
Total	0	54,586	0	0	54,586

(3) Physical plant or location changes

Not applicable. Seasons is neither an existing facility nor proposing to related to another site.

(4) Changes to affected services following completion of the project

The following discussion does not include "changes to affected services," but provides a general overview of Seasons.

Seasons Residential Treatment Program, LLC, will be a 72-bed psychiatric RTC and will meet all regulatory and licensing standards required by MD and the MD DOH to deliver intensive residential psychiatric services to male and female youth between the ages of 13 and 21 years old. Programmatically, Seasons separates residents as follows:

- adolescent males - ages 13 to 17 years old
- adolescent females - ages 13 to 17 years old
- young adult males - 18 to 21 years

Licensing

When approved by the MD DOH, Seasons will seek immediate federal certification from the CMS to operate as a PRTF. The project is designed to deliver a rigorous clinical program and allow admission for more challenging behaviors and mental health presentation in accordance with federal PRTF standards from the first day of operation.

Residents

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

Seasons' goal is to return residents to their family and community with the appropriate, sustainable tools to cope and manage their illness.

Clinical Services

Seasons' program model and philosophy of care is built around a safe, secure, and healthy environment committed to successful family and community reintegration. Residents will receive medical evaluations, treatment, and coordinated care based on their specific needs under the direct supervision of a child and adolescent psychiatrist. Seasons will deliver care and accept admissions from local and national referral partners 24 hours per day, 365 days per year.

Seasons is designed to treat the most refractory residents with a history of multiple out-of-home placements. Seasons' 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 a continuum of care that includes two (2) treatment tracks:

- diagnostic and assessment
- residential

Diagnostic and assessment is designed to work closely with residents, referral agencies, and parents to help make informed decisions about the next level of care placement. The length of stay for the D&A Unit is 45 days or less and will be staffed with a multi-disciplinary team to include:

- psychiatrist
- pediatrician
- therapists
- registered nurses
- mental health technicians

Residential, under the direction and supervision of licensed and board-certified psychiatrists and care from a multi-disciplinary team, will employ a holistic, evidenced-based, trauma-informed, approach to care. Seasons' staff will draw on the most recent and relevant culturally competent, theoretical and applied treatment modalities, and "best-practice" safety measures to support residents presenting with all forms of trauma, aggressive behaviors, and co-morbid substance abuse.

Seasons' experienced team will serve a broad range of needs and will be adept at adjusting individual treatment plans, behavioral plans, and therapeutic resources to address issues of trauma related to 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.

Seasons' clinical care and delivery of services will meet all federal regulations and PRTF Standards in 42 CFR 441, Subpart D: Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Residential Facilities or Programs and in 42 CFR 483, Subpart G: Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21. However, as MD does not currently issue a license to operate as a PRTF, Seasons will apply to the MD DOH to operate the 72-bed facility under the RTC licensing requirements.

Please refer to Exhibit 4 for the PRTF Standards in 42 CFR 441.150: Basis and Purpose through 42 CFR 441.184: Emergency Preparedness.

Seasons plans to provide intensive post-discharge support by leveraging community resources, requiring intensive family therapy, and coordinating stakeholder involvement during placement. As part of Seasons' effort to continually improve the program and delivery of care, Seasons will also retain the services of an independent research partner to collect and synthesize data from residents for twelve (12) months postdischarge. The postdischarge data will be posted on Seasons' website and be available to all stakeholders. All necessary steps to protect confidentiality and resident privacy will be taken.

Educational Program

An integral part of successful reintegration for residents who meet this level of care includes active participation in an educational program. Seasons' residents will likely have significant gaps in their academic record and come with IEPs and special education needs. Seasons' educational program will include day and residential students and will meet all the policies and procedures for educating student with an IEP in a Type I or Type III Nonpublic General Education Program approved under COMAR 13A.09.10: Educational Programs in Nonpublic Schools and Child Care and Treatment Facilities.

Seasons will employ experienced special and general education teachers, interactive technology and creative learning tools to overcome issues of credit recovery, remedial needs, and grade-level placement. Seasons will also provide vocational, career technical, life skills, and independent living programming for residents 14 and older and residents who have earned their high school diploma or GED.

As part of Seasons' commitment to excellence, Seasons will continue its established partnership with the University of North Carolina at Wilmington to track and report discharged resident progress in the LSS one (1) year postdischarge and at the same time will build partnerships with the University of Maryland, MSDE, and LSSs to determine how to best synthesize the information collected for agency use. This data will be made available to all stakeholders, including federal and state agencies, parents, and community-based providers, as required. All necessary steps to protect confidentiality and student privacy will be taken.

(5) Outline the project schedule

Figure 14: Outline of Project Schedule

1. Certificate of Need	
(a) Anticipated Date of Decision	02/01/2018
2. Financing	
(a) Obtaining construction financing	03/01/2018
(b) Obtaining permanent financing	03/01/2018
(c) Obtain fund to undertake project	03/01/2018
3. Design	
(a) Completion of preliminary drawings	06/18/2018
(b) Approval of final drawings and specifications	08/22/2018
4. Construction	
(a) Contract award (notice to proceed)	10/03/2018
(b) 25% completion of construction (25% of the dollar value of the contract in place)	03/01/2019
(c) 51% completion of construction COMAR 10.24.01.12 (C)(3)(c) - (51% of approved capital expenditure – 16 months after project approval)	06/01/2019
(d) 75% completion of construction	08/15/2019
(e) Completion of construction COMAR 10.24.01.12 (C)(3)(c) - (project completion – 13 months after binding construction contract)	11/01/2019
5. Other Milestones	
(a) Operation of Facility	01/01/2020
(b) Licensure of Facility	01/01/2020

9. CURRENT CAPACITY AND PROPOSED CHANGES:

Figure 15: Current Capacity and Proposed Changes

Service	Unit Description	Currently Licensed/Certified	Units to be Added or Reduced	Total Units, when Project is Approved
Residential Treatment				
Male D&A Unit	Beds	0	+ 10	10
Female D&A Unit	Beds	0	+ 10	10
Young Adult Male Unit	Beds	0	+ 16	16
Adolescent Male PRTF	Beds	0	+ 18	18
Adolescent Female PRTF	Beds	0	+ 18	18
TOTAL				72

10. IDENTIFY ANY COMMUNITY BASED SERVICES THAT ARE OR WILL BE OFFERED AT THE FACILITY AND EXPLAIN HOW EACH ONE WILL BE AFFECTED BY THE PROJECT.

Seasons will partner closely with placing agencies, community-based resources including group home providers, independent living programs, LSSs, post high school educational programs, and vocational/career training programs to develop transition plans and long-term solutions for residents and families dealing with years of trauma, behavioral challenges, and mental illness.

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

Seasons' model is unprecedented in the level of care and support provided and is predicated on the belief resident can succeed with programming which allows them to participate in their care.

Seasons' program goals include:

- reconnecting youth to their community and families
- supporting youth as they regain/earn public trust
- helping youth identify and understand behaviors and triggers
- engaging youth and families and encouraging them to fully participate in care
- communicating behavioral and health challenges and discussing how to manage issues during the program and postdischarge
- developing sustainable educational and vocational skills leading to direct employment and completion of high school diploma or GED
- providing excellent case management resources

Local Law Enforcement

Seasons welcomes the opportunity to partner with local law enforcement through in-services and a monthly Speaker Series.

Through in-services offered at the facility, Seasons will help train local law enforcement officers to recognize behavior that may be attributable to mental illness and how to respond to mental health related incidents in such a manner as to de-escalate crisis situations whenever possible.

Through the Speaker Series local law enforcement officers will have the opportunity to speak to Seasons' residents and explain the role of law enforcement with court involved youth, the role of law enforcement in general after discharge, and each youth's rights.

Seasons is committed to partnering with other mental health providers, local law enforcement, community service providers, and those in the justice system, to develop more compassionate and cost-effective approaches to dealing with youth with mental health-related behavioral issues that emphasize providing community-based treatment instead of arrest and incarceration of these youths or young adults.

11. REQUIRED APPROVALS AND SITE CONTROL

A. Site Size 16.01 acres

B. Have all necessary State and Local land use and environmental approvals, including zoning and site plan, for the project as proposed been obtained?

YES NO X

(If NO, describe below the current status and timetable for receiving each of the necessary approvals.)

Please refer to Exhibit 5 for the property zoning documents, which illustrate that the site is currently zoned R-E, Residential-Estates, which allows for Seasons' intended use, Group Residential Facility.

Estimated date to obtain all necessary State and Local land use approvals and record plat is 11/09/2018.

C. Form of Site Control (Respond to the one that applies. If more than one, explain.):

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

Please refer to Exhibit 6 for the property ownership documents.

(2) Options to purchase held by: Seasons Residential Treatment Program, LLC
Please provide a copy of the purchase option as an attachment.

Please refer to Exhibit 7 for the Allentown Road purchase and sale agreement.

(3) Land Lease held by: Not applicable.
Please provide a copy of the land lease as an attachment.

(4) Option to lease held by: Not applicable.
Please provide a copy of the option to lease as an attachment.

(5) Other: Not applicable.
Explain and provide legal documents as an attachment.

12. PROJECT SCHEDULE

(INSTRUCTION: IN COMPLETING THE APPLICABLE OF ITEMS 10, 11 or 12, PLSSSE CONSULT THE PERFORMANCE REQUIREMENT TARGET DATES SET FORTH IN COMMISSION REGULATIONS, COMAR 10.24.01.12)

For new construction or renovation projects.
Project Implementation Target Dates:

A. Obligation of Capital Expenditure 1 month from approval date.
B. Beginning Construction 9 months from capital obligation.
C. Pre-Licensure/First Use 22 months from capital obligation.
D. Full Utilization 19 months from first use.

- COMAR 10.24.01.12. (C)(3)(c)

- Except as provided in this subsection, a proposed new health care facility has up to 18 months to obligate 51 percent of the approved capital expenditure, and up to 18 months after the effective date of a binding construction contract to complete the project:
  A. Obligate 51 Percent of Approved Capital Expenditure 16 months from approval date.
  B. Completion of Project 13 months after binding construction contract.

For projects not involving construction or renovations: Not applicable.
Project Implementation Target Dates

A. Obligation or expenditure of 51% of Capital Expenditure __ months from CON approval date.
B. Pre-Licensure/First Use __ months from capital obligation.
C. Full Utilization __ months from first use.

For projects not involving capital expenditures: Not applicable.
Project Implementation Target Dates

A. Obligation or expenditure of 51% of Capital Expenditure __ months from CON approval date.
B. Pre-Licensure/First Use __ months from capital obligation.
C. Full Utilization __ months from first use.

13. PROJECT DRAWINGS

Projects involving new construction and/or renovations should include scalable schematic drawings of the facility at least a 1/16" scale. Drawings should be completely legible and include dates.

These drawings should include the following before (existing) and after (proposed), as applicable:

A. Floor plans for each floor affected with all rooms labeled by purpose or function, number of beds, location of bath rooms, nursing stations, and any proposed space for future expansion to be constructed, but not finished at the completion of the project, labeled as "shell space".

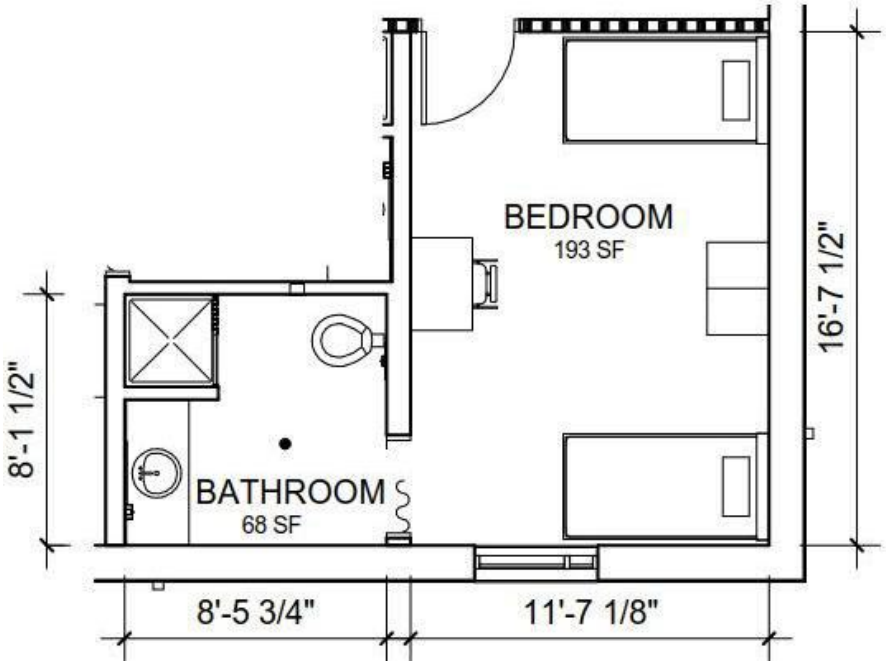
B. For projects involving new construction and/or site work a Plot Plan, showing the "footprint" and location of the facility before and after the project.

Please refer to Exhibit 3 for the Plot Plan and project drawings on 11x17 sheet and Exhibit 34 for the large blue prints at 1/16" scale.

C. Specify dimensions and square footage of patient rooms.

Each semi-private resident room is 11'-7 1/8" x 16'-7 1/2" or 193 square feet. The ajoining resident restroom is 8'-5 3/4" x 8'-1 1/2" or 68 square feet.

Figure 16: Resident Room Floor Plan



Additionally, the building, as designed, supports the projected utilization and will meet the physical plant requirements outlined in COMAR 10.07.04.08: Physical Plant.

COMAR 10.07.04.08:
Physical Plant.

A. Construction.
B. Heating.
D. Bathrooms.
E. Plumbing.
F. Water Supply.
G. Seclusion and Restraint.

Please refer to Exhibit 8 for a letter from the architect stating that the building design will be in conformance with the physical plant requirements outlined in COMAR 10.07.04.08: Physical Plant and for a copy of COMAR 10.07.04.08: Physical Plant.

14. FEATURES OF PROJECT CONSTRUCTION

A. If the project involves new construction or renovation, complete Tables C and D of the Hospital CON Application Package.

TABLE C. CONSTRUCTION CHARACTERISTICS		
INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table C for each structure.		
	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	Check if applicable	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	Type 3A and 5A	
Class B		
Class C		
Class D		
Type of Construction/Renovation*		
Low		
Average		
Good		
Excellent	Excellent	
Number of Stories		
*As defined by Marshall Valuation Service		
PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Basement		
First Floor	54,586	
Second Floor		
Third Floor		
Fourth Floor		
Average Square Feet	54,586	
Perimeter in Linear Feet	Linear Feet	
Basement		
First Floor	2,308'	
Second Floor		
Third Floor		
Fourth Floor		
Total Linear Feet	2,308'	
Average Linear Feet	2,308'	

	NEW CONSTRUCTION	
BASE BUILDING CHARACTERISTICS	Check if applicable	
Wall Height (floor to eaves)	Feet	
Basement		
First Floor	10' main building 28' gymnasium	
Second Floor		
Third Floor		
Fourth Floor		
Average Wall Height	10' main building 28' gymnasium	
OTHER COMPONENTS		
Elevators	List Number	
Passenger		
Freight		
Sprinklers	Square Feet Covered	
Wet System	54,586	
Dry System		
Other	Describe Type	
Type of HVAC System for proposed project	Split System	
Type of Exterior Walls for proposed project	Main Building: Metal stud construction with brick veneer Gymnasium: Concrete masonry unit	

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS	
INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table D for each structure.	
	NEW CONSTRUCTION COSTS / RENOVATION COSTS
SITE PREPARATION COSTS	
Normal Site Preparation	
Utilities from Structure to Lot Line	
Subtotal included in Marshall Valuation Costs	
Site Demolition Costs	
Storm Drains	$250,000
Rough Grading	$923,000
Hillside Foundation	
Paving	$405,000
Exterior Signs	$5,000
Landscaping	$150,000
Walls	
Yard Lighting	
Sewer and Water	$403,000
Subtotal On-Site excluded from Marshall Valuation Costs	$2,136,000
OFFSITE COSTS	
Roads	
Utilities	$35,000
Jurisdictional Hook-up Fees	$150,000
Other (Specify/add rows if needed)	
Subtotal Off-Site excluded from Marshall Valuation Costs	$185,000
TOTAL Estimated On-Site and Off-Site Costs not included in Marshall Valuation Costs	$2,321,000 / $0
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	$2,321,000 / $0
*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.	

B. Discuss the availability and adequacy of utilities (water, electricity, sewage, natural gas, etc.) for the proposed project and identify the provider of each utility. Specify the steps that will be necessary to obtain utilities.

Utilities

The proposed site has all utilities available for the project.

Sewer

The sanitary sewer drawing (Washington Suburban Commission Drawing 212-SE 3-S) for the area indicates an existing 6" sewer line under Allentown Road that crosses approximately 60.0 percent of the frontage of the property on Allentown Road that ends with sewer manhole 114-N. The sewer line for the facility can be routed from the building and tied 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 under Allentown Road and a fire hydrant along the frontage of the property. Water service for the facility will require tapping the existing 16" water line and extending it onto the site for tie-in with the building.

Electric

Electrical service is available on adjacent properties that can be extended onto the proposed site with PEPCO setting a new transformer to supply the facility.

Gas

Per Washington Gas, an existing gas line that runs along Allentown Road that can be tapped and extended onto the proposed site. A gas meter will need to be connected to serve the building.

Telephone

Verizon Business/Commercial Plan

PART II - PROJECT BUDGET

Complete Table E of the Hospital CON Application Package

Note: Applicant should include a list of all assumptions and specify what is included in each budget line, as well as the source of cost estimates and the manner in which all cost estimates are derived. Explain how the budgeted amount for contingencies was determined and why the amount budgeted is adequate for the project given the nature of the project and the current stage of design (i.e., schematic, working drawings, etc.).

TABLE E. PROJECT BUDGET						
INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application.						
NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds						
				Hospital Building	Other Structure	Total
A.	USE OF FUNDS					
	1.	CAPITAL COSTS				
		a.	New Construction			
		(1)	Building ($201.50 per square foot)		$11,000,000	$11,000,000
		(2)	Fixed Equipment			
		(3)	Site and Infrastructure (from Table D.)		$2,321,000	$2,321,000
		(4)	Architect/Engineering Fees Architect ($199,400) Civil Engineer ($51,469) Mechanical, Electrical, Plumbing ($132,600) Structural Engineer ($20,000) Landscape Design ($5,000)		$408,469	$408,469
		(5)	Permits (Building, Utilities, Etc.)		$125,000	$125,000
			SUBTOTAL	$0	$13,854,469	$13,854,469
		b.	Renovations			
			SUBTOTAL	$0	$0	$0
		c.	Other Capital Costs			
		(1)	"Major" Movable Equipment Kitchen ($105,000) Security/CCTV ($330,000)		$435,000	$435,000
		(2)	Contingency Allowance (5% of Section a. + Section d.)		$717,623	$717,623
		(3)	Gross interest during construction period			$0
		(4)	"Minor" Movable Equipment Furniture ($300,000) Computers ($80,000)		$380,000	$380,000
			SUBTOTAL	$0	$1,523,623	$1,523,623
			TOTAL CURRENT CAPITAL COSTS	$0	$15,387,092	$15,387,092
		d.	Land Purchase (from Agreement)		$498,000	$498,000
		e.	Inflation Allowance			$0
			TOTAL CAPITAL COSTS	$0	$15,885,092	$15,885,092

	2.	Financing Cost and Other Cash Requirements				
		a.	Loan Placement Fees			$0
		b.	Bond Discount			$0
		c	CON Application Assistance			$0
			c1. Legal Fees		$15,000	$15,000
			c2. Consultant		$11,000	$11,000
		d.	Non-CON Consulting Fees			$0
			d1. Legal Fees		$50,000	$50,000
			d2. Printing		$3,000	$3,000
		e.	Debt Service Reserve Fund			$0
		f.1	Interest during construction (from Worksheet)		$250,000	$250,000
		f.2	Land due diligence W&S approvals Subdivision appraisals		$50,000	$50,000
			SUBTOTAL	$0	$379,000	$379,000
	3.	Working Capital Startup Costs (from Worksheets)			$1,694,171	$1,694,171
			TOTAL USES OF FUNDS	$0	$17,958,263	$17,958,263
B.	Sources of Funds					
	1.	Cash (60% of funds)			$10,774,958	$10,774,958
	2.	Philanthropy (to date and expected)				$0
	3.	Authorized Bonds				$0
	4.	Interest Income from bond proceeds listed in #3				$0
	5.	Mortgage (40% of funds)			$7,183,305	$7,183,305
	6.	Working Capital Loans				$0
	7.	Grants or Appropriations				
		a.	Federal			$0
		b.	State			$0
		c.	Local			$0
	8.	Other (Specify/add rows if needed)				$0
			TOTAL SOURCES OF FUNDS	$0	$17,958,263	$17,958,263

The cost estimates for items A.1.a. (1), (4), and (5), A.1.c., A.2.c., A.2.d., and A.2.f.2. are based on Strategic Behavioral Health-provided information, Thomas Construction cost history, Fort Washington market indexes, and LS3P-provided information.

The cost estimates for items A.1.a. (3), A.1.d., and A.2.f.1. are based on worksheets or exhibits provided in this application.

PART III - APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION AND RELSSSE OF INFORMATION, AND SIGNATURE

1. List the name and address of each owner or other person responsible for the proposed project and its implementation.

Figure 17: Names and Address of Owners

Edward J. Dobbs, Jr.	1000 Ridgeway Loop Road, Suite 203 Memphis, TN 38120 Grantor Trust (22.375% interest)
Caroline Kirby Dobbs	1000 Ridgeway Loop Road, Suite 203 Memphis, TN 38120 1985 Trust (18.64% interest)
John Hull Dobbs, Jr.	1000 Ridgeway Loop Road, Suite 203 Memphis, TN 38120 1985 Trust (17.74% interest)
Juliette C. Dobbs	1000 Ridgeway Loop Road, Suite 203 Memphis, TN 38120 1985 Trust (17.64% interest)
Jackson Dobbs Allen	1000 Ridgeway Loop Road, Suite 203 Memphis, TN 38120 2012 Trust (6.00% interest)
John Hull Dobbs, Jr.	1000 Ridgeway Loop Road, Suite 203 Memphis, TN 38120 Grantor Trust (5.90% interest)
Edward J. Dobbs, Jr.	1000 Ridgeway Loop Road, Suite 203 Memphis, TN 38120 2009 Trust (5.37% interest)
Caroline Kirby Dobbs Floyd	1000 Ridgeway Loop Road, Suite 203 Memphis, TN 38120 2012 Trust (5.00% interest)

2. Are the applicant, owners, or the responsible persons listed in response to Part 1, questions 2, 3, 4, 7, and 9 above now involved, or have they ever been involved, in the ownership, development, or management of another health care facility? If yes, provide a listing of these facilities, including facility name, address, and dates of involvement.

Strategic Behavioral Center
1715 Sharon Road West
Charlotte, NC 28210
www.sbccharlotte.com
2013 - Present

Strategic Behavioral Center
3200 Waterfield Drive
Garner, NC 27529
www.sbcraleigh.com
2012 - Present

Strategic Behavioral Center
2050 Mercantile Drive
Leland, NC 28451
www.sbcwilmington.com
2008 - Present

Rock Prairie Behavioral Health
3550 Normand Drive
College Station, TX 77845
www.rockprairiebh.com
2014 - Present

Peak Behavioral Health-El Paso
5045 McNutt Road
Santa Teresa, NM 88008
www.peakbehavioral.com
2013 - Present

Montevista Hospital-Red Rock Behavioral
5900 West Rochelle Avenue
Las Vegas, NV 89103
www.montevistahospital.com
2012 - Present

Clear View Behavioral Health
4770 Larimer Parkway
Johnstown, CO 80534
www.clearviewbh.com
2015 - Present

Peak View Behavioral Health-Colorado Springs
7353 Sisters Grove
Colorado Springs, CO 80923
www.peakviewbh.com
2009 - Present

Palms Behavioral Health
613 Victoria Lane
Harlingen, TX 78550
www.palmsbh.com
2016 - Present

Willow Creek Behavioral Health
1351 Ontario Road
Green Bay, WI 54311
www.willowcreekbh.com
2017 - Present

3. Has the Maryland license or certification of the applicant facility, or any of the facilities listed in response to Question 2, above, 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, owners or individuals responsible for implementation of the Project were not involved with the facility at the time a suspension, revocation, or disciplinary action took place, indicate in the explanation.

   Seasons is not an existing facility and its parent company, Strategic Behavioral Health, LLC, does not own any existing facilities in MD.

4. Other than the licensure or certification actions described in the response to Question 3, above, has any facility with which any applicant is involved, or has any facility with which any applicant has in the past been involved (listed in response to Question 2, above) received inquiries in last from 10 years from any federal or state authority, the Joint Commission, or other regulatory body regarding possible non-compliance with any state, federal, or Joint Commission requirements for the provision of, the quality of, or the payment for health care services that have resulted in actions leading to the possibility of penalties, admission bans, probationary status, or other sanctions at the applicant facility or at any facility listed in response to Question 2? If yes, provide for each such instance, copies of any 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.

   Disciplinary action limited to a 60-day admissions ban occurred at the following Strategic Behavioral Health facilities listed in Question 2:

   - Strategic Behavioral Center-Raleigh
     March 27, 2014 to May 30, 2014

   - Strategic Behavioral Center-Charlotte
     March 1, 2014 to July 1, 2014

   Currently, all Strategic Behavioral Health facilities are in full compliance with all federal, state, and local licensing and accreditation boards, including the Commission on Accreditation for Rehabilitation Facilities and The Joint Commission.

5. Have the applicant, owners or responsible individuals listed in response to Part 1, questions 2, 3, 4, 7, and 9, above, ever pled guilty to or been convicted of a criminal offense in any way connected with the ownership, development or management of the applicant facility or any of the health care facilities listed in response to Question 2, above? If yes, provide a written explanation of the circumstances, including as applicable the court, the date(s) of conviction(s), diversionary disposition(s) of any type, or guilty plea(s).

No

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 Board-designated official of 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.

COPY

09/20/2017
Date

Signature of Owner or Board-designated Official

President
Position/Title

Jim Shaheen
Printed Name

PART IV - CONSISTENCY WITH REVIEW CRITERIA AT COMAR 10.24.01.08G(3):

INSTRUCTION: Each applicant must respond to all criteria included in COMAR 0.24.01.08G(3), listed below.

An application for a Certificate of Need shall be evaluated according to all relevant State Health Plan standards and other review criteria.

If a particular standard or criteria is covered in the response to a previous standard or criteria, the applicant may cite the specific location of those discussions in order to avoid duplication. When doing so, the applicant should ensure that the previous material directly pertains to the requirement and to the directions included in this application form. Incomplete responses to any requirement will result in an information request from Commission Staff to ensure adequacy of the response, which will prolong the application's review period.

Please refer to Exhibit 9 for a copy of the Guidance for Applicants and Staff - Expected Responses to Standards supplied to Seasons by the MHCC at a pre-application meeting on June 15, 2017. Seasons was informed at this meeting that the identified COMAR standards and criteria needed to be responded to in seeking the approval to development the 72-bed "residential treatment center."

COMAR 10.24.01.08G(3)(a):
State Health Plan.

Every applicant must address each applicable standard in the chapter of the State Health Plan for Facilities and Services[5]. Commission staff can help guide applicants to the chapter(s) that applies to a particular proposal.

Please provide a direct, concise response explaining the project's consistency with each standard. Some standards require specific documentation (e.g., policies, certifications) which should be included within the application as an exhibit.

[5] [1] Copies of all applicable State Health Plan chapters are available from the Commission and are available on the Commission's web site here: http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_shp/hcfs_shp

COMAR 10.24.07G:
State Health Plan Chapter for Psychiatric Services:
Interim Residential Treatment Center Capacity.

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

COMAR 10.24.07G(2)(a)-(e):
Bed Need

Please note that Seasons was advised during its pre-application meeting to disregard the requirements outlined in COMAR 10.24.07G(1)(a)-(c): Core Principles and COMAR 10.24.07G(2)(a)-(e): Bed Need.

Need is to be measured against the standards outlined in COMAR 10.24.07G(3)(a): Need, COMAR 10.24.07G(3)(b): Sex Specific Programs, and COMAR 10.24.07G(3)(c): Special Clinical Need, as well as COMAR 10.24.01.08(3)(b): Need, as discussed in the application.

COMAR 10.24.07G(3)(a):
Need.

- Each applicant shall document the need for residential treatment center care in the community it intends to serve.

Summary

Seasons Residential Treatment Program is petitioning the MHCC for approval to serve area youth between the ages of 13 and 21 years old in need of intensive, comprehensive, psychiatric residential treatment. Seasons' program will meet the needs of youth presenting with severe emotional disturbances and aggressive behaviors who require medical monitoring in a diagnostic and assessment unit or in a residential treatment program.

Seasons' residents will present with severe emotional disturbances and documented mental illness and require a safe, secure, non-punitive, therapeutic environment. These residents meet a level of residential service intensity that often requires placement agencies to look outside of MD for placement. These residents are often difficult to treat and tend to be court involved, likely will have failed in lower levels of care and will require the hardware secure facility as Seasons will be designed. Seasons plans to admit, treat, and support the youth identified in COMAR 10.24.07G(4): Certificate of Need Preference Rule. COMAR 10.24.07G(4): Certificate of Need Preference Rule states that in a comparative review, the Commission will give preference to applications for RTCs that address one or more of the following criteria.

One of the criteria is COMAR 10.24.07G(4)(a): Meeting Special Needs and it the treatment of individuals who are:

- arsonists
- assaultive
- highly aggressive emotionally disturbed
- dually-diagnosed (mentally-ill, addicted, or developmentally-disabled)
- physically-disabled

Additionally, Seasons plans to treat the needs of adolescent females who are victims of sexual abuse and sex trafficking

When approved, Seasons will support its residents through a continuum of care that includes:

- crisis stabilization
- evidence-based clinical services
- individual educational and vocational programming
- family therapy and outreach
- community-based care
  - partnerships with foster, group, and individual living homes
  - continued clinical support
- prevention services
- access to transitional housing
- family reintegration

Seasons will use a third party to collect, aggregate, and synthesize postdischarge data and will publish the outcomes data in an annual report available to our stakeholders on the Seasons website. Seasons' parent company currently partners with the University of North Carolina at Wilmington to conduct postdischarge interviews.

Please refer to Exhibit 10 for a copy of the SBH 2010-2016 Clinical Outcomes Report.

While Seasons is establishing the program as a primary resource for MD referral agencies, Seasons also proposes to support youth referred from regional and national social service and juvenile justice agencies, as well as parents and guardians. Seasons will work closely to support all youth who meet admission standards and who can benefit from an array of best practice treatments and intensive, integrative services matching the level of care identified by federal PRTF standards.

Preference will be given to MD referrals and all ICPC requirements will be followed prior to admitting an out-of-state youth. Seasons will work collaboratively with the placing state to ensure education and the provision of FAPE for each out-of-state youth. Seasons will ensure that out-of-state youth accepted into the program will be funded by the youth's placing state and not become a financial burden on MD.

In summary, Seasons proposes to fill an unmet need for RTC beds by:

- providing an new, integrative system of care designed to collaborate, communicate, and cooperate with stakeholders to reintegrate residents back to family and community
- treating difficult to treat, highly aggressive, and assaultive residents who may also present with severe emotional disturbance and are dually diagnosed
- treating victims of sexual abuse and sex trafficking, youth who have not succeeded in other MD RTCs, as well as the youth identified by MD referral agencies in response to Seasons' Mental Health Services Need Survey
- delivering intensive, round-the-clock, services based on national standards of excellence
- implementing a treatment philosophy based upon evidence-based practices, research, and supported by outcomes data and quality assurance reporting
- identifying and leveraging community and stakeholder assets early in the admission process
- supporting family-focused care and comprehensive discharge planning for better community reintegration
- offering a comprehensive model of multimodal treatment interventions designed to meet the needs of the resident and family

Seasons will discuss the following topics in addressing the need for the proposed project under COMAR 10.24.07G(3)(a): Need.

- Market Size
- Location of Current MD Programs and the Need for PRTF Level Program in Southern MD
- MD Program's Current Status
- Recidivism Rates
- MD Referral Agencies
- Gaps in Services
- MD Youth in Out-of-State Residential Placement
- Adjacent Market: District of Columbia
- Adjacent Market: DC Referral Agencies
- Neighboring States: West Virginia and Virginia
- Other Referral Sources

Please refer to COMAR 10.24.01.08G(3)(b): Need for the service area and Maryland population discussion and COMAR 10.24.01.08G(3)(c): Availability of More Cost-Effective Alternatives for the need to develop Seasons in Prince George's County.

Market Size

Unlike hospitals, RTCs and PRTFs appeal to referral sources from around the country. According to information from the American Academy of Child and Adolescent Psychiatry, national trends indicate that the number of youth placed in residential programs around the country has decreased in the past 10 years as the shift towards more community-based programming and services increases. However, there is still a need for residential treatment programs capable to provide intensive out-of-home treatment for youth with serious emotional and behavioral problems.

As local jurisdictions are being held more accountable for lengths of stays, clinical outcomes, and recidivism rates for RTC and PRTF placed youth, the decision to fund and place youth in RTC or PRTF level care remains significant. Very often, a more national approach to program selection and location is required when the needs of the youth are very specific (young adults, medically fragile, sex-offender, and/or gender dysphoria) or challenging (aggressive and/or assaultive). The admission should be driven by the specific needs of the youth and family with every consideration given to proximity of the program to the youth's existing support network. When Seasons is issued a license to operate as a RTC and certified as a PRTF, Seasons expects the intensity of the clinical program and willingness to serve difficult behaviors to attract admissions from around the region.

Seasons' extended service area is a 150-mile radius from the program, as the following map highlights.

Figure 18: 150-Mile Radius Map

Seasons plans to provide significant opportunities for family therapy, agency visits, and access to local vocational, independent living, and social outlets for young adults. Seasons plans to grow the program with a primary focus on serving the youth and families of MD with secondary markets to include DC, WV, and VA.

Seasons projects that resident origin to be as follows:

Figure 19: Resident Origin

State/District	Year 1	Year 2	Year 3
Maryland	45.0%	45.0%	45.0%
District of Columbia	30.0%	30.0%	30.0%
West Virginia	10.0%	10.0%	10.0%
Virginia	5.0%	5.0%	5.0%
Other States	10.0%	10.0%	10.0%
Total	100.0%	100.0%	100.0%

Location of Current MD Programs and the Need for PRTF Level Program in Southern MD

Although a disproportionate number of youth placements are from Baltimore City, Prince George's County ranks high among RTC and PRTF placements. MD's current private RTCs are located in Baltimore City, Baltimore County, and Frederick County. MD operates two public RTCs located in Montgomery County and in Baltimore City. No RTCs are located south of Rockville, MD.

There is only one (1) program in Maryland, the Chesapeake Treatment Center, that serves difficult to treat male youth over the age of 18 years old and zero (0) programs that serve difficult to treat females over the age of 18 years old that have also met the rigorous certification standards for a PRTF designation. The Chesapeake Treatment Center is a locked facility and placements are strictly made by court order and through the MD DJS. Thus, the Chesapeake Treatment Center cannot meet the needs of youth not already in the care of MD DJS.

Please see the following tables for lists of the current programs, certification status, sex, and age(s) served:

Figure 20: MD RTCs[6]

Health System / Facility	City	Zip Code	County
Seasons Residential Treatment Program	Fort Washington	20744	Prince George's
Adventist Healthcare			
Adventist Behavioral Health Eastern Shore	Cambridge	21613	Dorchester
Adventist Behavioral Health Rockville	Rockville	20880	Montgomery
Chesapeake Treatment Center[7]	Parkville	21212	Baltimore
Good Shepherd Center	Baltimore	21227	Baltimore
Maryland Department of Health and Mental Hygiene			
Regional Institute for Children and Adolescents	Baltimore	21229	Baltimore City
John L. Gildner Regional Institute for Children and Adolescents	Rockville	20850	Montgomery
St. Vincent's Villa	Timonium	21093	Baltimore
Sheppard Pratt Health Systems			
Berkeley & Eleanor Mann Residential Treatment Center	Townson	21204	Baltimore
The Jefferson School	Jefferson	21755	Frederick
Woodbourne Center	Baltimore	21239	Baltimore City

[6] RTCs identified on http://www.mdcoalition.org/resources/pages/residential-treatment-centers.
[7] The Chesapeake Treatment Center is a MD DJS court order male adjudicated sex offender treatment program only. The Center is not open to all referral sources.

Maryland Program's Current Status

De-Licensed Beds

Figure 21: MD RTC Bed Status

Health System / Facility	PRTF	Beds	Girls	Boys	De-Licensed Beds	De-License Date
Seasons Residential Treatment Program	Yes	72	X	X		
Adventist Healthcare						
Adventist Behavioral Health Eastern Shore	No	59		X	59	11/30/2016
Adventist Behavioral Health Rockville	No	88		X	45	6/30/2017
Chesapeake Treatment Center	UKN	29		X		
Good Shepherd Center	No	115	X	X	115	3/30/2017
Maryland Department of Health and Mental Hygiene						
Regional Institute for Children and Adolescents	No	45	X	X		
John L. Gildner Regional Institute for Children and Adolescents	No	54	X	X		
St. Vincent's Villa	No	95	X	X		
Sheppard Pratt Health Systems						
Berkeley & Eleanor Mann Residential Treatment Center	Yes	58	X	X		
The Jefferson School	Yes	53	X	X		
Woodbourne Center	No	48		X		
Totals		644			219	

As the table highlights, there are three (3) programs that have temporarily de-licensed bed in Maryland.

During the Project Status Conference for Docket No. 14-16-2357 Commission Diane Stollenwerk stated,

> "It is notable that three Maryland RTCs have recently temporarily delicensed a total of 237 RTC beds (about 38% of the State's licensed bed supply) at the same time that Seasons states that there are DC youth who need placement closer to DC. It is unclear why the three Maryland RTCs would have delicensed so many beds if there were nearby youth needing RTC placement."

However, through an email exchange with Renee B. Webster, the Assistant Director for Hospitals for the MD Office of Health Care Quality, Seasons could only confirm the de-licensing of 210 beds. The providers of the 210 de-licensed beds that Ms. Webster identified can still become operational, but only within one year from their de-license date. Neither Ms. Webster, nor Seasons has the capability to require any of the providers of the 210 de-licensed beds to indicate whether or not they will operationalize their de-licensed beds within the allowable time period.

Additionally, in regards to the closing of the Good Shepard Center in Baltimore County, a Baltimore Sun article stated,

> "Good Shepard Services will close its troubled residential treatment program for adolescents in Halethorpe after two state agencies decided to withdraw the children they had placed there."[8]

Because Good Shepard Services was focused on adolescent females who have suffered sexual abuse and sex trafficking, Seasons will develop an equal number of female PRTF beds and diagnostic and assessment beds, as it develops for adolescent males, to address this unmet need.

The decisions by the MD DHS and the MD DJS illustrates that the closing of the 115 beds was related to the quality of the services, not a lack of resident placements. If approved, Seasons' project will only bring back 62.6 percent [72 / 115] of the Good Shepard Center de-licensed beds and only 32.9 percent [72 / 219] of the total number of beds currently de-licensed and unavailable.

[8] Gantz, Sarah and Green, Erica. "Good Shepherd Services to close Baltimore County residential treatment program." The Baltimore Sun 16 February 2017. Web

Ages of Residents Served

Figure 22: MD RTC Age of Residents Served

	Ages of Residents Served[9]																
Health System / Facility	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Seasons Residential Treatment Program									X	X	X	X	X	X	X	X	X
Adventist Healthcare																	
Adventist Behavioral Health Eastern Shore								X	X	X	X	X	X	X	X	X	
Adventist Behavioral Health Rockville									X	X	X	X	X	X			
Chesapeake Treatment Center										X	X	X	X	X	X	X	
Good Shepherd Center									X	X	X	X	X	X	X	X	X
Maryland Department of Health and Mental Hygiene																	
Regional Institute for Children and Adolescents								X	X	X	X	X	X	X			
John L. Gildner Regional Institute for Children and Adolescents							X	X	X	X	X	X	X	X			
St. Vincent's Villa	X	X	X	X	X	X	X	X	X								
Sheppard Pratt Health Systems																	
Berkeley & Eleanor Mann Residential Treatment Center								X	X	X	X	X	X	X			
The Jefferson School								X	X	X	X	X	X				
Woodbourne Center								X	X	X	X	X	X	X			

As this table highlights, with the temporary de-licensing and eventually elimination for the identified beds from the bed inventory, only Chesapeake Treatment Center will be providing services to young adults as Seasons proposes. Chesapeake Treatment Center is the smallest RTC in Maryland with only 29 beds and with the addition of Seasons' 16-bed young adult unit will increase the capacity to serve this group during a time that prescription drug abuse and opiate addition are reaching epidemic levels.

[9] Ages of Residents Served identified on http://www.mdcoalition.org/resources/pages/residential-treatment-centers.

Recidivism Rates

As the following table illustrates, re-arrest rate, re-conviction rate, and re-incarceration rate for existing providers as a whole and for some residential treatment programs individually is lacking. Between FY2013 and FY2015 for all residential treatment programs in MD the percent of re-arrests within a year after release increased from 39.4 percent to 46.8 percent; the percent of re-convictions increased from 17.3 percent to 21.1 percent; and the percent of re-incarcerations increased from 13.5 percent to 15.6 percent. These increases highlight the need for a new approach and a new provider of residential treatment services to enter MD to serve MD's youths.

It should be noted that no state agency tracks or reports the number of youth that are re-hospitalized or re-admitted to an RTC after discharge.

Figure 23: MD RTC Recidivism Rates

12-MONTH JUVENILE AND/OR CRIMINAL JUSTICE RECIDIVISM FOR RTC RELEASES, FY 2013 - FY 2015*

Residential Treatment Centers (RTC)	FY2013				FY2014				FY2015			
	# of Releases	Re-arrest	Recon-viction	Reincar-ceration	# of Releases	Re-arrest	Recon-viction	Reincar-ceration	# of Releases	Re-arrest	Recon-viction	Reincar-ceration
Behav.Hlth-East. Shore	14	11	4	3	9	5	4	4	9	4	1	1
Good Shepherd Center -Females	23	4	2	2	10	4	1	0	11	5	0	0
Good Shepherd Center Males	6	5	3	3	4	4	1	1	5	0	0	0
Jefferson School	14	8	5	4	5	3	1	1	6	3	2	2
New Directions Chesapeake	6	2	1	1	13	4	2	2	12	6	2	1
Potomac Ridge	9	3	1	0	14	8	3	2	16	9	3	1
RICA Baltimore	7	0	0	0	5	2	1	0	7	3	1	1
RICA Rockville	0	N/A	N/A	N/A	0	N/A	N/A	N/A	1	1	0	0
Sheppard Pratt Towson MANN	9	2	1	0	11	5	1	1	9	4	4	3
Villa Maria	1	1	0	0	3	2	1	1	1	0	0	0
Woodbourne	15	5	1	1	17	7	5	5	32	16	10	8
Residential Treat. Total	*104*	*39.4%*	*17.3%*	*13.5%*	*91*	*48.4%*	*22.0%*	*18.7%*	*109*	*46.8%*	*21.1%*	*15.6%*

Please refer to Exhibit 11 for excerpted pages from the MD DJS Data Resource Guide Fiscal Year 2016.

More telling in the previous table is the individual increases experienced by residential programs having at least 10 releases in FY2015. The following table focuses on four programs; Good Shepherd Center, which has closed; New Directions Chesapeake; Potomac Ridge; and Woodbourne.

Figure 24: Specific Maryland Residential Treatment Centers Recidivism Rates

	FY2013				FY2015			
Program	Releases	Re-Arrest	Re-Conv.	Re-Incar.	Releases	Re-Arrest	Re-Conv.	Re-Incar.
Good Shepherd	23	17.4%	8.7%	8.7%	11	45.5%	11.1%	11.1%
New Directions	6	33.3%	16.7%	16.7%	12	50.0%	16.7%	8.3%
Potomac Ridge	9	33.3%	11.1%	0.0%	16	56.3%	18.8%	6.3%
Woodbourne	15	33.3%	6.7%	6.7%	32	50.0%	31.3%	25.0%

The data in the table makes it safe to say that these programs are not meeting the needs of the residents in curtailing future re-arrests, re-convictions, or re-incarcerations. In particular, Woodbourne had higher rates in FY2015 of re-convictions and re-incarcerations when compared to the rates for the other three residential programs.

As local jurisdictions are being held more accountable for lengths of stays, clinical outcomes, and recidivism rates for RTC and PRTF placed youth, the decision to fund and place youth in RTC or PRTF level care remains significant. Very often, a more national approach to program selection and location is required when the needs of the youth are very specific (young adults, medically fragile, sex-offender, and/or gender dysphoria) or challenging (aggressive and/or assaultive). The admission should be driven by the specific needs of the youth and family with every consideration given to proximity of the program to the youth's existing support network. When Seasons is issued a license to operate as a RTC and certified as a PRTF, Seasons expects the intensity of the clinical program and willingness to serve difficult behaviors to attract admissions from around the region.

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

MD Referral Agencies

MD Behavioral Health Administration

For the purpose of MD BHA, the nomenclature for RTC and PRTF is used interchangeably. MD BHA only funds RTC and PRTF placements through funds distributed by the MD Medicaid Assistance Fund. MD BHA usually has the highest number of youth in residential placement. Seasons will apply to be MD Medical Assistance Fund-eligible, when licensed.

MD Department of Juvenile Services

In recent years, the MD DJS has focused on reducing the time youth who have been committed by the Juvenile Court to out-of-home placement must stay in detention centers prior to placement. The agency is committed to ensuring youth are ultimately placed into programs meeting both security (hardware secure) and treatment needs and to confirm a successful placement that does not result in removal back to detention. The agency contracts with providers from around the country to support youth in their care and has the second highest number of youth in residential placement.

MD Department of Human Services

Less than 1.0 percent of children in MD DHS out-of-home care are placed in MD's most restrictive placements (hospitalizations), while an average of 4.0 percent are in non-community-based placements (RTCs, Correctional Institutions, or Secure Detention). Placements of youth in these settings are driven by severe mental health and medical needs, and/or the juvenile criminal justice system, although past abuse and trauma may contribute to an individual youth's mental health issues and/or criminal behaviors.

MD Department of Education

The MSDE will support funds for youth who meet the level of care for a residential educational facility. These decisions are made at the LSS level in partnership with the parent and special education team. Less than .005 percent of the total population with special education disabilities will be placed in residential programs, according to the Governor's report. MSDE reports that approximately 4,000 Maryland students receive nonpublic day school services annually and southern Maryland is an underserved portion of the State.

In order to more closely explore the need for this level of programming, Seasons reviewed data from the FY2016 Out-of-Home Placement and Family Preservation Resource Guide.

The purpose of the Guide is to determine what is driving placements in MD, identify youth's needs, and describe how the (placing/referral) agencies plan to meet those needs. The report is submitted annually to the Governor's Office for Children. Data is collected, synthesized, and analyzed by key health care leaders, agency administrators, and other relevant stakeholders.

Seasons highlighted several areas in the Guide that supports Seasons' program model or treatment philosophy. They include:

- On page 6, the report states, "The Children's Cabinet has long been interested in reducing the number of children who go to out-of-state placements for several reasons. The main reason is out-of-state placements are usually more disruptive to the child and his/her family which can hinder treatment. Distance puts a significant barrier to a family's ability to participate in their child's treatment and to have contact with their child. 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."
- On page 14, the one-day snapshot (1/31/2016) indicates there were 645 youth in non-community based RTC placements across all placing agencies. By agency: MD DHS =171; MD DJS=101; MD BHA=373. DJS also reported 18 placements in "Diagnostic Evaluation Treatment Program" as a separate category under Non Community-Based Placements.
- On page 18, the 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;"
- On page 20, Table A shows the one-day snapshot (1/31/2016) where 95 placements were out-of-state, non-community-based placements.
- On page 35, the report states, "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 RTCs 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."

- On page 56, Table 63 shows that 119 children from Prince George's County were in placement, with 15 placements out-of-state; 11 in Garrett County, 19 in Alleghany County, 4 in Washington County, and 8 in Carroll County. These 57 placements outside of Prince George's County represent 47.9 percent of the total placements.
- On page 57, the report states, "In general, out-of-state placement occurs because there is a lack of programs that have the combination of treatment options and security level required for some youth."
- On page 56, Table 63 shows 52 out-of-state placements by MD DJS.
- On page 84, the report states, "Although placement within (or near) a youth's jurisdiction is one factor considered in placing a child in a RTC, the primary determinants are the youth's treatment needs (not all RTCs offer the same services) and whether a particular program has a vacancy at the time of referral or anticipates one within a reasonable time frame. Finally, each individual center determines which youth will be admitted, also considering the child's needs, programs and vacancy constraints at the time of admission."
- On page 89, Table 109 shows that 16 Behavioral Health placements where out-of-state, a decrease from the previous year, but an indicator that existing MD RTCs are not meeting the needs of MD youth.
- On page 95, the reports states, "The challenges that require a student to be placed out-of-state varies for each individual student and it is not necessarily related to a lack of specific services offered by Maryland providers. The 14 students placed out-of-state for school purposes represent 28.5% of the 49 students requiring residential schools.

  The current student profile served by out-of-state providers include:
  - medically fragile, low cognitive abilities and a pattern of behaviors that are of danger to self and others;
  - complex emotional disabilities with challenging behavioral profiles and have not experienced success with the Maryland RTC model;
  - significant mental health and behavioral needs and requires American Sign Language as the primary language for all instruction and throughout the school day; and
  - low cognitive abilities and severe aggressive behavior patterns, and/or sexually inappropriate behaviors."

Please refer to Exhibit 12 for the excerpted pages from the FY2016 Out-of-Home Placement and Family Preservation Resource Guide.

Gap in Service

When identifying the gap in service, Seasons could simply state the obvious that several hundred RTC beds have been closed in the last few years in MD and represent a service gap for residential treatment services. Seasons making this statement would be considered anecdotal, but hearing the same statement from a Maryland governmental agency that is involved in youth placement on a daily basis is completely different. No less than the Chief Attorney – Juvenile Division, Office of the Public Defender, Deborah St. Jean[10] states,

> "I am fully supportive of granting Seasons Residential Treatment Program the appropriate licensing and certification to begin filling this large gap."

It is unreasonable for an officer of the courts, who is involved with the placement of youth on a daily basis to be dismissed by another governmental agency and be assumed to be making an anecdotal statement.

Additionally, according to the MD DJS: 2013 Residential and Community-Based Services Gap Analysis, the most recent service gap analysis available, the greatest need for residential placement for MD DJS placements is for hardware secure programming for males.

The MD DJS classifies RTC placements as follows: Level III, hardware secure; Level II, staff secure; and MHRP. MHRP's are broadly categorized as public and privately run RTCs, diagnostic units, high intensity psychiatric respite, and psychiatric hospitals.

Seasons highlighted several areas in the report that supports Seasons' program model or treatment philosophy. They include:

- On page 3, the report states: "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 the authors noted: "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.
- On page 38, these findings are also supported by an analysis of boys who were placed in programs outside of Maryland in FY 12 and FY 13."

Please refer to Exhibit 13 for the excerpted pages from the MD DJS: 2013 Residential and Community-Based Services Gap Analysis.

[10] Please refer to Exhibit 31 and the letter from Deborah St. Jean, Chief Attorney – Juvenile Division, Office of the Public Defender.

Interstate Compact on the Placement of Children

Before discussing the placement of MD youth to out-of-state RTC or out-of-state youth into Seasons' MD residential treatment program it is important to briefly mention the ICPC, which all youth placements from other states must be coordinated through.

The ICPC is a statutory agreement between all 50 states, the District of Columbia and the US Virgin Islands. The agreement governs the placement of youth from one state into another state. It sets forth the requirements that must be met before a youth can be placed out-of-state.

The primary purpose of the ICPC is to ensure that youth placed out-of-state are placed with care-givers who are safe, suitable, and able to meet the youth's needs. The ICPC requires an assessment of these factors before a youth is placed out-of-state. Individual state statutes are not enough to ensure that such an assessment takes place prior to placement, because the authority of an individual state and its statutes ends at the state's border. As a legally binding agreement between all states, the ICPC ensures that youth enjoy a uniform set of protections and benefits regardless of which state they are moving to or from.

Another critical function of the ICPC is to ensure that the person or entity that places a youth out-of-state retains legal and financial responsibility for the youth after the placement occurs. This directly benefits youth by eliminating any question of who is ultimately responsible for the youth's well-being and for meeting the youth's needs following placement. The ICPC also protects the interests of states by ensuring that individual states are not put in the position of having to take on the legal and financial burden of caring for youth placed within their borders from other states.

The placement of MD youth to out-of-state RTC when no in-state RTC is available will typically delay the placement and thus the treatment of that youth by 30 days, which is the time period required for MD and the recipient state to agree to the placement.

MD Youth in Out-of-State Residential Placement

The Governor's Office for Children indicates there is a clear preference to keep youth who meet the level of care for residential placement in programs in MD. Agencies and community programs are encouraged to develop programs to support this initiative, however, the findings of the MD DJS indicates there is work to be done in this area.

According to the MD DJS Data Resource Guide Fiscal Year 2016, there were 53 boys admitted to 21 residential programs outside of Maryland. More than 94.0 percent of the boys were African American and the average age was 17 years old.

Additional highlights of the findings for Maryland youth in out-of-state placement is as follows:

- On page 152, the Admissions and ADP by Program FY2016 table shows that 29 of the out-of-state placements were to Pennsylvania with FY2016 placements occurring as far away as Arizona, Iowa, Florida, and Michigan.

Seasons will be an option for youth currently placed in out-of-state programs based on Seasons' ability to meet the behavioral, clinical, safety, and mental health needs of both male and female residents classified as Level III, Level II, and MHRP.

Please refer to Exhibit 12 for the excerpted pages from the MD DJS Data Resource Guide Fiscal Year 2016.

Please refer to Exhibit 14 for letters from the MD DJS and the MD HSA responding to Commissioner Stollenwerk's request for information concerning out-of-state placements.

It should be noted that even though the Secretary of MD DJS believes that RTC services are adequate and that "there is not a projected need for an additional 72 bed RTC for DJS youth," the letter details that 7.8 percent [7 / 90] of current MD DJS placements are in out-of-state RTCs and more importantly, that 26.9 percent [7 / 26] of current female MD DJS placements are in out-of-state RTCs.

MD Mental Health Services Need Survey

As a part of Seasons' need analysis, Seasons sent out surveys to several key agencies within Maryland that work directly with the population Seasons intends to serves and that are the primary referral sources for youth needing residential treatment services.

The following table is a copy of the survey that focuses on the needs of youth who may not have access to existing RTCs within MD. Seasons was intentional in asking these key agencies why the services were needed in MD and the results tell a different story from the anecdotal belief that no need exists for a new provider of residential treatment services in MD.

Figure 25: RTC Mental Health Services Need Survey

RTC Mental Health Services Needed	Estimated Annual Need	Reasons (use corresponding numbers of all applicable reasons listed below)
For seriously emotionally disturbed adolescent females		
For seriously emotionally disturbed adolescent males		
For male sex offenders		
For developmentally delayed adolescent males with a serious psychiatric condition		
For developmentally delayed adolescent females with a serious psychiatric condition		
For adolescents with co-occurring behavioral and autistic spectrum disorders		
For children younger than 12 with serious emotional problems		
For older youth 18-21		
For children and youth in need of pre-placement assessment and diagnostic evaluation		

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
5	Other:

The following survey responses were received by Seasons and are presented as supporting evidence from MD governmental agencies that additional residential services are needed within MD based on the existing environment, as these key agency representatives conclude.

Department of Health and Human Services, Montgomery County
Ms. Shawn Lattanzio
Program Manager

Figure 26: Ms. Shawn Lattanzio Mental Health Services Need Survey

RTC Mental Health Services Needed	Estimated Annual Need	Reasons (use corresponding numbers of all applicable reasons listed below)
For seriously emotionally disturbed adolescent females	10	2
For seriously emotionally disturbed adolescent males	10	2
For male sex offenders		
For developmentally delayed adolescent males with a serious psychiatric condition	5	1
For developmentally delayed adolescent females with a serious psychiatric condition	5	1
For adolescents with co-occurring behavioral and autistic spectrum disorders	10	2
For children younger than 12 with serious emotional problems	5	2
For older youth 18-21	5	1
For children and youth in need of pre-placement assessment and diagnostic evaluation	15	2

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
5	Other:

Calvert County Family Network
Ms. Cynthia Middleton
Calvert County Core Services, Child and Adolescent Coordinator

Calvert County Family Network
Ms. Loida Walker
Calvert County Core Services, Adult Coordinator

Figure 27: Ms. Cynthia Middleton Mental Health Services Need Survey

RTC Mental Health Services Needed	Estimated Annual Need	Reasons (use corresponding numbers of all applicable reasons listed below)
For seriously emotionally disturbed adolescent females	6	2 3
For seriously emotionally disturbed adolescent males	10	2 3
For male sex offenders	2	1 5
For developmentally delayed adolescent males with a serious psychiatric condition	3	3 1
For developmentally delayed adolescent females with a serious psychiatric condition	3	3 1
For adolescents with co-occurring behavioral and autistic spectrum disorders	3	1 3
For children younger than 12 with serious emotional problems	5	2 3
For older youth 18-21	3	5
For children and youth in need of pre-placement assessment and diagnostic evaluation	2	2 3 5

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
5	Other:

Anne Arundel County Mental Health Agency
Ms. Catherine Gray
Clinical Director

Figure 28: Ms. Catherine Gray Mental Health Services Need Survey

RTC Mental Health Services Needed	Estimated Annual Need	Reasons (use corresponding numbers of all applicable reasons listed below)
For seriously emotionally disturbed adolescent females		
For seriously emotionally disturbed adolescent males		
For male sex offenders (non-adjudicated)	3	1
For developmentally delayed adolescent males with a serious psychiatric condition	5	1
For developmentally delayed adolescent females with a serious psychiatric condition	5	1
For adolescents with co-occurring behavioral and autistic spectrum disorders	8	1
For children younger than 12 with serious emotional problems		
For older youth 18-21		
For children and youth in need of pre-placement assessment and diagnostic evaluation		

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
5	Other:

Washington County Mental Health Authority
Ms. Brooke Kerbs
Director of Child and Adolescent Services

Figure 29: Ms. Brooke Kerbs Mental Health Services Need Survey

RTC Mental Health Services Needed	Estimated Annual Need	Reasons (use corresponding numbers of all applicable reasons listed below)
For seriously emotionally disturbed adolescent females		
For seriously emotionally disturbed adolescent males		
For male sex offenders		
For developmentally delayed adolescent males with a serious psychiatric condition	1	3
For developmentally delayed adolescent females with a serious psychiatric condition	1	3
For adolescents with co-occurring behavioral and autistic spectrum disorders		
For children younger than 12 with serious emotional problems		
For older youth 18-21	3	2
For children and youth in need of pre-placement assessment and diagnostic evaluation		

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
5	Other:

Calvert County Department of Social Services
Ms. Deborah Walsh
Assistant Director

Figure 30: Ms. Deborah Walsh Mental Health Services Need Survey

RTC Mental Health Services Needed	Estimated Annual Need	Reasons (use corresponding numbers of all applicable reasons listed below)
For seriously emotionally disturbed adolescent females	2	2 3 4
For seriously emotionally disturbed adolescent males	2	2 3 4
For male sex offenders	1	2
For developmentally delayed adolescent males with a serious psychiatric condition		
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	1
For children younger than 12 with serious emotional problems	2-3	1
For older youth 18-21		
For children and youth in need of pre-placement assessment and diagnostic evaluation	4	4 2

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
5	Other:

Harford County Department of Community Services – Local Management Board
Mr. Jerome Reyerson
Director, Harford County Department of Social Services

Figure 31: Mr. Jerome Reyerson Mental Health Services Need Survey

RTC Mental Health Services Needed	Estimated Annual Need	Reasons (use corresponding numbers of all applicable reasons listed below)
For seriously emotionally disturbed adolescent females	6	
For seriously emotionally disturbed adolescent males	10	
For male sex offenders	8	
For developmentally delayed adolescent males with a serious psychiatric condition	10	
For developmentally delayed adolescent females with a serious psychiatric condition	10	
For adolescents with co-occurring behavioral and autistic spectrum disorders	5	
For children younger than 12 with serious emotional problems	7	Only 1 resource
For older youth 18-21	10	No RTC institute
For children and youth in need of pre-placement assessment and diagnostic evaluation	15	

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
5	Other:

Howard County Department of Social Services
Mr. Michael Demidenko
Assistant Director for Child, Adult, and Family Services

Figure 32: Mr. Michael Demidenko Mental Health Services Need Survey

RTC Mental Health Services Needed	Estimated Annual Need	Reasons (use corresponding numbers of all applicable reasons listed below)
For seriously emotionally disturbed adolescent females	2	2
For seriously emotionally disturbed adolescent males	2	2
For male sex offenders	2	2 3
For developmentally delayed adolescent males with a serious psychiatric condition	2	1 2 3 4
For developmentally delayed adolescent females with a serious psychiatric condition	2	1 2 3 4
For adolescents with co-occurring behavioral and autistic spectrum disorders	3	1 2 3 4
For children younger than 12 with serious emotional problems		
For older youth 18-21		
For children and youth in need of pre-placement assessment and diagnostic evaluation	3 male only	1 2

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
5	Other:

Frederick County Mental Health Management Agency
Ms. Pippa McCullough
Executive Director

Figure 33: Ms. Pippa McCullough Mental Health Services Need Survey

RTC Mental Health Services Needed	Estimated Annual Need	Reasons (use corresponding numbers of all applicable reasons listed below)
For seriously emotionally disturbed adolescent females	6	1 2
For seriously emotionally disturbed adolescent males		2
For male sex offenders		
For developmentally delayed adolescent males with a serious psychiatric condition		
For developmentally delayed adolescent females with a serious psychiatric condition		
For adolescents with co-occurring behavioral and autistic spectrum disorders	3	1
For children younger than 12 with serious emotional problems		
For older youth 18-21	3	1
For children and youth in need of pre-placement assessment and diagnostic evaluation		

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
5	Other:

Prince George's County Core Service Agency
Ms. Eugenia Greenhood
Child & Adolescent Coordinator

Figure 34: Ms. Greenhood Mental Health Services Need Survey

RTC Mental Health Services Needed	Estimated Annual Need	Reasons (use corresponding numbers of all applicable reasons listed below)
For seriously emotionally disturbed adolescent females	2	2 3
For seriously emotionally disturbed adolescent males	2	2 3
For male sex offenders		
For developmentally delayed adolescent males with a serious psychiatric condition	3	1 3 4
For developmentally delayed adolescent females with a serious psychiatric condition	2	1 3 4
For adolescents with co-occurring behavioral and autistic spectrum disorders	1	2 3
For children younger than 12 with serious emotional problems		
For older youth 18-21	2	1
For children and youth in need of pre-placement assessment and diagnostic evaluation	5	2

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
5	Other:

Please refer to Exhibit 15 for the MD need surveys completed by MD referral sources.

The following table show the results of the Mental Health Services Need Surveys that were returned to Seasons. As the table illustrates, the estimated annual need for the youth population that Seasons intends to serves is 248 youth from just these nine (9) referral sources.

Figure 35: 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

Interstate Compact on the Placement of Children

Before discussing the placement of out-of-state youth into Seasons' MD residential treatment program it is important to briefly mention the ICPC, which all youth placements from other states must be coordinated through.

The ICPC is a statutory agreement between all 50 states, the District of Columbia and the US Virgin Islands. The agreement governs the placement of youth from one state into another state. It sets forth the requirements that must be met before a youth can be placed out-of-state.

The primary purpose of the ICPC is to ensure that youth placed out-of-state are placed with care-givers who are safe, suitable, and able to meet the youth's needs. The ICPC requires an assessment of these factors before a youth is placed out-of-state. Individual state statutes are not enough to ensure that such an assessment takes place prior to placement, because the authority of an individual state and its statutes ends at the state's border. As a legally binding agreement between all states, the ICPC ensures that youth enjoy a uniform set of protections and benefits regardless of which state they are moving to or from.

Another critical function of the ICPC is to ensure that the person or entity that places a youth out-of-state retains legal and financial responsibility for the youth after the placement occurs. This directly benefits youth by eliminating any question of who is ultimately responsible for the youth's well-being and for meeting the youth's needs following placement. The ICPC also protects the interests of states by ensuring that individual states are not put in the position of having to take on the legal and financial burden of caring for youth placed within their borders from other states.

Adjacent Market: District of Columbia

Need for PRTF Level Care by All Agencies

Unlike MD, all DC youth who meet the level of care for RTC or PRTF placement are sent to out-of-state programs. DC does not have any licensed RTC or PRTF programs. Seasons' strategic location and proximity to DC will be a great asset for agencies needing to place difficult to treat youth from DC.

Referral agencies in DC have expressed excitement about the promise of Seasons ability to more closely partner with key stakeholders and connect resources to area youth and families. In 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 Seasons' ability to treat young adults and youth with a history of trauma and assaultive behaviors.

According to DC Office of Contracting and Procurement website, the most recent psychiatric RTC contracts awarded by DC were for facilities in the following states:

Figure 36: DC Awarded Residential Treatment Centers Contract[11]

Contract Notice	State of Approved PRTF
08/02/2017	Virginia
07/11/2017	Virginia
07/11/2017	Virginia
01/30/2017	Florida
01/30/2017	Maryland
11/30/2016	Kansas
11/09/2016	Virginia
11/07/2016	Florida
09/21/2016	South Carolina
08/15/2016	Virginia
08/05/2016	Georgia
05/04/2016	Georgia, Pennsylvania, Maine
05/02/2016	Virginia

[11] http://app.ocp.dc.gov/intent_award/intent_award_opic.asp

The following table lists the letters of support from DC agencies suggesting that there is a need for this level of programming for youth and families in DC. Please refer to COMAR 10.24.01.08G(3)(d): Viability of the Proposal for additional discussion of letters of support

Figure 37: DC Letters of Support

Name	Agency	Location
Joseph W. LaFleur, MSW, MBA, LICSW	LaFleur Counseling	District of Columbia
C Vannessa Spinner	Community College Preparatory Academy	District of Columbia
Jennifer L. Ross, MSW, LCSW	National Collegiate Preparatory Public Charter High School	District of Columbia
Dina Levi, LPC, NCC	Psychiatric Institute of Washington	District of Columbia

DC Youth in MD Programs

Currently, fewer than 15.0 percent of youth funded by DC agencies are sent to MD RTC programs. Sources indicate there is a perception that MD RTC programs often cannot handle DC youth. Currently, there are only two programs in MD certified as "PRTF" by the DC DBH, the DC Medicaid agency.

Adjacent Market: DC Referral Agencies

DC Department of Youth Rehabilitation Services

DC DYRS is responsible for the custody, supervision and care of DC youth (under the age of 21 years old) charged with an offense in either detained or committed capacity.

In 2013, Seasons responded to a solicitation to provide hardware and staff secure residential programming to support the needs of youth in the custody of juvenile services in the District of Columbia. Seasons competed with existing local hardware secure programs for a contract to deliver services to court involved youth in need of diagnostic and assessment services. Seasons was the only residential treatment program awarded a contract by the Office of Contracts and Procurement, even though Seasons was not an existing program at the time. Unfortunately, Seasons' was unable to secure this contract without a licensed facility, but being awarded the contract supports the need for a strong local program of this type for area youth.

DC Department of Behavioral Health

The DC DBH is a cabinet-level agency operating separately from the DC Department of Health. The DC DBH provides financing and delivery of public mental health services to all Medicaid-eligible DC citizens. The DC DBH provides core services, outpatient and inpatient services, and community-based supports for citizens suffering with mental health and substance abuse challenges.

The DC DBH funds approximately 150 Medicaid-eligible youth in out-of-state residential programs. Approximately 70.0 percent of the youth placed and funded directly by DC DBH are youth in the custody of the DC CFSA and wards of DC. The DC DBH manages DC CFSA placements, assigns and approves "level of care" for residential placements and coordinates post-discharge case management. All residential placements are referred to out-of-state providers.

Please refer to Exhibit 16 for a letter from the DC DBH responding the Commissioner Stollenwerk's request for information concerning out-of-state placements.

DC Child and Family Services Agency

DC CFSA is the public child welfare agency in DC responsible for protecting child victims and those at risk of abuse and neglect and assisting their families. The DC DBH works closely with DC CFSA to provide case management and make recommendations for residential placement and treatment.

Neighboring States: West Virginia and Virginia

West Virginia

According to the WV DHHR, Bureau of Children and Families, PRTF level care is broken down in two categories; PRTF long-term (residential) and PRTF short-term (acute).

The 2016 annual report from WV DHHR identifies 58 out-of-state placements of greater than 50 miles. The average distance for out-of-state RTCs used by WV is 208 miles, with seven (7) facilities being further than 250 miles and two (2) facilities being more than 400 miles.

Additionally, 167 out-of-state youth placements were reviewed and several service gaps were identified in WV, including:

- No PRTFs for youth age 14 or younger that address severe mental health issues. This year Highland Hospital did open a PRTF for younger youth but youth still are being placed out-of-state.
- No PRTFs services for youth who are already age 18 or older are available in-state.
- Limited group residential services for youth who are age 18 or older.
- Very limited services for youth with an intellectual disability.
- There are no in-state level 3 facilities that are able to handle youth who are aggressive and have an intellectual and developmental disabilities diagnosis.
- No in-state programs for Intellectual and Developmental Disability/Sex Offenders.
- There are no in-state residential programs that address trauma with youth who have a diagnosis of intellectual and developmental disabilities.

Finally, a more recent July 2017 Placement Report from the WV DHHR shows that 53 WV residents were placed in an out-of-state, long-term care psychiatric facility. Seasons' annual utilization estimates are very conservative for WV youth whose families and caregivers will find the Seasons facility within a convenient drive, unlike other out-of-state residential facilities currently being used by WV. These out-of-state placements represent 43.4 percent of the total long-term care psychiatric facility placements.

Please refer to Exhibit 17 for the excerpted pages from the WV DHHR 2016 Annual Progress Report and Exhibit 18 for the WV DHHR July 2017 Placement Report.

Virginia

Comprehensive agency placement data from the VA Governor's Office is not available. However, VA has several RTC and PRTF programs that serve a broad range of programming and levels of care including residential detox, therapeutic boarding schools, and wilderness boot camp programs. VA does not require a Certificate of Need to operate a RTC or PRTF, however, certification requires the program to meet federal standards. Due to the number and types of programs available in VA every effort is made to keep VA youth in-state.

VA residents with mental illness, substance use disorders, and/or intellectual disability are supported through local CSB. The CSB is the public agency that plans, organizes and provides services for people who have mental illness, substance use disorders, and/or intellectual disability. State law requires every jurisdiction to have a CSB resulting in more than 40 CSBs throughout the state.

Other Referral Sources

Parents and Guardians with Third Party Insurance

Compared to other areas of the country, this region of MD, DC, and VA has a relatively low rate of residents without insurance. For this reason, Seasons expect to treat a limited number of youth placed by parents and guardians with access to third party insurance including Kaiser, Aetna, Blue Cross and Blue Shield, and Cigna plans. Seasons will petition to participate in these plans once Seasons is licensed and certified.

The Kaiser Family Foundation released compiled national data on post-Affordable Care Act rates of uninsured for all states for 2013 through 2015[12] indicating:

- MD experienced a decrease of the uninsured from 13.3% in 2013 to 7.5% in 2015.
- VA experienced a decrease of the uninsured from 13.1% in 2013 to 10.7% in 2015.
- DC experienced a decrease of the uninsured from 8.9% in 2013 to 4.6% in 2015.
- WV experienced a decrease of the uninsured from 14.2% in 2013 to 7.7% in 2015.

Military Families

The proximity of Seasons to area military bases will allow Seasons to extend services to active duty, dependent, retired, and reserve duty service members in need of care. Seasons plans to participate in Tricare, the health plan of the US Department of Defense Military Health System.

[12] http://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/

COMAR 10.24.07G(3)(b):
Sex Specific Programs.

- Each applicant shall document sex-specific programs, and provide a separate therapeutic environment and, to the extent necessary, separate physical environment consistent with treatment needs of each group it proposes to serve.

Seasons will serve the psychological, behavioral, physical, and emotional needs of youth between 13 and 21 years of age who require focused, comprehensive, clinical interventions. Youth admitted to Seasons' program will meet the level of care for intensive services and will generally have a history of trauma and multiple out-of-home placements.

Seasons will serve three (3) core groups with the programmatic goal for each group outlined on the following pages. Each group will have a therapeutic, educational, and physical environment consistent with their treatment needs and sex. Seasons' goal for all residents is to return them to a lower level of care as quickly and safely as possible with adequate tools and supports for successful community and family reintegration.

Young Adult Unit

The 16-bed, young adult program will focus 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.

Seasons will provide:

- 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

Educational 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[13]. Connections Academy is currently under development in MD.

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 and VA. 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.

Based on Strategic Behavioral health's experience, Seasons projects that 70.0 percent of the young adults will receive education 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 educational 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 education and work-readiness skills, as well as the personal attributes employers seek.

Referral Sources:

The young adult males admitted to this unit will likely be referred by state mental health agencies, MD DHS, juvenile services, juvenile courts, and/or child care placement agencies.

[13] http://www.connectionsacademy.com/

Separate Programming and Residence:

Young adult males with severe emotional and behavioral challenges are hard to place because of the need to program and house these residents separate from adolescents. In many cases, these residents will have had multiple placements, have serious education challenges, and will be at risk for future delinquent behavior.

Seasons will meet this need in the following ways:

- young adult males, adolescent males, and adolescent female residents will reside on separate program units
- all residents will receive group therapy in their program unit
- licensed substance abuse treatment for dual diagnosed youth
- all nursing staff will be embedded in the program units and be a part of the therapeutic milieu allowing a true multi-disciplinary clinical approach to care and immediate access should any clinical issues arise
- educational programming and classrooms will be sex specific, when necessary, and each resident will receive individualized and customized educational and vocational instruction
- all meals will be served in the dining hall, which is designed to serve no more than 20 residents per designated meal time, according to unit, which guarantees the meal times will also be sex specific

Projected Distribution:

There are very specific programming needs for this group, as such Seasons projects approximately 15.9 percent of daily census in Year 3 will be young adult males between the ages of 18 and 21 years of age.

Adolescent D&A Unit

The D&A Unit will consist of 20 beds. The 20 beds will be divided into two (2) 10-bed sex specific units for youth between 13 and 17 years of age. This program is designed to offer mental health agencies, courts, and families a safe, secure, and intensive placement option for youth who are exhibiting a wide range of behaviors and struggling at home, in school, and in the community. The programming is designed to serve as an intensive treatment option where security and safety are concerns.

The goal of the program is to help the referral source determine appropriate next level of care and provide clinical support to the receiving provider or family member. The normal length of stay will be 45 days.

Treatment Philosophy and Modalities:

While youth are in placement, Seasons is able to provide social service agencies and courts psychological and family assessments. The goal of these comprehensive assessments is to provide placing workers and agencies treatment and long-term placement recommendations/goals. Seasons will provide individual, group, and family counseling. Programming is supervised and counseling, both individual and family, is provided by a therapist using trauma-based therapy.

Educational Services:

Seasons' residents will participate in Seasons' educational program based on their specific educational needs in collaboration with the LSS. Each resident's LSS and family will be active partners in the planning and implementation of each student's IEP. Seasons will ensure implementation of public curriculum, access to high stake assessments, and active meaningful transition planning with the education team. Seasons' goal is for each student to make meaningful academic progress towards the earning of his or her high school diploma or GED. Seasons recognizes that some students may come to the program with this already accomplished, for these students a meaningful vocational program and/or access to on-line post-secondary education will be provided. Students who insist on "drop out" status will be offered GED prep options.

Referral Sources:

Youth admitted to the D&A Unit will likely be referred by state mental health agencies, juvenile services, and juvenile courts. Referrals may also come from lower levels of care, including therapeutic group homes and community-based "wrap around" programs. Although there is almost always agency involvement due to the consultative nature of the unit, second tier referral sources may include direct family placement using third party insurance and private pay resources. Unlike other programs, Seasons will not charge a higher per diem rate for residents on this unit.

Projected Distribution:

Due to need for diagnostic and assessment beds in the area, Seasons projects this unit to represent 32.0 percent of daily census in Year 3. The sex distribution will likely be 50.0 percent male and 50.0 percent female in Year 3.

Adolescent PRTF Unit

The adolescent PRTF Unit will consist of 36 beds. The 36 beds will be divided into two (2) 18-bed sex specific units for youth between 13 and 17 years of age. The program will provide intensive, therapeutic residential care to both males and females with a history of severe emotional and/or behavioral disturbances and/or severe trauma. Residents are referred for services because these disturbances are impacting their ability to live in their communities. These youth may also require treatment for co-morbid substance abuse and may have been victims of sex trafficking or exploitation.

Treatment Philosophy and Modalities:

Both male and female residents will be rooted in a therapeutic milieu developed on evidence-based treatment models. These models will be incorporated into daily activities and will guide the therapeutic approach:

- Dialectical Behavior Therapy
- Motivational Interviewing
- Trauma Focused Cognitive Behavioral Therapy

The program will provide an extensive therapeutic assessment and person-centered treatment component to improve a resident's functioning so that they can be discharged to a less-restrictive community setting.

Services include:

- case management
- community resource consultation, education, and treatment for families
- Dialectical Behavior Therapy skill groups focusing on mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance
- educational support
- individual therapy
- licensed substance abuse treatment, education, and counseling
- life skills groups
- 24 hour psychiatric, wellness, and nursing services
- recreational activities within the unit and in the community, when appropriate
- referral for necessary and appropriate medical care
- specialized group therapies involving sex trafficking, gender identity, and sexually offensive behaviors

The structured milieu will organize the daily activities of the resident include:

- adequate clothing and shelter
- education collaboration
- individual, group, and family therapy
- personal hygiene and wellness, including nutrition
- psychiatric, bio-psychosocial and medical assessment
- recreation
- religious orientation, as indicated by child or parent
- supervision

Discharge planning will begin at admission and every effort will be made to return the resident to his/her family or community-based living arrangement as quickly as possible. Seasons' interdisciplinary team, consisting of a psychiatrist, registered nurse, discharge planner, and therapist will work in conjunction with the referring social worker and/or jurist, to make decisions regarding comprehensive assessment, the need for additional services or assessments, the level of care, treatment planning, and coordinating discharge services in the community.

The overall goals are to stabilize the resident, to therapeutically teach the family skills to safely maintain the resident at home, and to coordinate community resources to provide additional supports for the family. Prior to discharge, therapists will work in the home with the parent and the resident to establish rules, consistent discipline, positive and negative consequences, as well as address other barriers to family reunification.

Educational Services:

Seasons' residents will participate in Seasons' educational program based on their specific educational needs in collaboration with the LSS. Each resident's LSS and family will be active partners in the planning and implementation of each student's IEP. Seasons will ensure implementation of public curriculum, access to high stake assessments, and active meaningful transition planning with the education team. Seasons' goal is for each student to make meaningful academic progress towards the earning of his or her high school diploma or GED. Seasons recognizes that some students may come to the program with this already accomplished, for these students a meaningful vocational program and/or access to on-line post-secondary education will be provided. Students who insist on "drop out" status will be offered GED prep options.

Projected Distribution:

In the third year of operations, Seasons expects this unit to represent 52.1 percent of total daily census. The sex distribution will be 50.0 percent male and 50.0 percent female.

COMAR 10.24.07G(3)(c):
Special Clinical Needs.

- Each applicant shall document treatment programs for those youth with a coexisting mental health [condition] and a developmental disability.

Seasons will admit adolescents 13 to 17 years of age and young adults 18 to 20 years of age based on the youth's total profile and not just on a single characteristic like an IQ score.

The youth and young adults that Seasons plans to serve will likely have some mild cognitive limitations. Seasons plans to serve youth with coexisting mental and intellectual developmental disabilities, i.e., disabilities that impair multiple domains of functioning or youth who are developmentally unable to function independently in his/her environment, in the future.

COMAR 10.24.07G(3)(d):
Minimum Services.

- Each applicant shall propose and document services which include, at a minimum; patient supervision, assessment, screening, evaluation including psychiatric evaluation, psychological testing and individual treatment plan; ward activities; individual, group, and family treatment; patient and family education; medication management; treatment planning; case management; placement and aftercare/discharge planning.

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

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

All clinical and direct care staff will be fully integrated into every level of the program and will have consistent and constant resident oversight. Seasons' overall direct clinical care staff to resident ratio will be planned for a 1:10 ratio, but in most months the overall direct clinical care staff to resident ratio will be a 1:9 ratio or less.

Residents will contribute to their treatment plan and families will be required to participate in their care. Seasons' team will work with the resident 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 admission process.

Seasons 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 resident and families dealing with years of trauma, behavioral challenges, and mental illness.

Seasons is committed to service excellence and will fully vette all of its community-based clinical partners and will establish MOUs to ensure residents have consistency in their care and treatment. Discharge planning begins at admission and Seasons' goal is to identify resources early in the admission process and to have ongoing and engaging discussions about what tools the resident and family need to become contributing members of the community.

Seasons' collaborative model is unprecedented in the level of care and support provided and is predicated on the belief that youth can succeed with programming which allows them to participate in their care.

Seasons' program goals include:

- reconnecting youth to their community and families
- supporting youth as they regain/earn public trust
- helping youth identify and understand behaviors and triggers
- engaging youth and families and encouraging them to fully participate in care
- communicating behavioral and health challenges and discussing how to manage issues during the program and postdischarge
- developing sustainable educational and vocational skills leading to direct employment and completion of high school diploma or GED
- providing excellent case management resources

Resident Supervision

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

Many programs do not commission a pre-treatment plan and rarely request a therapeutic interview prior to admission, Seasons 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.

Consistent with the PRTF Standards in 42 CFR 441.152: Certification of Need for Services, youth will have 24-hour access to a board-certified psychiatrist and licensed staff, registered nurse upon admission, regardless of the time or day the youth is admitted to the program.

Seasons' medical staff will consist of board-certified child and adolescent psychiatrists, internists, and pediatricians. The assigned psychiatrist will manage the overall care and treatment of each resident and will conduct a comprehensive psychiatric evaluation as part of the admission 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 the psychiatrist.

Consistent with PRTF level care, youth referred to the program must be referred by a physician, or other licensed practitioner, and should meet least one of the following criteria:

- the adolescent is at immediate risk of psychiatric hospitalization or has been removed from his/her home due to a mental or emotional problem
- exhibits behavior which indicates a high risk of developing disturbances of a severe or persistent nature
- is mentally ill or emotionally disturbed as reflected in a DSM-V diagnosis and would benefit from specialized residential treatment services
- did not succeed at other levels of care

Please refer to Exhibit 19 for a copy of the DC Rule 29-984: Inpatient Psychiatric Services for Individuals Under 22 Years of Age, which is similar to criteria Seasons will look towards meeting with every youth admission.

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 stakeholders, 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, Seasons anticipate this early roadmap to be thorough and extensive.

Seasons' therapists will lead the daily resident 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 PRTF Unit or D&A unit, the treatment team will be identified and assigned within 72 hours of admission. As part of the admission and intake process, the team will also review and assess prior placement information and documentation, family involvement, educational history, juvenile record (if applicable), presence and/or history of substance abuse, medical and psychiatric history, and will also review risk factors related to care and treatment resistance. All residents will also be assessed, upon admission, for past and current trauma symptoms.

Behavior Management

Seasons' behavioral management uses techniques and strategies to change residents' actions. Behavioral management is not just to make residents follow the rule, although that is a goal, but to change the behavior of the resident and increase accountability, as well as developing pro-social skills.

The benefits of Seasons' behavior management plan are to:

- maintain order and security
- promote safety, respect, fairness, and protection of rights within Seasons
- provide constructive discipline and a system of positive and negative consequences to encourage residents to meet expectations for behavior
- prevent separation of residents from the other residents
- complement the individual treatment plan
- prepare the residents for discharge

Components of Seasons' behavior management are:

- Based on Structure
- Planned Well
- Promotes Respect
- Looks Ahead (Proactive)
- Provides Good Instructions
- Incorporates a High Level of Involvement
- Engages the Resident
- Addresses Good Social Skills
- Focuses on the Positives
- Embraces Tolerance
- Concentrates on Modeling
- Provides Training
- Contains Predictable Consequences

Seasons will only use exclusion, restraint, or de-escalation after every positive behavioral intervention has been completely exhausted and the resident/student is at risk, or poses a serious risk to others. Seasons' behavior management will be in alignment with MSDE standards and staff will be fully trained in safe practices.

De-escalation rooms are specially designed to require a staff person to physically hold a spring loaded door handle in the locked position eliminating the possibility that any resident will be excluded without a staff person's direct and constant awareness and supervision and used only when a clinician agrees to its use after all efforts to de-escalate have failed. Direct care staff will continue to assess the resident while they are in the de-escalation room and move the resident to the least restrictive environment, as soon as safely possible.

Assessment, Screening, Evaluation Including Psychiatric Evaluation and Psychological 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:

- review of placement agency recommendations (particularly with court-ordered youth)
- general review of previous placement reports, in the absence of the most current data and information, Seasons will administer psychological and psychiatric evaluation and psycho-educational evaluations
- Conduct Mental Health and Substance Abuse Needs Assessments including Child and Adolescent Service Intensity Instrument, the Massachusetts Youth Screening Instrument – 1 and 2, The Trauma Checklist, and the Substance Abuse Screening Inventory
- to determine risk for youth placed by juvenile services agencies, Seasons will use the Structured Decision Making tool to review factors and potential for re-offending

Youth admitted to Seasons' D&A Unit will likely be court-involved and referred by local juvenile service partners. For these residents, Seasons will likely also use the following assessment tool within 48 hours of admission:

- Massachusetts Youth Screening Instrument – 2. It is easy to use and can be administered by staff with minimal training.

There are five 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

Seasons' education team, Education Director, and clinical team will determine, document, and review the best education plan based on a variety of assessment tools and available documentation from previous academic placement. Seasons' education team will work directly with each resident's LSS to determine the need for updated assessments, review IEPs, review behavioral plans, and implement the approved plan. Seasons will work collaboratively with each resident LEA/LSS to ensure the provision of a FAPE.

The education 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 resources available at Seasons and through local community partnerships.

Individual Treatment Plan/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 team will use this document as a roadmap for improving a resident's status and guideline for team orientation, transcription, and information.

Based on national best practices, clinical standards and proven positive outcomes, Seasons believe the therapeutic modalities most appropriate for the type of youth Seasons will serve must be:

- collaborative
- dynamic
- engaging
- family and community focused
- individualized
- needs- and strengths-based
- steeped in positive youth development
- trauma focused

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

- enhance and maintain the resident's motivation to change
- enhance the resident's capabilities
- ensure that the resident's new capabilities are generalized to all relevant environments
- enhance the therapist's motivation to treat residents while also enhancing the therapist's capabilities
- be held in a structured environment so that treatment can take place

Seasons has selected the following evidence-based practices as our principle tools and will incorporate similar tools based on the specific needs of the individual resident. Seasons' principal treatments will include:

- Trauma Focused Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- a modification of Multi-Systemic Therapy

All treatment modalities will be framed within the Positive Youth Development model.

Positive Youth Development

Positive youth development is a philosophy that emphasizes providing treatment services and opportunities to support all residents in developing a sense of a competence, usefulness, belonging and empowerment. The positive youth development approach works best when the entire facility including residents are involved in creating a continuum of services and opportunities that residents need to grow into happy and healthy adults.

Positive youth development is not a highly sophisticated prescription for fixing troubled kids. Rather, it is about staff, programs, and systems that provide residents, troubled or not, with the supports and opportunities needed to empower themselves. Positive youth development strategies focus on giving residents the chance to form relationships with caring staff, build skills, exercise leadership, and help their communities.

Positive youth development is both a philosophy and an approach to policies and programs that serve residents. The underlying philosophy of positive youth development is holistic and preventative focusing on the development of assets and competencies in residents.

Key elements to the Positive Youth Development approach are:

- residents are viewed as a valued and respected asset to society
- policies and programs focus on the evolving developmental needs and tasks of adolescents
- families, schools, and communities are engaged in developing environments that support residents
- residents are involved in activities that enhance their competence, connections, character, confidence and contribution to society
- residents are provided an opportunity to experiment in a safe environment and to develop positive social values and norms
- residents are engaged in activities that promote self-understanding, self-worth, and a sense of belonging and resiliency

J Trauma Focused Cognitive Behavioral Therapy

Trauma Focused Cognitive Behavioral Therapy is the cornerstone of Seasons' 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. Seasons' Clinical Director will monitor and lead the successful completion of the program content from the National Child Traumatic Stress Network.

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.

Please refer to Exhibit 20 for a copy of the program content from the National Child Traumatic Stress Network.

J Dialectical Behavior Therapy

The Dialectical Behavior Therapy 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

Dialectical Behavior Therapy is a modification of cognitive behavioral therapy and has been proven effective in residents with very refractory behaviors and in residents who have encountered problems in the application of standard cognitive behavioral therapy. Clinicians have also found the model to be very effective with residents suffering from substance abuse and dually diagnosed young adults and adolescents.

Seasons' clinical and direct care staff will obtain all required training to be Dialectical Behavior Therapy certified.

Please refer to Exhibit 21 for the more information concerning Dialectical Behavior Therapy.

Multi-Systemic Therapy

According to the Coalition for Evidence-Based Policy, Multi-Systemic Therapy 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 DC, MD, and VA.

Although Multi-Systemic Therapy is primarily used in community settings, the overall goal is to improve the residents' 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 Seasons' 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, Seasons will ensure the fidelity of this model is well defined and supported by Seasons' clinical team.

In the community-based model, therapists provide Multi-Systemic Therapy at the youth's home and community locations (e.g. school, recreation center), Seasons will use the same process and tools in the residential setting and feel it will be easy to replicate based on Seasons' 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 Multi-Systemic Therapy to prepare them for the resident's discharge. Seasons will work closely with the placing agency to start Multi-Systemic Therapy in the home for qualified youth and families. Upon discharge from Seasons, the therapist will coordinate reports to local juvenile service agencies about the effectiveness of this tool and the responsiveness of the resident 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 residents 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 are 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 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 residents will be evaluated for individual substance abuse treatment and counseling by Seasons' therapist and will participate in group substance abuse education as part of the general program. Residents who have been identified as having a co-morbid substance abuse issue, will receive counseling and treatment based on the specific addiction and needs of the resident.

Seasons' therapist will have experience completing complex bio-psychosocial assessments, delivering specialized treatment/discharge plans, monitoring residents' behavior for relapse, and will have participated in hundreds of treatment and family team meetings. Seasons' general focus will be to provide therapeutic counseling and recommendations of treatment based on 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.

Seasons will utilize the Seven Challenges® Program, which is an evidence-based substance abuse and co-occurring disorders treatment program for residents who have substance abuse issues. The Seven Challenges® model has become increasingly successful in targeting hard-to-reach and hard-to-engage residents. Instead of a one-size-fits all approach, the Seven Challenges® Program is individualized with careful attention to meeting residents where they are and providing successful counseling interventions. This helps adolescents and young adults look at themselves, understand what it takes to give up a drug-abusing lifestyle, and prepare for success when they commit to change. Based on the decision making model, groups provide a forum for exploring options to all of life's challenges and learning life skills. Journals offer a structured, confidential opportunity for residents to process these challenges as they pertain to them directly. The feedback received from the therapist encourages thoughtful decisions and open, honest dialogue.

The Seven Challenges® are:

1. We decided to open up and talk honestly about ourselves and about alcohol and other drugs.
2. We looked at what we liked about alcohol and other drugs, and why we were using them.
3. We looked at our use of alcohol or other drugs to see if it has caused harm or could cause harm.
4. We looked at our responsibility and the responsibility of others for our problems.
5. We thought about where we seemed to be headed, where we wanted to go, and what we wanted to accomplish.
6. We made thoughtful decisions about our lives and about our use of alcohol and other drugs.
7. We followed through on our decisions about our lives and drug use. If we saw problems, we went back to earlier challenges and mastered them.

Unit Activities

Recreation Therapy

Recreation therapy will encourage residents 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 resident's physical, mental, emotional, and social functioning. Recreation therapy will be offered daily to all residents and are facilitated by therapy staff.

Upon admission, each resident 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 residents are meeting targeted goals.

The therapy staff will carefully assess personal hygiene skills and will ensure each resident is provided with all personal hygiene items and ensure all personal needs are met.

Included in recreational 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 residents gain greater self-reliance, which is essential to independent living skills, and increasing interpersonal skills by encouraging residents to join in activities that nurture social relations and create feelings of peer acceptance. Youth admitted to both Seasons' residential and D&A unit will benefit from this program.

Movement therapy will be held in the gym and in other classroom size spaces. Seasons plans to partner with a local non-profit to teach yoga and meditation. Seasons plans to offer a range of structured physical activities to promote wellness and help residents remain active in support of a healthy lifestyle. Wherever possible, Seasons will partner with local non-profit and community organizations to provide these programs on campus.

- Level System

Seasons' team will implement a "level" system to observe and document resident behavior. The system will be supportive in its effort to show resident 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 residents 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 a board representing their milieu. This board, led by the Resident Advocate, a task assigned to a direct care staff employee, will meet monthly to review any safety or quality of care issues and make recommendations directly to senior leadership.

- Food Services

Seasons' dining hall is designed to serve up three (3) full meals per day. The dining facility will be available for agency inspection and review at all times. Once the program is operational, Seasons will hire experienced staff to ensure Seasons is in compliance with all OSHA, USDA, and all other federal and state regulations and food handling requirements.

Seasons will serve three (3) meals per day to residents and staff; daily snacks will also be served. 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 Food Service Manager and reported to senior leadership. The Food Service Manager will be responsible for coordinating special diets due to food allergies and/or religious beliefs.

- Transportation

Seasons' staff will arrange secure for transportation to/from court, home visits, wellness/medical appointments, community-based activities, and admission/discharge to higher/lower level of care, when necessary. Discharge Planners will facilitate family and community reintegration planning.

Individual, Group, and Family Treatment/Resident and Family Education

Every resident will have individual, group, and family services as part of their treatment at Seasons. All counseling is viewed within the context of the whole family. Family and community involvement is a cornerstone of Seasons' program. Research indicates, one family member experiencing problems can affect other members of the family. The team at Seasons 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 topics include:

- discharge planning
- family and community reintegration
- medication management
- education and vocational training
- life and independent living skills
- trauma history

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

A therapist with experience working in a PRTF setting and with youth who have difficult behaviors and mental health challenges will provide individual therapy. Seasons' individual counseling sessions will meet weekly and will allow for problem identification, root cause analysis, and problem solving between the resident and his/her therapist.

Upon discharge, Seasons will also work closely with the next level of care provider to coordinate care from Seasons' residential setting to the community-based provider. Seasons' 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 at Seasons involves the entire family. Seasons will make every attempt to engage family members and will include relevant stakeholders the resident 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.

Family therapy also emphasizes family relationships as an important factor in psychological health. Seasons believe involving families in solutions is very beneficial in overall positive outcomes. Family therapy is designed to help parent and resident 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.

Residents are provided group therapy 1 to 2 times per day. Group therapy involves a small group of residents (approximately 6-10) who meet with a therapist 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 therapist, the group is able to give support, offer alternatives, gently confront, and promote healing.

Various modalities will be available in Seasons' group therapy 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
- community reintegration

Medication Management

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

- disease state – symptoms and triggers
- medication-related side effects
- substance abuse and prescription medication interaction
- the importance of medication compliance

Case Management

Seasons' 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 Seasons' daily interactions, team members will have substantial opportunities to get to know the needs of the resident and how to best support their program and aftercare treatment. Seasons will have dedicated staff to support discharge planning and care coordination with the referral agency and family. Their primary role will be to:

- facilitate private stakeholder meetings on campus
- provide videoconferencing to support parent/family meetings and therapy
- coordinate IEPs, Individual Development Plans, and Individual Treatment Plans
- support resident and family team meetings and community support meetings

Placement and Aftercare/Discharge Planning

Discharge planning is a critical part of each resident's treatment and one of Seasons' 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 resident 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 resident's step-down placement. Clinical and direct care staff will also be available to accompany residents during initial home/community passes and to provide initial consultation following discharge.

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

Seasons will actively work with each resident's LSS for the collaboration of each student's educational program as a part of discharge planning to ensure continuation of education for the student once in the community or successful implementation of the student's transition plan.

COMAR 10.24.07G(3)(e):
Treatment Planning and Family Involvement.

- Each applicant shall document that the required minimum services will be provided by a multi-disciplinary treatment team that addresses daily living skills within a group setting; family involvement in treatment to the greatest possible, restoration of family functioning; and any other specialized areas that the individualized diagnostic and treatment process reveals in necessary for the patient and family.

Seasons is designed on a system of care that is collaborative, accessible, and comprehensive. Seasons' 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 Seasons' educational, therapeutic, and residential services and supports will be culturally competent and tailored to the unique values and needs of the resident, 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 resident 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 psychiatrist and will also include contribution and participation from various levels of professional and direct care staff. At minimum, Seasons' multi-disciplinary team will include the resident's registered nurse, teacher, milieu manager, and therapist.

Seasons' treatment philosophy is based on keeping families together and returning healthy residents to their existing support network. Seasons' treatment planning is built around effective family participation and engagement. Seasons strongly believe involving residents'' families in therapy can improve communications, reduce stress, and help with resident recovery.

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

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

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

Overall, Seasons' program model is designed to:

- help parents and resident focus on positive qualities
- give parents constructive behavior management skills
- guide them in developing techniques for managing anger
- teach parents how to hear, respect and respond to their children's feelings

Seasons' treatment model focuses on rebuilding family and community trust, restoring family functioning and developing effective daily living/coping skills. Although Seasons cannot make family therapy a mandatory part of the treatment plan, every effort is made to engage family members in the treatment process at least once per month.

Seasons will encourage family participation early and often and will require monthly participation in treatment team and/or family therapy. The proposed location will allow Seasons' team to effectively serve a large percentage of families and engage other supportive stakeholders who may be a part of the resident's circle of support.

COMAR 10.24.07G(3)(f):
Education.

- Each applicant shall document that it will:
  - (i) Provide a comprehensive educational program that includes general, special education, pre-career and technology instruction consistent with COMAR 13A.05.01 and COMAR 13A.09.09 Educational Programs in Nonpublic Schools and Child Care and Treatment Facilities;
  - (ii) Provide educational services for Level V non-public and Level VI students on the same campus as the treatment facility;
  - (iii) Enter into agreements with local education agencies for the education of all other students; and
  - (iv) Provide a pre-vocational and vocational program that provides a variety of training programs for students who require job training.

In accordance with the rules outlined in COMAR 13A.09.10: Educational Programs in Nonpublic Schools and Child Care Treatment Facilities, Seasons is petitioning to serve youth in a PRTF facility as a Type 1, General Special Education Program.

Seasons will also adhere to COMAR 13A.05.01: Provision of a Free Appropriate Public Education and COMAR 13A.08.03: Discipline of Students with Disabilities, and COMAR 13A.08.04: Student Behavior Interventions.

All residents will be required to attend the nonpublic educational program as stated in requirements for licensed RTC and certified PRTF. The nonpublic school program will meet the needs of day and residential students, general and special education students with serious behavioral challenges who need a more structured educational setting. Both Seasons' day and residential educational program will support general and special education residents with behavioral and emotional challenges

The nonpublic school program will be located in the Seasons' facility and will serve both day and residential students. Seasons will support middle and high school-age youth and offer a range of traditional and non-traditional educational 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 MD curriculum. The educational program will provide pre-vocational and vocational programming for students. Seasons' program will be suitable for students who have been unsuccessful in traditional educational settings and those that require highly structured and supportive instruction.

The primary purpose of the educational program at Seasons is to help students develop the educational, vocational, and technical skills needed to be successful. Seasons' 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 that reflects how to best achieve educational and career goals as a component of personal development.

Seasons will work directly with PGCPS Student Support Services and Office of Special Education to secure the required administrative agreement as outlined in COMAR 13A.09.10.17: Type I Educational Program - Requirements for a Special Education Program. The purpose of this agreement with PGCPS is to ensure the provision of a FAPE for all Seasons' students. Seasons will actively work with each resident's LSS for the collaboration of each student's educational program.

Certification and Accreditation

Members of the education team for Seasons have met with members of the MSDE, Nonpublic Special Education Section and Division of Educator Effectiveness, Nonpublic School Approval Branch to discuss Seasons' statement of purpose and proposed non-public residential educational program.

Seasons will seek a Certificate of Approval from the MSDE, Nonpublic School Division and follow the required public curriculum for all MD youth. Seasons' Education Director will partner with the certifying agency to make sure Seasons is in compliance with COMAR 13A.09.09.04: Compliance, when the Certificate of Approval is approved.

Seasons' educational staff will follow general curriculum standards to meet all local and state education authorities for the youth Seasons plans to serve. The standards set forth in the MD Common Core are consistent with the core education/curriculum requirements for the region, including certification standards set forth by SEA in DC, WV, and VA. Non-MD general and special education students required by their home SEA to take electives and credits outside of the MD-graduation requirements will be handled on an individual basis through Seasons' education partner, Connections Academy.

Within 12 months of approval from the MSDE, Seasons will also seek accreditation from The Middle States Association of Colleges and Schools[14]. 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.

Assessment

Seasons' education team, Education Director, and clinical team will determine, document, and review the best education plan based on a variety of assessment tools and available documentation from previous academic placement. Seasons' education team will work directly with each resident's LSS to determine the need for updated assessments, review IEPs, review behavioral plans, and implement the approved plan. Seasons will work collaboratively with each resident LSS to ensure the provision of a FAPE.

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 resources available at Seasons and through local community partnerships.

[14] http://www.msa-cess.org

Student Population

J General Education Youth

Nonpublic, school programs provide education to students with disabilities in accordance with individually designed plans. 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 admission process, the education team in collaboration with the resident's LSS will identify the appropriate grade placement within the educational program. In addition, a credit review aligned with the LSS requirements will be completed. The education team including the LSS, parent, and student will develop a PEP for each general education students. The student will receive an individual core curriculum plan based on their specific education needs within the guidelines of the standards set forth by their SEA. Course content will be presented in an understandable manner designed to accommodate various learning styles.

J Special Education Youth

In accordance with MD Curriculum and outlined in COMAR 13A.09.10.17: Type I Educational Program - Requirements for a Special Education Program, the educational program at Seasons will provide an organized program of English, language arts, mathematics, science, social studies, and other curricular areas as appropriate for students with special education needs. Seasons will also offer a physical educational program. The educational program will help serve and promote the continuation and improvement of IEP services for day and residential students with disabilities.

In accordance with COMAR 13A.09.10: Educational Programs in Nonpublic Schools and Child Care and Treatment Facilities, the education team will maintain and implement policies and procedures for the admission of a student with special education needs into a general educational program and will meet the higher standard for all levels within the program requirements, including: staffing, educational programming, teacher to student ratio, related services, assessments, and administrative practices.

J Young Adults

Young adults 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, as well as on-line college classes or post-secondary training. Every effort will be made to coordinate real world experiential learning with an approved vendor or contractor as part of an apprentice/internship program.

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 youth and will support them through the discharge process as a part of Seasons' continuum of care.

- Day School Students

All programs and services listed in this section will be available to day students attending the educational program on the campus of Seasons. 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. Seasons 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 FY2022, Seasons projects a day school population of 12 youth per school year. This specialized program is designed to support youth with very refractory behaviors from LSS within 40 miles of the campus.

Youth may be referred and admitted to Seasons' program according to COMAR 13A.05.01.16: Students in Nonpublic Schools in the following ways:

- LSS Placement of a Student with a Disability
- Unilateral Placement in a Nonpublic School by a Parent, when FAPE is an issue
- Parental Enrollment of a Student with a Disability in a Nonpublic School (minimal)

Education Staff

The educational program at Seasons will provide educational, behavioral, and emotional support in a comprehensive learning environment with the goal of helping each resident achieve new skills and confidence in order to return to their home school district with the educational and behavioral skills in place to foster success in the public school setting.

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 Seasons will only use exclusion, restraint, or de-escalation after every positive behavioral intervention has been completely exhausted and the student is at risk or poses a serious risk to others. Seasons' behavior management will be in alignment with MSDE standards and staff will be fully trained in safe practices.

In the instance where behavioral issues warrant temporary removal from the classroom, students will be provided individual instruction in an alternative, designated school area until behaviors are determined appropriate to return to the classroom. Students who require temporary removal from the assigned instructional area will have time to work directly with a clinician, if appropriate and necessary.

- Staff to Student Ratio

Students attending the Seasons' residential school will have a staff to student ratio of 1:7 based on a 50/50 combined general and special education census and outlined in COMAR 13A.09.10.17(e)(3): Residential Special Education. Students attending the Seasons' Day School will have a staff to student ratio of 1:6 based on a special education census. Qualified teachers will be supported by a teacher assistant and will also be supported by a member of the direct care staff.

- Education Director (Director of Academics)

In compliance with COMAR 13A.09.09.06: Personnel Requirements, COMAR 13A.09.10.18: Type I Educational Program - Personnel Requirements, and using the most restrictive requirement Seasons will employ an Education Director with:

- a valid MD professional certificate as an elementary or secondary school supervisor or principal or
- a valid MD professional teaching certificate in elementary or secondary education and valid MD professional certificate as a special education supervisor or special education principal or
- a valid MD professional teaching certificate in special education

The Education Director will lead the day-to-day activities of the educational program and manage all program staff. The Education Director will also maintain current personnel files including certifications and qualifications for all full time and part time education staff and will establish and adhere to a written policy stating the qualifications, duties, responsibilities, and supervision of all education staff.

The Education Director will also have a separate and specific written policy and process for students admitted with IEPs. The education team will be responsible for securing, tracking, reporting, monitoring,

and complying with the IEP requirements for each student. The education team will partner with all external stakeholders to ensure all aspects of the IEP are consistently implemented and services delivered. The Education Director 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: Type I Educational program – Daily Schedule and Yearly Calendar. The Education Director will also be responsible for unit of credit approval and will coordinate dissemination of transcripts to the local and SEA 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 Education Director.

- Teachers and Teacher Assistants

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. On a monthly basis, all teachers will participate in family treatment, IEP, and PEP team meetings to help inform next level of care placement, education, and therapeutic decisions.

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

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

- Individualized Education Program 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 by determining the appropriate program and grade placement within the educational program
- partnering with the LSS to develop, adhere, and amend IEPs
- participating in IEP meetings with LSS
- 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: Provision of Free Appropriate Public Education
- disseminating discharge transcripts as part of Seasons' individualized educational assessment and education support process

Additionally, all Seasons' staff (including teachers and teaching assistants) attend training modules on resident safety, de-escalation, trauma informed care, etc., to make sure staff is prepared to work with the challenging population Seasons will treat.

Curriculum

School Calendar

Seasons will offer a 12-month school year with four 12-week quarters, separated by one-week classroom breaks. The school year will be 220 days to allow for holidays and teacher work days, which allows for the 180 day curriculum to be taught over 220 days.

Vocational Program and Workforce Development

The vocational program is designed as an elective for young adults (18 to 21 years old) who are still matriculating towards a high school diploma or GED and those students in Seasons' residential program who have successfully completed their high school diploma or GED.

Vocational and pre-vocational programming will also be made available to any student 14 years of age or older as an elective during their educational program.

With the understanding that not every student has the goal of furthering their education upon graduation from high school, Seasons' goal is to develop an experiential program that can be delivered 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. Seasons' instructors will focus on high growth sectors such as information technology and healthcare and will infuse the schedule with opportunities for exposure to careers and work experience in these fields. Seasons will also partner with local organizations to provide opportunities for students 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 will admit young adults up to 20 years of age. Seasons will implement an independent living program that prepares young adults for community reintegration. Seasons 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 young adult 18 to 21 years of age, their families, and other informal key players in a process that facilitates their movement towards greater self-sufficiency and successful achievement of their goals. The student 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
- well-being
- sober living
- community-life functioning

The classroom instruction will be delivered by an experienced teacher and reinforced through small group discussion led by a 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

Credit Retrieval

Seasons created this program in partnership with Connections Academy to help students obtain credits for courses they have previously taken and have been unsuccessful in completing. The partnership with Connections Academy will allow students who have had previous issues with truancy or multiple out-of-home placements to potentially earn credits towards graduation.

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

This partnership is an excellent tool for students in Seasons' D&A Unit and students who may need the extra support of hands-on, easy to use software, and structured setting to get credit for a class they have been struggling with to complete. This program can be implemented in a variety of ways and will be used in conjunction with full time school instruction.

Therapeutic Recreation

Seasons' therapeutic recreation will provide opportunities for students to express their creativity through music, yoga, dance, and spoken word. The staff will encourage students 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. Therapeutic recreation complements the physical educational program.

J Instructional Materials

Seasons will have state-of-the-art technology for the school. All students will receive general computer skill training and have supervised use of the Internet for school research, job skill development, independent living preparation, and general school coursework. Equipment will include smart boards and classroom systems. Teachers will be expected to be proficient in the use of classroom technology.

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

The Connections Academy program was developed by educators with experience working with students who need a more flexible and highly customized curriculum design. Each student will complete an educational screening tool within 48 hours of admission and will begin some level of credit recovery and/or educational program within 72 hours of admission.

The use of the Connections Academy program, in conjunction with in-classroom instruction, will allow the education team to offer immediate and comprehensive educational assessments and credit recovery to support Seasons' commitment to supporting residents in the least restrictive environment.

The ability to administer credit recovery programs in Seasons' D&A Unit will also be very helpful and will allow the IEP or PEP teams to more accurately determine education supports and services.

The program curriculum, courses, and certificates are aligned with the MSDE and LSS including DC and VA

Diploma and Certificate of Completion

The secondary school educational program at Seasons will meet the academic, enrollment, credit, and student service requirements outlined in COMAR 13A.03.02: Graduation Requirements for Public High Schools in Maryland for the issuance of a MD High School Diploma or MD High School Certificate of Program Completion.

School Records

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

COMAR 10.24.07G(3)(g):
Medical Assistance.

- Each applicant shall meet Maryland Medical Assistance Program requirements to establish and early and Periodic Screening, Diagnosis, and Treatment program, called in Maryland, "The Maryland Healthy Kids Program".

According to the demographic data from the FY2016 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, most of the youth Seasons plans to serve will meet the requirements to receive benefits under the Maryland Medicaid Assistance Fund and will likely be enrolled in a local managed care organization provider prior to admission to Seasons' program.

Seasons will adhere to the federal and state standards established in The Maryland EPSDT Preventive Health Schedule. The youth Seasons plans to 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 admission process is to assess the physical, mental, and developmental health of all youth referred to Seasons' program. For MD 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, Seasons 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 resident is discharged from Seasons' care.

Seasons will check on the following federally mandated components of the MD 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

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

Seasons will also contract with local MD Medicaid providers including pediatricians, internal medicine (internists) physicians, and/or nurse practitioners to conduct on-site, emergency and on-call, wellness and physical exams, as part of Seasons' comprehensive around-the-clock medical services. In addition, PRTF certification requires and consistent with the needs Seasons' residents registered nurses will also be available 24 hours per day.

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

Seasons will enter into an agreement with a full service acute care hospital for all resident medical needs beyond the scope of Seasons staff. All required immunizations are reviewed and updated upon admission and during the influenza season all residents are offered free flu vaccines.

Medications will be supplied by and delivered to Seasons' program by a "closed door" pharmacy. The pharmacy is contracted and set up to direct bill all local (MD, DC, and VA) Medicaid agencies for all residents receiving Medicaid and third party health insurance benefits. The pharmacy will provide specialized clinical staff training and audit resident medication records on an ongoing basis.

COMAR 10.24.07G(3)(h):
Staff Training.

- Each applicant shall document that it will:
  (i) Provide a minimum of 40 hours of training to new employees prior to their assuming full job responsibilities;
  (ii) For each category of direct service personnel provide the curriculum for this training and show how the training will help staff meet the clinical needs of this population; and
  (iii) Provide a continuing educational program for all categories of direct service personnel.

Seasons is committed to recruiting, training, and retaining the best staff at all levels of care. Seasons' senior leadership will be unwavering in their expectation of excellence. In order to meet this goal, senior leadership must educate and empower staff and support their efforts to deliver exemplary care to a challenging population within a therapeutic framework.

Seasons 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, staff training will underscore Seasons' commitment to building and maintaining an organizational culture that is:

- respectful of diversity
- collaborative
- cooperative
- 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 staff and support staff is critical to the success of the program. Operationally, the direct care staff (specifically, mental health technicians) will have the most frequent and consistent contact with residents. In Seasons' service delivery model, Seasons designed each unit as a separate community within the facility.

All levels of staff will be involved in resident 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 resident. The direct care staff will be fully integrated with senior leadership and all will serve to support and encourage resident success.

The New Employee Orientation Schedule provides a general schedule of new employee orientation in seven key functional areas. 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 identifying a work mentor and learning the nuances of their specific job function for direct service staff.

Please refer to Exhibit 22 for a copy of the New Employee Orientation Schedule.

The number of hours devoted to each of the seven functional areas is as follows:

Clinical Philosophy: 12 hours
- Explanation of Evidence Based Treatments
- Stages of Change
- Trauma Informed Care and Approach
- Clinical Outcomes

Therapeutic Milieu: 12 hours
- Therapeutic Milieu Focus on Safety, Structure, and Education
- WhyTry? Resilience Education Training
- GEARS Verbal De-Escalation Initiative
- Stages of Change Education and Training

Evidence-Based Program Training: 20 hours
- Six Core Strategies to Prevent Conflict and Violence: Reducing the Use of Seclusion and Restraint (Trauma Informed Care)
- Seeking Safety (Trauma Informed Care)
- Trauma Focused Cognitive Behavioral Therapy
- Illness Management and Recovery Model
- Seven Challenges
- Cognitive Behavioral Therapy for Late Life Depression

Suicide Prevention: 12 hours
- Reviewing High-Risk Populations
- Importance of Continuity of Care
- Contraband Prevention

Abuse and Neglect: 8 hours
- Resident's Rights
- Prevention of Abuse and Neglect

Therapeutic Boundaries: 8 hours
- Resident and Staff Boundaries
- Counter/Transfer Boundaries

Handle With Care: 8 hours
- Crisis Intervention Training

Seasons 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 and all employee certifications, training, and continuing educational requirements will meet national standards and best practices and will be managed by the Director of Human Resources.

Continuing Education

Direct care staff and support staff 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. The following table is an abbreviated list of courses Seasons will make available to direct care staff and support staff in order to deliver best practice service to the residents and families.

Figure 38: Seasons Continuing Education Courses

Intervention	Endorsed by	Required for	How it meets clinical need
Trauma-Focused Cognitive Behavioral Therapy	SAMHSA 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 address resident behaviors that are often aggressive and confrontational. Staff will also learn strategies and best practice de-escalation techniques.
Dialectical Behavioral Therapy	SAMHSA 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 National Registry	All Direct Care 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 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 Care 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 (PYB) and this style of motivational interviewing.
Positive Youth Development	Best Practice Model	All Staff: Therapists, Discharge Planning, Academic Staff, Direct Care Staff, Support Staff, and Senior Leadership	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.
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	Therapists Clinical Staff	General training designed to identify the signs of sexual exploitation.
Handle With Care	Best Practice	All Direct Care Staff	National best practice standards for de-escalation of behaviors and crisis intervention.

COMAR 10.24.07G(3)(i): Staffing.

(i) The applicant shall document that it will provide, either directly or by agreement, sufficient number of qualified professional, technical, and supportive staff to provide services to attain or maintain the highest practical physical, mental, and psychosocial well-being of each resident as determined by a comprehensive assessment and individualized treatment and education plan.
(ii) The applicant shall document how the level of staffing will provide active treatment and fulfill the goals of its proposed treatment programs and meet the needs of the patients.

Please refer to COMAR 10.24.01.08G(3)(d): Viability of the Proposal for Table L. Workforce Information, which highlights Year 3 staffing and Exhibit 23 for the Staffing Assumption Worksheets for Year 1 through Year 3.

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

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 admitted residents. The overall direct care staff to resident ratio will be planned for a 1:10 ratio, but in most months the direct care staff to resident ratio will be a 1:9 ratio or less.

Strategic Behavioral Health operates ten (10) hospitals in six (6) states and uses the following ratios of direct care staff to residents (based on Monthly Average Daily Census) to deliver high quality, personalized, and intensive care to residents:

Figure 39: Planned Direct Care Staffing Ratios

Direct Care Positions	1st Shift	2nd Shift	3rd Shift
	Facility Wide Ratio		
Registered Nurse	1:14	1:14	1:14
Therapist	1:8		
Discharge Planner[15]	1:120		
	Unit Specific Ratio		
Mental Health Technician	1:6	1:6	1:6

Seasons is 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 Seasons delivers and the outcomes that Seasons shares. The following table illustrates the realized Year 3 monthly direct care staff to resident ratio based on the planned direct care staff to resident ratios:

[15] The Discharge Planner to resident ratio is based on annual discharges not monthly average daily census.

Figure 40: Realized Year 3 Monthly Direct Care Staffing Ratios

Month	1	2	3	4	5	6	7	8	9	10	11	12
Direct Care Positions	Facility Wide Ratio											
Registered Nurse	1:12	1:12	1:12	1:13	1:13	1:13	1:13	1:12	1:12	1:12	1:12	1:12
Therapist	1:7	1:7	1:7	1:8	1:8	1:8	1:8	1:7	1:7	1:7	1:7	1:7
	Unit Specific Care Staff Ratio Mental Health Technician											
PRTF Unit	1:6	1:6	1:6	1:5	1:5	1:5	1:5	1:6	1:6	1:6	1:6	1:6
Young Adult Unit	1:6	1:6	1:4	1:4	1:4	1:4	1:4	1:4	1:6	1:4	1:4	1:4
D&A Unit	1:6	1:6	1:6	1:6	1:6	1:6	1:6	1:6	1:6	1:6	1:6	1:6

The following table illustrates the realized Year 3 overall direct care staff to resident ratio as compared to the planned direct care staff to resident 1:10 ratio:

Figure 41: Realized Year 3 Overall Direct Care Staffing Ratios

Month	1	2	3	4	5	6	7	8	9	10	11	12
Planned	1:10	1:10	1:10	1:10	1:10	1:10	1:10	1:10	1:10	1:10	1:10	1:10
Year 1	1:5	1:5	1:6	1:7	1:9	1:9	1:8	1:8	1:8	1:9	1:9	1:9
Year 2	1:9	1:10	1:9	1:9	1:9	1:9	1:9	1:9	1:9	1:9	1:9	1:9
Year 3	1:9	1:10	1:9	1:9	1:9	1:9	1:9	1:9	1:9	1:9	1:9	1:9

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 residents in Seasons' care. Human Resource's policy will clearly state what status changes must be reported immediately and what can be reported annually in order for the program to fulfill the proposed treatment goals and remain in good standing with referral partners, funding sources, etc.

The program will do the following to ensure Seasons attracts and retains a sufficient number of qualified professionals to meet the needs of the residents Seasons will serve to:

- promote from within by establishing a succession plan program consistent with program ideals and culture
- encourage use of professional development reimbursement, clinical certifications, and continuing education benefit
- establish career tracks and professional development paths across functional areas and staff levels
- recruit staff through local education institutions, 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. Targeted universities include attracting students from the University of Maryland, George Washington University, Howard University, and Georgetown University
- provide training programs and internship opportunities to graduate-level students and allow graduate-level students to shadow/support experienced staff
- create various staffing options for Seasons' highest expected staffing turnover category: mental health technicians. Options will include per diem, short-term, and temporary shifts.
- relocation assistance for qualified senior-level clinical and leadership positions

COMAR 10.24.07G(3)(j):
State Regulations.

J Each applicant shall document compliance, or state its intention to comply, with all mandated federal, State, and local health and safety regulations and applicable licensure and certification standards.

By virtue of this application, Seasons intends to comply with all mandated federal, state, and local health and safety regulations and applicable licensure and certification standards.

COMAR 10.24.07G(3)(k):
Accreditation and Certification.

- Each applicant proposing a new facility shall agree in writing to apply for JCAHO accreditation and Medicaid certification as soon as permissible after opening and be jointly licensed as a Special Hospital-Psychiatric Facility (COMAR 10.07.07) and as a Residential Treatment Center (COMAR 10.07.04).

Upon approval of the Certificate of Need by the MHCC, Seasons will immediately petition the MD DOH for a license to operate as a RTC in accordance with COMAR 10.07.04.04: Licensing Procedure. The program will be jointly licensed as a Specialty Hospital-Psychiatric Facility as outlined in COMAR 10.07.01.04: Licensure Application Procedure.

Seasons intends to comply with all federal, state, and local requirements to operate as a certified PRTF and will meet or exceed standards to operate as a RTC. As soon as permissible, Seasons will seek Joint Commission accreditation and file appropriate supporting documents to CMS to be a certified PRTF in MD. The process for PRTF certification requires the facility meet the minimum standards to qualify for federal Medicaid reimbursement and Joint Commission accreditation. Seasons intends to apply for Medicaid reimbursement immediately after Joint Commission accreditation.

In addition to the above, Seasons' educational program will apply to the MD BOE for a license to operate as a Type 1, General Special Education Program. When approved, Seasons also plans to seek accreditation from The Middle States Association of Colleges and Schools, Commissions on Elementary and Secondary Schools. The MD BOE does not require the additional education accreditation, however, this accreditation will provide an additional level of credibility and accountability in the community.

Please refer to Exhibit 24 for Seasons' agreement to COMAR 10.24.07G(3)(k): Accreditation and Certification.

COMAR 10.24.07G(3)(l):
Criminal Background Investigations.

- Each applicant shall document its procedure for:
  (i) Complying with the Family Law Article, §5-560 through §568, Annotated Code of Maryland, governing criminal background investigations for employees; and
  (ii) Subjecting volunteers to criminal background investigations.

Seasons will comply with all regulations outlined in Family Law Article, §5-560 through §5-568, Annotated Code of Maryland. Seasons will annually review regulations and update procedures governing criminal background investigations for all employees (full-time and part-time). Seasons will extend this requirement to include all contractors, vendors, and volunteers.

Authorized Agent Process

Seasons 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 Seasons hires the first employee, Seasons will:

1) Formally petition the MD 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 will be extended a conditional pre-commitment "offer." Pursuant to moving forward, the applicant must successfully complete the following:

- Maryland Filing

1) Complete and submit an application to the MD 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 will:

1) Pay for the full background check (MD and FBI)
2) Receive the results directly from MD, as an authorized agent

Seasons will use Strategic Behavioral Health's corporate support to provide pre-employment screening as required in the standards set forth in Family Law Article, §5-560 through §5-568, Annotated Code of Maryland and COMAR 12.15.02: Criminal History Records Check of Individuals Who Care for or Supervise Children.

COMAR 10.24.07G(3)(m):
Security.

- Each applicant shall document it can provide capacity to provide care in secure units, as necessary.

Seasons believes a safe, structured, stable, and secure program starts with a well-trained staff. As stated in COMAR 10.24.07G(3)(h): Staff Training, Seasons will provide orientation and training for all staff members with respect to administrative procedures, resident rights, confidentiality of resident records, and all relevant policies, procedures, and protocols related to environment and community safety.

Seasons' program will be both staff and hardware secure to meet the needs of the most refractory residents. The budget includes funds for internal and external security cameras, which will be positioned to cover the entire perimeter of the campus and communal areas with the exception of areas of personal hygiene. All cameras will be centrally monitored 24 hours per day, 7 days per week by trained staff.

All windows and "glass" doors will be shatter proof and all access doors and all external doors will be secured by either a bolt lock or magnetic lock at all times. 100.0 percent of staff carry both keys and access control badges at all times to ensure complete control of security and emergency egress for all residents, visitors, and staff.

Each wing of the facility will have a dedicated de-escalation room. This room will be used only as a last resort 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 and Code of Maryland standards.

Please refer to Exhibit 25 for restraint and seclusion PRTF Standards in 42 CFR 483, Subpart G: Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21.

The de-escalation rooms on the units are located within line of sight of both the unit therapist and nursing staff. De-escalation rooms are specially designed to require a staff person to physically hold a spring loaded door handle in the locked position eliminating the possibility that any resident will be excluded without a staff person's direct and constant awareness and supervision and used only when a clinician agrees to its use after all efforts to de-escalate have failed. Direct care staff will continue to assess the resident while they are in the de-escalation room and move the resident to the least restrictive environment as soon as safely possible.

COMAR 10.24.07G(4):
Certificate of Need Preference Rules.

- In a comparative review, the Commission will give preference to applications for residential treatment centers that address one or more of the following criteria:

COMAR 10.24.07G(4)(a):
Meeting Special Needs.

- The applicant proposes to treat individuals who are arsonists, assaultive or highly-aggressive emotionally disturbed individuals, dually-diagnosed (mentally-ill, addicted or developmentally-disabled) individuals, or physically-disabled individuals.

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

COMAR 10.24.07G(4)(b):
Community-Based Services.

- The applicant proposes to provide aftercare services in community-based settings, such as shelters, short-term residential care, therapeutic group homes, respite care, alternative living units, day treatment programs, outpatient, and other community-based transitional settings.

Although Seasons proposes to partner with community-based service providers, Seasons will not provide aftercare services in community-based settings.

COMAR 10.24.01.08G(3)(b):
Need.

The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.

INSTRUCTIONS: Please discuss the need of the population served or to be served by the Project.

Responses should include a quantitative analysis that, at a minimum, describes the Project's expected service area, population size, characteristics, and projected growth. If the relevant chapter of the State Health Plan includes a need standard or need projection methodology, please reference/address it in your response. For applications proposing to address the need of special population groups, please specifically identify those populations that are underserved and describe how this Project will address their needs.

If the project involves modernization of an existing facility through renovation and/or expansion, provide a detailed explanation of why such modernization is needed by the service area population. Identify and discuss relevant building or life safety code issues, age of physical plant issues, or standard of care issues that support the need for the proposed modernization.

Please assure that all sources of information used in the need analysis are identified. List all assumptions made in the need analysis regarding demand for services, utilization rate(s), and the relevant population, and provide information supporting the validity of the assumptions.

Complete Table 1 or Table 2, as required.

The following pages include a quantitative analysis analyzes the service area, the population, and projected growth.

Please refer to COMAR 10.24.07G(3)(a): Need for the more comprehensive analysis of the need for Seasons' program and COMAR 10.24.01.08G(3)(c): Availability of More Cost-Effective Alternatives for the need to develop Seasons in Prince George's County.

Service Area

Seasons plans to provide significant opportunities for family therapy, agency visits, and access to local vocational, independent living, and social outlets for residents. Seasons plans to grow the program with a primary focus on serving the youth and families of md with secondary markets to include DC, WV, and VA.

Seasons projects that resident origin to be as follows:

Figure 42: Resident Origin

State/District	Year 1	Year 2	Year 3
Maryland	45.0%	45.0%	45.0%
District of Columbia	30.0%	30.0%	30.0%
West Virginia	10.0%	10.0%	10.0%
Virginia	5.0%	5.0%	5.0%
Other States	10.0%	10.0%	10.0%
Total	100.0%	100.0%	100.0%

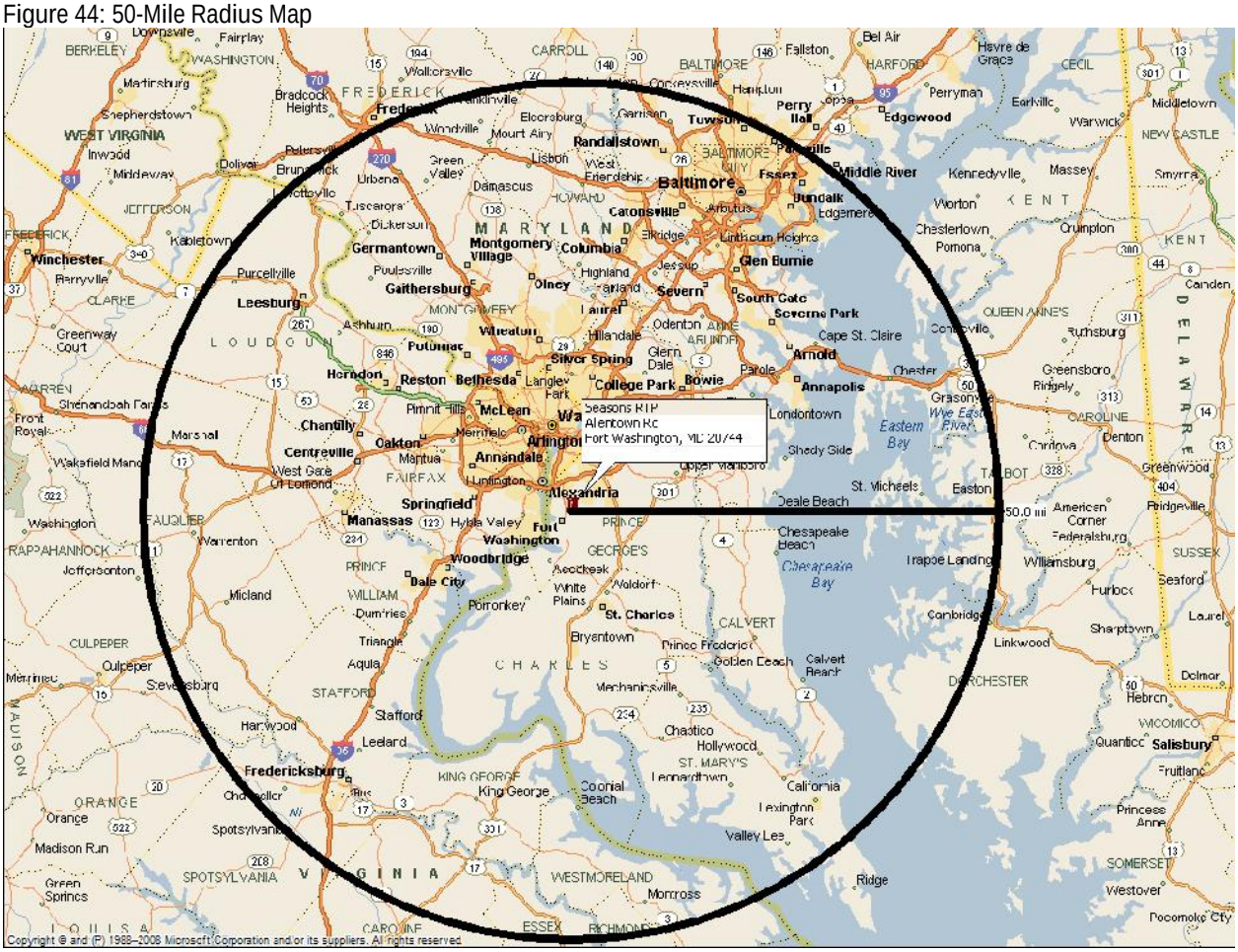
Seasons' "extended service area" is a 150-mile radius from the program, as the following map highlights.

Figure 43: 150-Mile Radius Map

As the previous map highlights, seasons will have a large "extended service area" to attract admissions. Although involving a resident's local community and family becomes more difficult the further away from their home the placements occurs, Seasons believes that it is imperative to offer residents of neighboring states an option closer to their home as compared to facilities located in Georgia, Michigan, Florida, Iowa, or even Arizona.

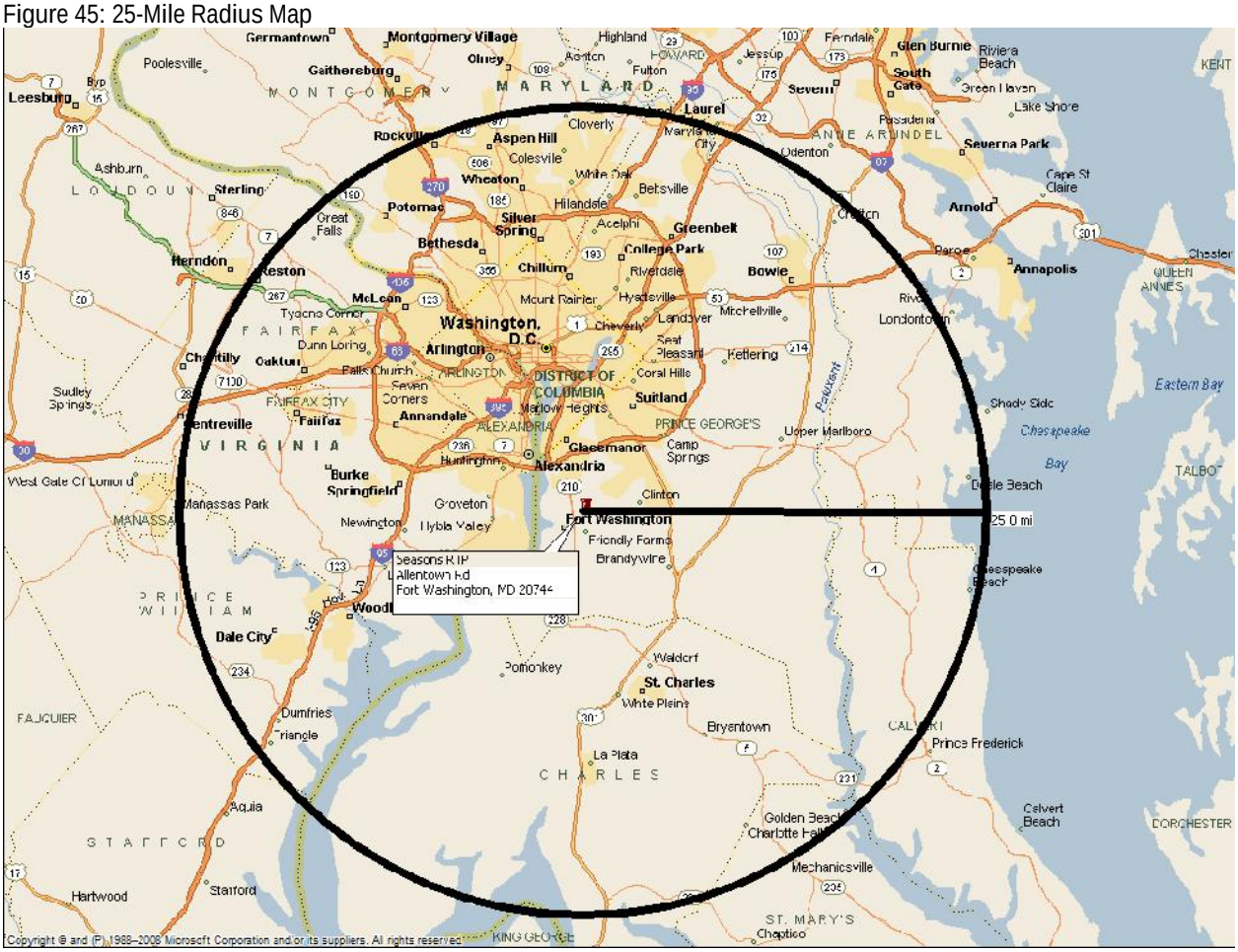
Seasons will be available to these neighboring states, but Seasons will focus on the needs MD youth and only then DC youth. As the following map shows, portions of the five (5) largest 10-24 age group counties, including Montgomery, Prince George's, Baltimore, Baltimore City, and Anne Arundel counties, as well as DC, are located within the 50-mile radius of the proposed site

Figure 44: 50-Mile Radius Map



Furthermore, portions of three (3) of the five (5) largest 10-24 age group counties, including Montgomery, Prince George's, and Anne Arundel counties, as well as DC, are all located within a 25-mile radius of the proposed site, as the following map highlights.

Figure 45: 25-Mile Radius Map



Service Area Population

The MD Department of Planning has projected county population by age group through the year 2040, unfortunately, the population is grouped in 5-year increments. The most accurate projections available will be for the age groups 10-14 years old, 15-19 years old, and 20-24 years old. Although these age groups do not match up perfectly with the age group Seasons plans to serve (13 to 21 years of age) the projections do still validate growth in future age group populations after a decline through 2025.

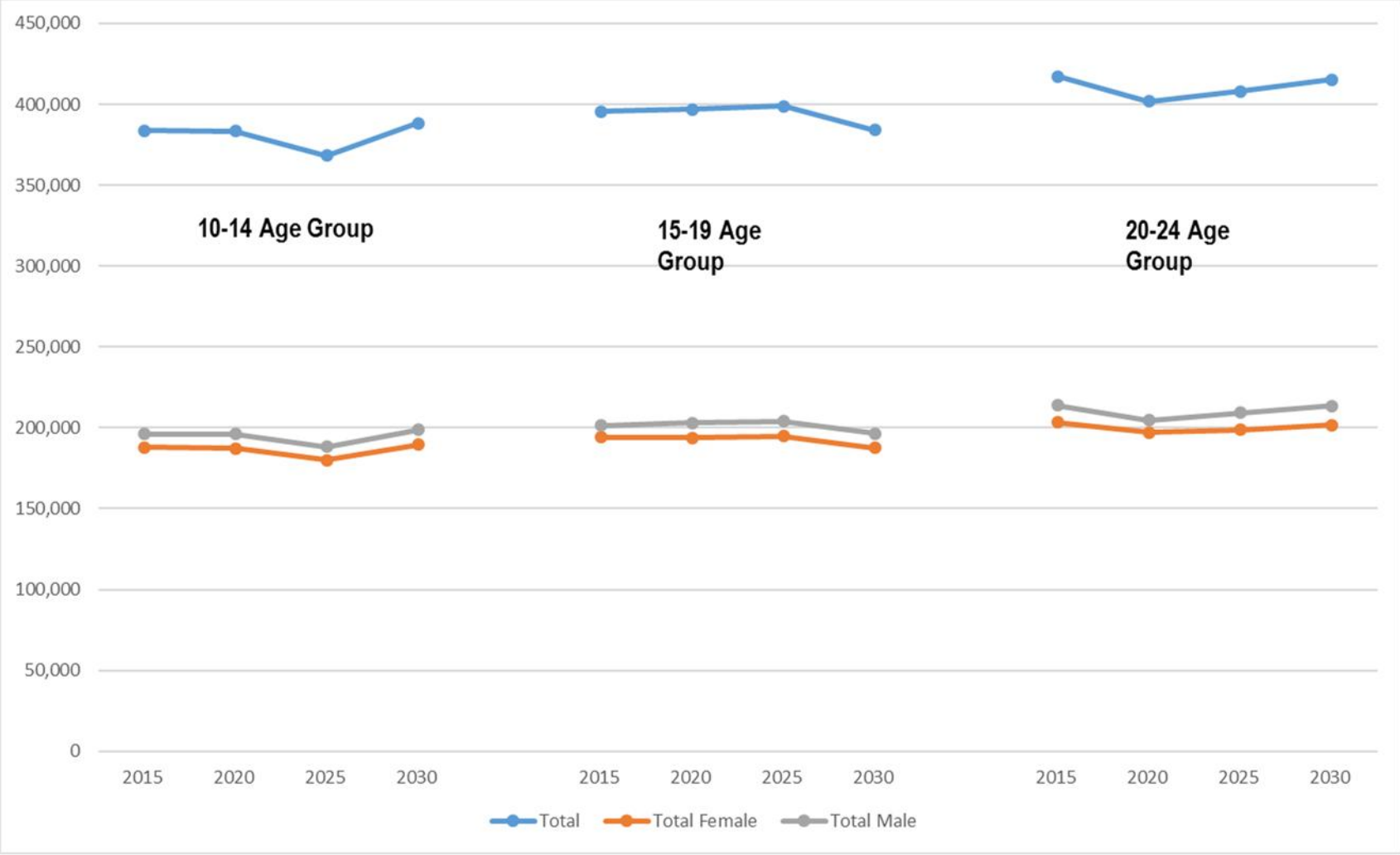
Figure 46: MD Counties' Population Projections[16]

	10-24 Age Group			
County	2015	2020	2025	2030
Allegany	14,471	13,701	13,542	13,473
Anne Arundel	107,059	108,702	108,653	110,001
Baltimore	163,069	163,275	163,754	164,654
Calvert	19,220	18,229	16,412	15,897
Caroline	6,448	7,075	7,370	7,550
Carroll	33,991	33,545	29,711	28,934
Cecil	20,130	20,434	21,612	22,299
Charles	34,020	35,785	37,485	39,137
Dorchester	5,485	5,811	6,218	6,368
Frederick	51,060	53,316	51,415	50,933
Garrett	5,731	5,556	5,364	5,224
Harford	50,085	48,097	44,891	45,309
Howard	63,367	63,662	62,688	62,659
Kent	3,797	3,774	3,739	3,654
Montgomery	192,375	188,510	192,100	198,542
Prince George's	194,284	182,659	179,583	181,006
Queen Anne's	9,036	9,270	9,219	9,221
St. Mary's	24,130	25,803	26,762	27,825
Somerset	7,284	7,359	7,624	7,559
Talbot	5,990	6,088	6,032	6,019
Washington	28,504	31,008	32,040	33,075
Wicomico	25,251	26,494	26,486	26,715
Worcester	8,077	8,412	8,539	8,543
Baltimore City	123,638	115,342	113,971	113,202
Maryland	1,196,502	1,181,907	1,175,210	1,187,799

[16] http://www.mdp.state.md.us/msdc/s3_projection.shtml

MD Age Group Population Change

Figure 47: MD Counties' Population Projections Graphic



[(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 Table1. 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

Not applicable. Seasons is not an existing facility.

TABLE 2. STATISTICAL PROJECTIONS – PROPOSED PROJECT			
INSTRUCTION: All applicants should complete this table.			
	Projected Years (ending with first full year at full utilization)		
Indicate CY or FY	CY2020	CY2021	CY2022
1. ADMISSIONS			
d. Other (Adolescent PRTF)	28	40	40
d. Other (Young Adult Unit)	18	23	26
d. Other (D&A Unit)	60	132	144
TOTAL ADMISSIONS	106	195	210
2. RESIDENT DAYS			
d. Other (Adolescent PRTF)	4,768	10,476	10,708
d. Other (Young Adult Unit)	2,386	4,199	4,656
d. Other (D&A Unit)	2,700	5,940	6,480
TOTAL RESIDENT DAYS	9,854	20,615	21,844
3. AVERAGE LENGTH OF STAY			
d. Other (Adolescent PRTF)	270.0	270.0	270.0
d. Other (Young Adult Unit)	180.0	180.0	180.0
d. Other (D&A Unit)	45.0	45.0	45.0
TOTAL AVERAGE LENGTH OF STAY	93.0	105.7	104.0
4. OCCUPANCY PERCENTAGE			
d. Other (Adolescent PRTF)	36.2%	79.7%	81.5%
d. Other (Young Adult Unit)	40.7%	71.9%	79.7%
d. Other (D&A Unit)	36.9%	81.4%	88.8%
TOTAL OCCUPANCY %	37.4%	78.4%	83.1%
5. NUMBER OF LICENSED BEDS			
d. Other (Adolescent PRTF)	36	36	36
d. Other (Young Adult Unit)	16	16	16
d. Other (D&A Unit)	20	20	20
TOTAL LICENSED BEDS	72	72	72
6. EDUCATION/SCHOOL DAYS (Residential)			
d. Other (Adolescent PRTF)	2,940	6,532	6,692
d. Other (Young Adult Unit)	1,029	1,835	2,035
d. Other (D&A Unit)	1,710	3,762	4,104
TOTAL EDUCATION/SCHOOL DAYS	5,679	12,129	12,831

6. EDUCATION/SCHOOL DAYS (Day School)			
d. Other (Day School)	2,640	2,640	2,640
TOTAL EDUCATION/SCHOOL DAYS	2,640	2,640	2,640

For Admissions, Resident Days, and Education/School Days please refer to the Utilization – Admissions and Discharge Worksheet identified in response to COMAR 10.24.01.08G(3)(d): Viability of the Proposal.

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

The Commission shall compare the cost effectiveness of the proposed project with the cost effectiveness of providing the service through alternative existing facilities, or through an alternative facility that has submitted a competitive application as part of a comparative review.

INSTRUCTIONS: Please describe the planning process that was used to develop the proposed project. This should include a full explanation of the primary goals or objectives of the project or the problem(s) being addressed by the project. It should also identify the alternative approaches to achieving those goals or objectives or solving those problem(s) that were considered during the project planning process, including the alternative of the services being provided by existing facilities.

For all alternative approaches, provide information on the level of effectiveness in goal or objective achievement or problem resolution that each alternative would be likely to achieve and the costs of each alternative. The cost analysis should go beyond development cost to consider life cycle costs of project alternatives. This narrative should clearly convey the analytical findings and reasoning that supported the project choices made. It should demonstrate why the proposed project provides the most effective goal and objective achievement or the most effective solution to the identified problem(s) for the level of cost required to implement the project, when compared to the effectiveness and cost of alternatives including the alternative of providing the service through alternative existing facilities, or through an alternative facility that has submitted a competitive application as part of a comparative review.

The planning process Seasons used to develop the project in Prince George's County included the following core components:

- Resident Location - Selecting a location with optimal accessibility for the greatest number of potential residents.
- Staff Location - Selecting a location with the significant possibility of being able to attract the highest caliber of medical professionals and staff.
- Facility - The ability to acquire suitable, safe, and highly therapeutic space to serve the population in need.
- Services - Service needs outlined by stakeholders.

Core Component Analysis

The following discussion compares each of the twenty-four (24) MD counties by analyzing the county's population, contiguous county population, work force, and property values against the four identified core components. It is through this analysis that Seasons determined the location for the program.

- Resident Location

There are multiple sources of population data available, both public and private, however, Seasons decided that using county population projections from the MD Department of Planning and publically available on the Maryland State Data Center[17] website would be the most reasonable to use. Specifically, Seasons used the table titled "Total Population Projections by Age, Sex, and Race" under the Population and Households heading. These projections were recently revised in August 2017.

Although total population would be a useful analysis for most healthcare services, Seasons is specifically interested in the 13-21 age group, which will be the population served. The MD Department of Planning uses five-year age group in its projections, so the related age groups for this analysis will be the 10-14, 15-19, and 20-24 age groups.

For the purpose of the Core Component Analysis, Seasons adjusted the 10-14 and 20-24 age group populations to better align with the interested 13-14 and 20-21 age group population. To make this adjustment simple and reasonable, Seasons multiplied the 10-14 and 20-24 age groups by 40.0 percent because the interested age groups represented two of the five ages within each of the age groups.

Figure 48: MD Department of Planning Population Projection Age Groups

Age Group	Ages In Age Group	Interest Age Groups	Percentage of Ages in Age Group
10-14	(5) 10, 11, 12, 13, 14	(2) 13, 14	40%
20-24	(5) 20, 21, 22, 23, 24	(2) 20, 21	40%

[17] http://www.mdp.state.md.us/msdc/s3_projection.shtml

Seasons determined that the minimum host county 13-21 age group population reasonably necessary to locate the program within the county is 54,000 residents in the 13-21 age group, which would be a ratio of 1 bed to 750 13-21 age group population.

The following table illustrates each county's projected 2020 13-21 age group population, ranked from largest to smallest, with those counties that meet the core components minimum 13-21 age group population identified with a plus (+) sign and those counties that did not meet the minimum age group population identified with a minus (-) sign :

Figure 49: Projected County 2020 13-21 Age Group Populations

County	2020	Resident Location
Montgomery	111,597	+
Prince George's	107,965	+
Baltimore	97,860	+
Baltimore City	68,235	+
Anne Arundel	62,878	+
Howard	39,131	-
Frederick	31,172	-
Harford	29,123	-
Charles	20,897	-
Carroll	18,983	-
Washington	18,272	-
Calvert	16,229	-
Wicomico	15,570	-
St. Mary's	15,061	-
Cecil	11,922	-
Allegany	9,639	-
Queen Anne's	5,374	-
Worcester	4,860	-
Somerset	4,326	-
Caroline	4,102	-
Dorchester	3,525	-
Talbot	3,522	-
Garrett	3,323	-
Kent	2,398	-

Seasons expanded the Resident Location core component analysis by also comparing the projected 2020 13-21 age group populations for each MD county by adding each county's contiguous counties' projected 2020 13-21 age group populations. This analysis allowed seasons to look at the broader picture in determining where in MD to locate the program.

Please refer to Exhibit 26 for the list of each MD counties' contiguous counties.

Seasons determined that the minimum host county and contiguous county's 13-21 age group population reasonably necessary to locate the program within the county is 216,000 residents in the 13-21 age group, which would be a ratio of 1 bed to 3,000 13-21 age group population.

The following table illustrates each county and its contiguous county's projected 2020 13-21 age group population, ranked from largest to smallest, with those counties that meet the core components minimum 13-21 age group population identified with a plus (+) sign and those counties that did not meet the minimum age group population identified with a minus (-) sign :

Figure 50: Projected County + Contiguous County 2020 13-21 Age Group Populations

County + Contiguous Counties	2020	Resident Location
Howard	469,586	+
Anne Arundel	397,672	+
Prince George's	358,696	+
Baltimore	316,210	+
Montgomery	289,864	+
Baltimore City	228,973	+
Frederick	219,155	+
Carroll	187,146	-
Calvert	187,072	-
Charles	160,151	-
Harford	138,906	-
Queen Anne's	78,274	-
Washington	59,083	-
St. Mary's	52,187	-
Cecil	43,443	-
Allegany	31,234	-
Wicomico	28,281	-
Dorchester	26,718	-
Somerset	24,756	-
Worcester	24,756	-
Kent	19,694	-
Caroline	16,523	-
Talbot	16,523	-
Garrett	12,962	-

J Staff Location

Seasons needs its host county to have an established and available healthcare workforce to make the program feasible. Having "the right people with the right skills in the right place at the right time" will be integral for Seasons' ability to not only hire the staff required to open and initially operate the program, but to also recruit new hires to replace staff who leave. Although most counties have citizens employed as healthcare support, healthcare technicians, and healthcare practitioners, many of these counties are either bedroom communities for counties with larger healthcare systems or are counties with too few residents employed in healthcare to support additional healthcare systems within them.

Seasons determined that the minimum host county healthcare workforce reasonably necessary to locate the program within the county is 13,880 employee, which would result in Seasons' staff representing less than 1.0 percent of the healthcare workforce.

Since staffing costs typically equate to 80.0 percent of overall costs, the ability of Seasons to recruit and retain staff becomes a critical component, and a key indicator is the known availability of staff which is most often directly correlated with location. When professional staff (particularly registered nurses and licensed mental health professionals) are not available within a community, an organization may have to rely upon agency or traveling health professionals, which is extremely expensive. The cost to replace a full time registered nurse with an agency or traveling nurse is significant. If one uses an average hourly wage of $35 for registered nurses and estimates an additional 23.0 percent cost for benefits, the average hourly cost for a registered nurse would be approximately $43 per hour. If the average charge for an agency registered nurse is $65 per hour, the facility will pay 51.2 percent more for each agency registered nurse used to staff the facility.

Seasons used data available from Data USA[18], which is a website collaboration among Deloitte, Datawheel, and Cesar Hidalgo, Professor AT MIT Media Lab and Director of MacroConnections, which makes US Government data reality available without combing through pages and pages of data. The following table illustrates each county's healthcare workforce, including healthcare support, healthcare technicians, and healthcare practitioners ranked from largest to smallest with those counties that meet the core components minimum healthcare workforce identified with a plus (+) sign and those counties that did not meet the minimum healthcare workforce identified with a minus (-) sign :

[18] https://datausa.io/

Figure 51: County 2015 Healthcare Workforce

County	Healthcare Workforce	Staff Location
Baltimore	42,087	+
Montgomery	40,831	+
Prince George's	36,596	+
Baltimore City	26,395	+
Anne Arundel	19,868	+
Howard	13,396	-
Harford	11,897	-
Frederick	8,930	-
Carroll	6,854	-
Washington	5,095	-
Charles	4,866	-
Wicomico	4,607	-
Cecil	4,135	-
St. Mary's	3,575	-
Allegany	3,107	-
Calvert	2,444	-
Queen Anne's	1,837	-
Worcester	1,649	-
Talbot	1,562	-
Dorchester	1,404	-
Caroline	1,305	-
Garrett	1,143	-
Kent	669	-
Somerset	553	-

J Facility

Seasons' ability to acquire property and construct a facility at a reasonable cost is also necessary for the program to be financially feasible. Data used in the Facility core component analysis was obtained on the Data USA website.

Seasons determined that the maximum host county median property value reasonably necessary to locate the program within the county is $300,000. This value would allow Seasons to have a reasonable idea on the cost of purchasing property and constructing a facility to operate the program.

The following table illustrates each county's median property value, ranked from smallest to largest, with those counties that meet the core components maximum median property value identified with a plus (+) sign and those counties that did not meet the maximum median property value identified with a minus (-) sign:

Figure 52: County 2015 Median Property Value

County	Median Property Value	Facility
Allegany	$120,800	+
Somerset	$149,600	+
Baltimore City	$155,600	+
Garrett	$165,300	+
Wicomico	$172,400	+
Dorchester	$187,700	+
Caroline	$193,300	+
Washington	$200,100	+
Cecil	$242,900	+
Worcester	$243,100	+
Kent	$247,200	+
Baltimore	$250,200	+
Prince George's	$272,200	+
Charles	$284,500	+
Harford	$290,600	+
St. Mary's	$297,200	+
Frederick	$300,100	-
Talbot	$319,500	-
Carroll	$321,300	-
Queen Anne's	$339,900	-
Calvert	$341,800	-
Anne Arundel	$345,900	-
Howard	$441,000	-
Montgomery	$474,900	-

J Services

Although the final core component relates to the previously discussed Staff Location core component, because a trained and available workforce is necessary for Seasons to operate, in this analysis Seasons will look at where existing adolescent residential treatment are located in MD. It does not make sense for Seasons to locate its program in a county that already has existing services. It is more important for Seasons to make residential treatment services geographically available in another part of MD.

The following table illustrates whether or not a county has existing residential treatment services, ranked alphabetically of no residential treatment services are provided and then by bed count where residential treatment services are provided with those have no residential treatment services identified with a plus (+) sign and those counties that do have residential treatment services identified with a minus (-) sign:

Figure 53: County Residential Services

County	Residential Services	Services
Allegany		+
Anne Arundel		+
Calvert		+
Caroline		+
Carroll		+
Cecil		+
Charles		+
Dorchester		+
Garrett		+
Harford		+
Howard		+
Kent		+
Prince George's		+
Queen Anne's		+
Somerset		+
St. Mary's		+
Talbot		+
Washington		+
Wicomico		+
Worcester		+
Frederick	53	-
Baltimore City	93	-
Montgomery	97	-
Baltimore	182	-

Core Component Comparison

The following table highlights the results from each of the four core component analyses and totals the number of plus (+) signs indicating the total core components meet by each MD county with five (5) being the maximum number possible.

Figure 54: Core Component Comparison

County	Resident Location Host County	Resident Location + Contiguous County	Staff Location	Facility	Services	Total
Prince George's	+	+	+	+	+	**5**
Anne Arundel	+	+	+	-	+	**4**
Baltimore	+	+	+	+	-	**4**
Baltimore City	+	+	+	+	-	**4**
Montgomery	+	+	+	-	-	**3**
Allegany	-	-	-	+	+	**2**
Caroline	-	-	-	+	+	**2**
Cecil	-	-	-	+	+	**2**
Charles	-	-	-	+	+	**2**
Dorchester	-	-	-	+	+	**2**
Garrett	-	-	-	+	+	**2**
Harford	-	-	-	+	+	**2**
Howard	-	+	-	-	+	**2**
Kent	-	-	-	+	+	**2**
Somerset	-	-	-	+	+	**2**
St. Mary's	-	-	-	+	+	**2**
Washington	-	-	-	+	+	**2**
Wicomico	-	-	-	+	+	**2**
Worcester	-	-	-	+	+	**2**
Calvert	-	-	-	-	+	**1**
Carroll	-	-	-	-	+	**1**
Frederick	-	+	-	-	-	**1**
Queen Anne's	-	-	-	-	+	**1**
Talbot	-	-	-	-	+	**1**

Dorchester County

With the closure of Adventist Behavioral Health Eastern Shore mental health facility in Cambridge, Seasons took a fresh look at Dorchester County. Dorchester County only scored two points in the Core Components Comparison and it may very well be that this score indicates why the mental health facility ultimately closed.

Although residential treatment services are no longer offered in Dorchester County and the median property value is 31.0 percent less than in Prince George's County, Dorchester County lacks in the other three Core Components:

- Dorchester County has a Projected County 2020 13-21 Age Group Populations of 3,525 individuals, whereas Prince George's County has a Projected County 2020 13-21 Age Group Populations of 107,965 individuals, a difference of 96.7 percent.
- Dorchester County has a Projected County + Contiguous County 2020 13-21 Age Group Populations of 26,718 individuals, whereas Prince George's County has a Projected County + Contiguous County 2020 13-21 Age Group Populations of 358,696 individuals, a difference of 92.6 percent. In fact, all of the counties on the eastern shore from Cecil County south only have a combined projected 2020 13-21 Age Group Populations of 55,599 individuals, a difference of 84.5 percent.
- Dorchester County had a County 2015 Healthcare Workforce of 1,404 individuals, whereas Prince George's County had a County 2015 Healthcare Workforce of 36,596 individuals, a difference of 96.2 percent.

It is for these three core components that Seasons determined that filling the gap left behind by the closure of Adventist Behavioral Health Eastern Shore mental health facility in Cambridge, Dorchester County, was not a feasible alternative.

District of Columbia

Because Seasons projects to serve citizens from DC, Seasons separately analyzed DC as a site location. DC scored three points in the Core Components Comparison.

Figure 55: DC Core Component Comparison

County	Resident Location Host County	Resident Location + Contiguous County	Staff Location	Facility	Services	Total
District of Columbia	+	+	-	-	+	**3**

Although residential treatment services are not offered in DC, the host county 13-21 age group population is 69,392 residents, and the host county + contiguous counties (Montgomery County, MD and Prince George's County, MD) 13-21 age group population is 288,954 residents, DC lacks in two Core Components:

- DC had a 2015 Healthcare Workforce of 10,551 individuals, whereas Prince George's County had a County 2015 Healthcare Workforce of 36,596 individuals, a difference of 71.2 percent.
- The most dramatic lack in Core Components is with Seasons' ability to acquire property and construct a facility at a reasonable cost for the program to be financially feasible. DC's median property value is $551,300 or 102.5 percent more than Prince George's County's median property value. Additionally, property in DC can cost $1,000,000 to $3,500,000 per acre depending on the location. Seasons will be purchasing 16.0 acres in Fort Washington for $498,000 or $31,135 per acre. At a minimum, it would cost Seasons 3,112 percent more per acre if it was possible to acquire an appropriately sized site for the development of the program in DC.

It is because of the deficiency in these core components that Seasons determined that developing a mental health facility in DC was not a feasible alternative.

Prince George's County

As a result of the Core Component Comparison, Seasons chose the Prince George's County location because:

- it is easily accessible to a large population base within the county and contiguous counties, as well as, in neighboring DC
- the location is conducive to attracting medical professionals and other staff who appreciate the numerous outdoor, cultural, artistic, and historical offerings nearby in almost any direction
- the land is available at a reasonable cost and is suitable for the footprint of the therapeutic physical environment specifically designed for this project
- there are no existing services of a similar nature in Prince George's County with most of the current PRTFs clustered in and around Baltimore City

Seasons Development Alternatives

Seasons considered three alternatives in developing the program after the Prince George's County location had been decided, they included:

- Joint Venture - Enter into a joint venture or a management agreement with an existing medical facility using existing space
- Build Smaller - Build a smaller facility
- Renovate Existing Space - Renovate other space that might be available

The following discussion highlights the reasons these alternatives were eliminated.

- Joint Venture

Seasons was unable to identify a suitable partner in the area for a joint venture. While a joint venture would reduce the capital investment and financial risk incurred by Seasons' parent company, the parent company is financially healthy and these considerations are not an issue. Additionally, Seasons has its own approach to providing residential treatment services and in most cases, a joint venture partner is unwilling to give up their own approach. By not joint venturing, Seasons can fill an unmet need for residential mental health beds in a RTC by:

- providing an new, integrative system of care designed to collaborate, communicate, and cooperate with stakeholders to reintegrate residents back to family and community
- treating difficult to treat, highly aggressive, and assaultive residents who may also present with severe emotional disturbance and are dually diagnosed
- treating victims of sexual abuse and sex trafficking, youth who have not succeeded in other MD RTCs, as well as the youth identified by MD referral agencies in response to Seasons' Mental Health Services Need Survey
- delivering intensive, round-the-clock, services based on national standards of excellence
- implementing a treatment philosophy based upon evidence-based practices, research, and supported by outcomes data and quality assurance reporting
- identifying and leveraging community and stakeholder assets early in the admission process
- supporting family-focused care and comprehensive discharge planning for better community reintegration
- offering a comprehensive model of multimodal treatment interventions designed to meet the needs of the resident and family

J Build Smaller

A smaller facility would not allow Seasons to have enough separate and distinct units with sustainable bed capacity appropriate for different age groups or special treatment needs, nor be financially feasible. Cost per bed increases for both construction and for operations with a smaller hospital as most of the administrative and support spaces are required to run a facility regardless of its capacity. Economies of scale in a 72-bed facility allows for paid revenue to offset the lack of revenue to provide charity care[19]. Furthermore, numerous studies predict that mental health needs will continue to grow and outpace most other disabilities. To build a smaller facility would not be forward thinking in meeting the growing healthcare needs of MD.

Seasons estimates the cost per bed, not including any non-resident areas, to be approximately $92,000. In comparing a 72-bed facility to a smaller 45-bed facility, there is no savings in administrative areas, support areas, dining and kitchen, lobby, and gymnasium because those areas and functions will still be needed, so that cost will remain nearly the same. The cost per bed therefore increases by 23.9 percent for a smaller facility.

Figure 56: 72-Bed and 45-Bed Facility Cost Comparison

Beds	Administrative/Support Construction	Resident Construction	Miscellaneous	Total Cost	Cost Per Bed
72	$4,376,000	$6,624,000	$6,958,000	$17,958,000	$249,417
45	$4,376,000	$4,140,000	$5,387,000	$13,903,000	$308,956

[19] Charity Care is considered any adjustment to Self Pay resident bills.

J Renovate Existing Space

Even with the most diligent, highly skilled planning and selection of contractors, renovations often contain unanticipated costs and problems with regard to infrastructure, planning, and compliance. Additionally, Strategic Behavioral Health has gone to great lengths to understand the impact of the design of each facility on safety, treatment, and outcomes. The variables that can decrease safety, or create an environment that does not lend itself to good recovery are tightly controlled by Strategic Behavioral Health's long-term relationship with its architectural company and its general construction contractor. These factors are not nearly as easily controlled in a renovated facility.

It is estimated that initial construction costs represent only 2.0 percent of total facility costs over 50 years, with the repair and maintenance costs increasing as the facility ages. Strategic Behavioral Health estimates that repair and maintenance costs for acquired facilities (older facilities, not built new) can be approximately $12,000 per month with repair and maintenance costs in newer facilities being approximately $3,500 per month or 70.0 percent less per month.

Even so, there is no suitable space identified that could be renovated and meet the safety and construction integrity standards Strategic Behavioral Health has set for its facility in Prince George's County.

All new facilities are built with "green" kitchens that use no fryers and drastically reduce the amount of waste grease and pollutants released into the air. Strategic Behavioral Health's newer buildings are more energy efficient than renovated ones. When considering upfront costs, maintenance, replacement and the cost of energy, the highest cost over 30 years is the energy cost, therefore newer, more economically operating and environmentally systems become even more important.

Finally, each Strategic Behavioral Health 72-bed footprint is built so that in the event an identified additional need is discovered or requested, the facility can be expanded to add approximately 30.0 percent more space to care for residents in either a residential or outpatient setting. There is little guarantee that renovated space would allow the implementation of these and other equally important attributes, or allow for flexible modifications in space as needed for the future.

The following attributes of a new facility give the building its therapeutic strength and effectiveness:

- wall materials, furniture, fixtures and other attributes of the facility have been selected using the latest standards to ensure a safe and therapeutic behavioral health environment
- hallways are extra wide and ceilings are significantly taller to give the feeling of a more open and spacious environment
- ligature (hanging) hazards have been eliminated using modern and safe designs for doors, faucet handles, hinges, pipes, and other accouterments
- blind spots where residents might be able to hide or escape notice have been eliminated
- nurses' stations have been situated so that they can see the entire resident hallway
- cameras throughout the facility have been placed so that all resident areas (except resident rooms to maintain privacy) are visible
- convenient parking and access to the facility
- multiple courtyards so that residents can remain in a secure setting but get much needed outdoor exposure to sunlight and fresh air
- secure area into which residents may be brought who need to be accompanied by law enforcement or emergency medical staff to maintain safety, privacy, and dignity
- main lobby that is located between administrative offices and the assessment offices so that support can be quickly provided in the event of an urgent or emergent situation
- general and more secure waiting areas depending upon the presenting problems of the youth or the dynamics of the family
- private examination room to be used to ensure that residents do not possess materials that could be harmful to themselves or others
- six private assessment offices observable by camera to ensure safety and comfort
- dining area so that residents do not have to eat their meals in their rooms on a tray and that can also be used for visitation by family and others involved in the resident's recovery
- large gym for recreational activities

Seasons has determined that the convergence of the four core components will have a significant impact on the success of the facility and that the return on the investment of a Prince George's County location and a well designed and constructed facility far exceeds any cost savings associated with a lower, front-end cost (project capital costs) alternative.

The project is also a more cost effective alternative for the following reasons:

Higher Standard of Clinical Care

The staff at Seasons plans to exceed the highest level of certification standards for a PRTF and meet all requirements for MD DOH licensure. Seasons will also adhere to all Joint Commission and national accreditation standards. Seasons' school program will meet standards for Middle States Accreditation and support young adults who may need credit recovery programming, remedial services, and vocational/career coursework. Seasons also plans to partner with local community providers and Core Service Agencies across the state to ensure Seasons is aligned with the most appropriate supports for the residents Seasons serves.

Standard May Reduce Incidents of Acute Hospitalization

Seasons' program model is similar to an residential acute treatment facility because of the clinical rigor and treatment modalities Seasons will provide and the type of behaviors Seasons will treat. Acute hospitalization is the next level of care above sub-acute and PRTF level care. Although Seasons will not admit youth who should be hospitalized, the knowledge, clinical experience and expertise of our multi-disciplinary staff may prevent behaviors from escalating to the level an acute hospitalization is needed from Seasons' D&A Unit or the residential units. As a certified PRTF, Seasons will also be required to have licensed medical staff available for resident care.

Standard May Reduce the Cost of Acute Hospitalization to the Health Care Community

The cost for acute hospitalization in the local market will be higher than the cost Seasons proposes (albeit shorter lengths of stay in acute setting). Youth in acute settings often step down to a residential program and wherever possible, Seasons would want to reduce the need for hospital admission. Consistent with Seasons core principle and treatment philosophy, Seasons is a strong advocate of appropriate clinical placement and would never treat a youth who would be better served either at a higher or lower level of care.

Treatment Modalities as Best Practice for the Target Population

Seasons will employ a highly trained and qualified staff. Seasons evidence-based practices and treatments are proven effective in this target population and Seasons' staff will be trained to support the most obstinate youth. Seasons wants to serve the unique challenges of these youth and their families and have developed a fully integrated, comprehensive, intensive program to maximize therapeutic services before, during, and after residential treatment. Seasons' program model includes tracking and reporting postdischarge data and resident outcomes. This commitment to support a solid aftercare plan for residents and families also sets Seasons program apart.

Program will Keep Youth Connected to Existing Support Networks and Community

Seasons ability to treat difficult to treat, highly aggressive, and assaultive youth closer to home will help placing agencies in MD meet the legislative mandate to keep youth closer to home. By keeping youth closer to home, Seasons will have earlier access to more long-term sustainable resources for the resident and family. 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.

Viable Clinical Option for Young Adults

MD 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 young adults (18-21 years of age). When approved, Seasons will admit youth up to the age of 20 who would normally be placed in out-of-state programs.

Intangible Benefits: Social Costs of Failure

The population Seasons wishes to serve has a history of multiple placements and failures in local residential treatment programs, community-based programs, and high-fidelity wrap around services. The social 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 for all stakeholders.

System of Care and Accountability

Seasons is proposing a comprehensive system of care designed to partner with and reinforce the community programs already in place because Seasons predicts it will strengthen outcomes and bring about successful reintegration. According to an Issue Brief supported by SAMHSA and the Annie E. Casey Foundation, it is safe to say that a comprehensive system of care is not part of the quality improvement initiatives or financial incentives of RTCs. Seasons believes a comprehensive system of care is a good way to hold Seasons' program accountable.

Please refer to Exhibit 27 for the Center for Health Care Strategies Issue Brief.

COMAR 10.24.01.08G(3)(d):
Viability of the Proposal.

The Commission shall consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

INSTRUCTIONS: Please provide a complete description of the funding plan for the project, documenting the availability of equity, grant(s), or philanthropic sources of funds and demonstrating, to the extent possible, the ability of the applicant to obtain the debt financing proposed. Describe the alternative financing mechanisms considered in project planning and provide an explanation of why the proposed mix of funding sources was chosen.

- Complete Table 3 or Table 4, as applicable. Attach additional pages as necessary detailing assumptions with respect to each revenue and expense line item.

TABLE 3. REVENUES & EXPENSES, ENTIRE FACILITY

Not applicable. Seasons is not an existing facility.

To better assist the MHCC in understanding Table 4. Revenues & Expenses – Proposed Project, Seasons is including the following pro forma financial statements and assumptions:

- Statement of Revenue and Expenses – Entire Facility
- Statement of Revenue and Expenses – Service Components
- Statement of Revenue and Expenses – Assumption Worksheet
- Gross Revenue – Assumption Worksheet
- Gross Revenue Worksheet
- Net Revenue – Assumption Worksheet
- Net Revenue Worksheet
- Statement of Cash Flows
- Statement of Cash Flows Worksheet
- Utilization – Admissions and Discharges
- Staffing Assumption Worksheet
- Direct Care Staffing Worksheet
- Direct Care Staffing Worksheet – Expense Allocation
- Teacher Staffing Worksheet
- Teacher Staffing Worksheet – Expense Allocation
- Physician Staffing Worksheet
- Interest Expense and Principle Payment Worksheet
- Construction – Interest Expense Worksheet
- Initial Start-Up Expenses

Please refer to the Exhibit 23 for the identified pro forma financial statements and assumptions.

TABLE 4. REVENUES & EXPENSES – PROPOSED PROJECT			
INSTRUCTION: Each applicant should complete this table for the proposed project only.			
	Projected Years (ending with first full year at full utilization)		
Indicate CY or FY	CY2020	CY2021	CY2022
1. REVENUE			
a. InsServices	$12,397,000	$25,684,500	$27,412,000
b. Outpatient Services			
c. Gross Resident Service Revenues	$12,397,000	$25,684,500	$27,412,000
d. Allowance For Bad Debt	$123,970	$256,845	$274,120
e. Contractual Allowance	$7,769,031	$15,824,685	$16,761,558
f. Charity Care	$176,820	$362,413	$380,564
g. Net Resident Services Revenue	$4,327,179	$9,240,557	$9,995,758
Other Operating Revenues (Education/Day School)	$1,727,009	$3,058,792	$3,204,362
h. NET OPERATING REVENUE	$6,054,188	$12,299,349	$13,200,120
2. EXPENSES			
a. Salaries, Wages, & Professional Fees (including benefits)	$5,293,873	$8,649,492	$9,219,754
b. Contractual Services	$232,575	$485,750	$513,965
c. Interest on Current Debt			
d. Interest on Project Debt	$351,671	$334,788	$317,041
e. Current Depreciation			
f. Project Depreciation	$787,199	$787,199	$787,199
g. Current Amortization			
h. Project Amortization	$112,800	$112,800	$112,800
i. Supplies	$108,394	$230,847	$249,012
j. Other Expenses (Specify)	$551,956	$720,257	$741,053
k. TOTAL OPERATING EXPENSES	$7,438,467	$11,321,133	$11,940,824
3. INCOME			
a. Income From Operation	$(1,384,279)	$978,216	$1,259,296
b. Non-Operating Income			
c. SUBTOTAL	$(1,384,279)	$978,216	$1,259,296
d. Income Taxes		$86,572	$111,448
e. NET INCOME (LOSS)	$(1,384,279)	$891,644	$1,147,848

4. RESIDENT MIX			
A. Percent of Total Revenue (% of Total Net Resident Revenue before Bad Debt)			
1. Medicare			
2. Medicaid	46.6%	46.8%	46.7%
3. Blue Cross			
4. Commercial Insurance	9.1%	9.1%	9.1%
5. Self-pay	2.7%	2.7%	2.7%
6. Other (Direct Agency Contract)	39.7%	39.5%	39.5%
6. Other (SEA/LSS)	2.0%	2.0%	2.0%
7. TOTAL	100.0%	100.0%	100.0%
B. Percent of Resident Days/Visits/Procedures (as applicable)			
1. Medicare			
2. Medicaid	52.4%	52.6%	52.5%
3. Blue Cross			
4. Commercial Insurance	7.6%	7.5%	7.6%
5. Self-pay	2.5%	2.5%	2.5%
6. Other (Direct Agency Contract)	35.6%	35.4%	35.5%
6. Other (SEA/LSS)	1.9%	2.0%	1.9%
7. TOTAL	100.0%	100.0%	100.0%

Figure 57: Table 4. Revenues & Expenses – Proposed Project Source Data

TABLE 4. REVENUES & EXPENSES – PROPOSED PROJECT ALL Data to complete Table 4 is from the Statement of Revenues and Expenses with the identifying the line item from the Statement of Revenues and Expenses.			
	Projected Years (ending with first full year at full utilization)		
Indicate CY or FY	CY2020	CY2021	CY2022
1. REVENUE			
a. Residential Services	= Total Gross Resident Revenue		
b. Outpatient Services			
c. Gross Resident Service Revenues	= Sum a. + b.		
d. Allowance For Bad Debt	= Deductions from Gross Resident Revenue (Bad Debt)		
e. Contractual Allowance	= Deductions from Gross Resident Revenue (Medicaid Contractual Adjustment) + (Commercial Contractual Adjustment) + (Direct Agency Contractual Adjustment) + (SEA/LSS Contractual Adjustment)		
f. Charity Care	= Deductions from Gross Resident Revenue (Charity Care)		
g. Net Resident Services Revenue	= c. – d. – e. – f.		
Other Operating Revenues (Education/Day School)	= Other Revenue (Education) + Other Revenue (Day School)		
h. NET OPERATING REVENUE	= g. + h.		
2. EXPENSES			
a. Salaries, Wages, & Professional Fees (including benefits)	= Total Salaries + Payroll Taxes and Benefits		
b. Contractual Services	= Contract Staff		
c. Interest on Current Debt			
d. Interest on Project Debt	= Interest Expense		
e. Current Depreciation			
f. Project Depreciation	= Depreciation (Building & Land Improvements) + Depreciation (Equipment)		
g. Current Amortization			
h. Project Amortization	= Capitalized Expenses		
i. Supplies	= Resident Related Supplies		
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		
k. TOTAL OPERATING EXPENSES	= a. + b. + c. + d. + e. + f. + g. + h. + i. + j.		
3. INCOME			
a. Income From Operation	= h. Net Operating Revenue – k. Total Operating Expenses		
b. Non-Operating Income			
c. SUBTOTAL	= a. + b.		
d. Income Taxes	= State and Local Income Taxes		
e. NET INCOME (LOSS)	= c. – d.		

Figure 57 (Continued): Table 4. Revenues & Expenses – Proposed Project Source Data

4. RESIDENT MIX	
A. Percent of Total Revenue (% of Total Net Resident Revenue before Bad Debt)	
1. Medicare	= (Payor Specific Gross Resident Revenue – Payor Specific Deduction from Gross Resident Revenue) / (Net Resident Revenue + Bad Debt)
2. Medicaid	
3. Blue Cross	
4. Commercial Insurance	
5. Self-pay	
6. Other (Direct Agency Contract)	
6. Other (SEA/LSS)	
7. TOTAL	= 1. + 2. + 3. + 4. + 5. + 6. + 6.
B. Percent of Resident Days/Visits/Procedures (as applicable)	
1. Medicare	= (Sum of Payor Specific Resident Days by Specific Unit) / (Sum of Total Gross Revenue by Specific Unit)) From Gross Revenue Worksheet
2. Medicaid	
3. Blue Cross	
4. Commercial Insurance	
5. Self-pay	
6. Other (Direct Agency Contract)	
6. Other (SEA/LSS)	
7. TOTAL	= 1. + 2. + 3. + 4. + 5. + 6. + 6.

Please refer to the Exhibit 28 for the pro forma financial statement summary document.

The Year 1 starting salaries for the following Seasons' staff positions were set based on a Salary.Com compensation analysis for Fort Washington, MD. Some positions were identified by an alternate job title, but the job descriptions and responsibilities are similar. All other Seasons' staff positions are based on Strategic Behavioral Health's compensation analysis for corporate-wide salaries for comparable job titles.

Figure 58: Salary.Com Comparable Salaries (Fort Washington, MD)[20]

		Percentile		
Seasons' Job Title	Alternate Job Title	25th	50th	75th
Registered Nurse	Staff RN - Psychiatric Unit	$72,682	$79,402	$89,761
Therapist	LCSW	$67,147	$72,852	$78,737
Discharge Planner	Medical Social Worker (BSW)	$50,036	$56,782	$64,610
Mental Health Technician	Mental Health Technician	$32,095	$36,622	$42,331
General Ed. Teacher	Public School Teacher	$52,540	$60,185	$69,488
Teacher Assistant	Teacher Assistant			$52,116
Teacher Spl Ed.	Special Education Teacher	$45,012	$57,993	$70,975

The bolded salary amounts represent the salaries Seasons used in the pro forma financial statements. Direct care staff were started at the 50th percentile and teacher were started at the 75th percentile.

[20] http://www.salary.com/

Complete Table L (Workforce) from the Hospital CON Application Table Package.

TABLE L. WORKFORCE INFORMATION											
INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.											
	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
Job Category	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
Administration (List general categories, add rows if needed)											
Executive Director				1.0	$141,458	$141,458				1.0	$141,458
Director of Finance				1.0	$75,444	$75,444				1.0	$75,444
Director of Academics				1.0	$75,444	$75,444				1.0	$75,444
Clinical Director				1.0	$81,911	$81,911				1.0	$81,911
Director of Admissions				1.0	$75,444	$75,444				1.0	$75,444
Director of Human Resources				1.0	$75,444	$75,444				1.0	$75,444
Milieu Mgr./Program Mgr.				1.0	$66,822	$66,822				1.0	$66,822
Director of Nursing				1.0	$94,844	$94,844				1.0	$94,844
Total Administration				8.0		$686,813				8.0	$686,813

Direct Care Staff (List general categories, add rows if needed)											
Registered Nurse				21.1	$82,286	$1,732,757				21.1	$1,732,757
Therapist				11.2	$75,498	$847,904				11.2	$847,904
Discharge Planner				2.8	$58,845	$165,217				2.8	$165,217
Mental Health Technician				46.7	$37,952	$1,772,662				46.7	$1,772,662
Total Direct Care				81.8		$4,518,541				81.8	$4,518,541
Support Staff (List general categories, add rows if needed)											
General Ed Teacher				8.3	$72,012	$600,101				8.3	$600,101
Teacher Assistant				8.3	$54,009	$450,076				8.3	$450,076
IEP Coordinator				2.5	$57,205	$143,013				2.5	$143,013
Food Service Manager				1.0	$57,205	$57,205				1.0	$57,205
Line Cook/Food Prep				4.0	$27,052	$108,209				4.0	$108,209
Clinical Department Secretary				1.0	$43,499	$43,499				1.0	$43,499
Marketing/Bus Dev Coordinator				2.0	$51,733	$103,467				2.0	$103,467
UR/Credentialing/Ins Verification				1.0	$51,733	$51,733				1.0	$51,733
Finance Ops/Admin Assistant				1.0	$43,499	$43,499				1.0	$43,499
Receptionist/General				2.8	$31,104	$87,092				2.8	$87,092
Account Payable				1.0	$51,733	$51,733				1.0	$51,733
Account Receivable				1.0	$51,733	$51,733				1.0	$51,733
Admissions Coordinator				2.0	$57,205	$114,410				2.0	$114,410
Maintenance Manager				1.0	$51,733	$51,733				1.0	$51,733
Maintenance Technician				2.0	$37,308	$74,615				2.0	$74,615
Housekeeping Technician				2.0	$33,162	$66,325				2.0	$66,325
Security Staff				1.5	$31,104	$46,656				1.5	$46,656
Teacher - Spl Ed Day School				2.0	$72,641	$145,282				2.0	$145,282
Total Support				44.5		$2,290,381				44.5	$2,290,381
REGULAR EMPLOYEES TOTAL				134.3		$7,495,735				134.3	$7,495,735

2. Contractual Employees											
Administration (List general categories, add rows if needed)											
Total Administration						$0					$0
Direct Care Staff (List general categories, add rows if needed)											
Psychiatrist				3.0	$118,723	$356,170				3.0	$356,170
Internal Medicine MD				0.2	$98,313	$19,663				0.2	$19,663
Pediatrician				1.1	$125,575	$138,133				1.1	$138,133
Total Direct Care Staff				4.3		$513,965				4.3	$513,965
Support Staff (List general categories, add rows if needed)											
Total Support Staff						$0					$0
CONTRACTUAL EMPLOYEES TOTAL				4.3		$513,965				4.3	$513,965
Benefits (State method of calculating benefits below):											
TOTAL COST				138.6		$8,009,700				138.6	$8,009,700

For 1. Regular Employees please refer to the Staffing Assumption Worksheet identified in response to COMAR 10.24.01.08G(3)(d): Viability of the Proposal.

For 2. Contractual Employees please refer to the Statement of Revenues and Expenses - Assumption Worksheet identified in response to COMAR 10.24.01.08G(3)(d): Viability of the Proposal.

- Audited financial statements for the past two years should be provided by all applicant entities and parent companies to demonstrate the financial condition of the entities involved and the availability of the equity contribution. If audited financial statements are not available for the entity or individuals that will provide the equity contribution, submit documentation of the financial condition of the entities and/or individuals providing the funds and the availability of such funds. Acceptable documentation is a letter signed by an independent Certified Public Accountant. Such letter shall detail the financial information considered by the CPA in reaching the conclusion that adequate funds are available.

Seasons will use a combination of equity and debt financing to fund the project. The equity is in the form of Strategic Behavioral Health "net cash flows from existing operations" that have not been paid out as dividends to owners, but retained with the company to be reinvested in new facilities and programs. As identified in the audited financial statements, at the end of 2016 Strategic Behavioral Health had $36.5 million in Retained Earnings available for new facilities and programs. Strategic Behavioral Health has a company policy of funding at least 60.0 percent of new facilities and programs through equity.

Please refer to 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.

- If debt financing is required and/or grants or fund raising is proposed, detail the experience of the entities and/or individuals involved in obtaining such financing and grants and in raising funds for similar projects. If grant funding is proposed, identify the grant that has been or will be pursued and document the eligibility of the proposed project for the grant.

The debt financing will come from a syndicated credit facility with Fifth Third Bank. Strategic Behavioral Health has approximately $36.0 million in available credit financing to fund new facilities and programs. Strategic Behavioral Health has a company policy of funding at most 40.0 percent of new facilities and programs through debt financing.

Please refer to 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" and a letter from James Nation, Vice President Fifth Third Bank, indicating that "SBH has approximately $36 million available to fund future development projects".

- Describe and document relevant community support for the proposed project.

Community support has existed for the development of the Seasons' program prior to 2015. Seasons' staff, as well as Strategic Behavioral Health's staff, have had several dozen face-to-face meeting with community stakeholders, many within the past three months. The following list identifies the letters of support included in this application and key excerpts from those letters follow the list:

Figure 59: Community Letters of Support

Name	Agency	Location
Cynthia Amirault, M.S. Ed.	Maryland State Department of Education - Retired	Maryland
Joseph W. LaFleur, MSW, MBA, LICSW	LaFleur Counseling	District of Columbia
C Vannessa Spinner	Community College Preparatory Academy	District of Columbia
Betty Hager Francis	Prince George's County Government	Prince George's County
Jennifer L. Ross, MSW, LCSW	National Collegiate Preparatory Public Charter High School	District of Columbia
Dina Levi, LPC, NCC	Psychiatric Institute of Washington	District of Columbia
Gloria Brown Burnett	Prince George's County DSS	Prince George's County
Elana Belon-Butler	Prince George's County DFS	Prince George's County
Deborah St. Jean	Maryland Office of the Public Defender	Baltimore City
Neil J. Moore, MBA, MHA, MPA	University of Maryland Capital Region Health	Prince George's County
Mark A. Magaw	Prince George's County Government	Prince George's County
Henry P. Stawinski, III	Prince George's County Police Department	Prince George's County
Pamela B, Creekmur	Prince George's County Health Department	Prince George's County

"Currently Maryland is facing a lack of intensive planned and coordinated treatment resources that can effectively meet the residential needs of all Maryland youth. Over the past years Maryland RTC resources have dwindled, beginning with the forced closure of facilities for failure to provide quality and safe services, followed by the State's closure of the Regional Institute for Children, Southern Maryland. Within the 2017 fiscal year, Adventist Behavioral Health Systems choose to close its two programs and Good Shepherd Center has also elected to close. A number of factors resulted in these closures; lack of need for the resources was not one. These recent closures have provided a dramatic void in the opportunities for Maryland youth and at the same time has opened the door for a new and fresh look at Maryland's approach to residential psychiatric treatment."

- Cynthia Amirault, M.S. Ed.

"I am excited about the proposal to bring a certified Psychiatric Residential Treatment Facility to the area for the following reasons: availability of intensive clinical services, ability to decrease lengths of stay (and related costs) and the possibility of improving reintegration outcomes for youth and families."

- Joseph W. LaFleur, MSW, MBA, LICSW

"As a result of the current referral process, such a nearby center would allow young people from both county and the city to benefit from placements at a facility that is equipped to meet their diverse mental, emotional and substance abuse related challenges."

- C Vannessa Spinner, Executive Director

"Currently, there are no residential or secure inpatient assessment beds for adolescents and young adults (under the age of 21), in Prince George's County, or neighboring south counties. Many of our young residents are placed in residential programs and assessment units well beyond reasonable distance for families to participate in treatment."

- Betty Hager Francis, Deputy Chief

"There is a lack of such services within our community which often affects our community in a negative manner. Further, because of the lack of services within the area, often times students need to be transported out of our community for their needed treatment. This creates stress on families because their children are not close enough to visit and it is difficult to bring family together to support the child."

- Jennifer L. Ross, MSW, LCSW, Executive Director

"This program will help fill a much needed service gap in the District of Columbia and the State of Maryland."

- Dina Levi, LPC, NCC, Director, Business Development

"PGCDSS currently cares for over 480 youth in out-of-home care who reside in various placement settings. Over the last nine years as we have focused on improving outcomes under the Place Matters initiative, we have continued to have a number of youth who require high intensity level placements, including Residential Treatment Centers (RTC) and hospitalizations. Most of these placements are not within or close to Prince George's County which creates barriers to family engagement and step downs services. Seasons RTC opening a facility in Prince George's County will better support the best practices of their families maintaining regular therapeutic engagement and supporting discharge planning that is community-based focused."

- Gloria Brown Burnett, Director

"Due to the limited number of residential treatment centers in Maryland and the fact that there are currently no residential treatment centers for adolescents in Prince George's County, the need is apparent."

- Elana Belon-Butler, Director

"As I am sure you are aware, Maryland youth with significant mental health diagnoses can longer attend either the Adventist RTCs or Good Shepherd. Suffice to say these facilities have had a number of problems over their years of service culminating in the decision to stop taking patients. The closure of these facilities has occasioned a gap of service provision for these emotionally disturbed youth. In the delinquency forum, often these Maryland youth are sent out of state to obtain necessary services. The Seasons Residential Treatment Program would fill this gap in services and allow our Maryland youth to remain close to home. Family participation is crucial to successful re-entry."

- Deborah St. Jean, Chief Attorney – Juvenile Division

"This program will help fill a much needed service gap for children and young adults between the ages of 13 and 21 in need of more long-term therapeutic care."

- Neil J. Moore, President and Chief Executive Officer

"It is my goal and the goal of the various public safety agencies under my authority, to keep our residents and citizens safe. A program, like the one proposed by Seasons Residential Treatment, would be another resource to ensure that young people have access to the kinds of interventions needed to protect their safety and the safety of others. I support programs interested in partnering with local law enforcement officers to help build awareness, education and reduce the stigma of mental illness and related disorders."

- Mark A. Magaw, Deputy Chief Administrative Officer

"Unfortunately, like most cities and counties around the country, mentally ill people who commit minor crimes often end up languishing in jails and detention facilities poorly equipped to handle their illnesses. By having additional resources available, the police department can direct residents to appropriate behavioral health services and treatment often preventing additional agency involvement and public safety challenges."

- Henry P. Stawinski, III, Chief of Police

"Given the lack of residential treatment facilities in Prince George's County, this application provides significant benefit to families in this county in the following ways:

- Facilitates family involvement in the assessment and treatment process and thereby promotes family support and re-unification post-treatment.
- More likely to contribute to successful transition and re-integration of children and youth into the community
- Decreases time and costs associated with travel for family members if the youth is placed out-of-state and in state if placement is Baltimore and Rockville RTC sites to participate in the treatment process, discharge planning and functioning as a visiting resource to the youth.
- Expands and enhances the continuum of services available to our families.

While community-based treatment options are preferential, Seasons is proposing to serve populations that are difficult to serve and needs a more intensive level of care. In addition, they are also proposing to meet a need for which services are not currently available. This includes youth who also have co-occurring developmental issues and autism spectrum disorders, youth who are between the ages of 18-21 years. In addition, the utilization of a pre-placement assessment and diagnostic evaluations is commendable."

- Pamela B. Creekmur, Health Officer

Please refer to Exhibit 31 for copies of letters of support.

- Identify the performance requirements applicable to the proposed project (see question 12, "Project Schedule") and explain how the applicant will be able to implement the project in compliance with those performance requirements. Explain the process for completing the project design, obtaining State and local land use, environmental, and design approvals, contracting and obligating the funds within the prescribed time frame. Describe the construction process or refer to a description elsewhere in the application that demonstrates that the project can be completed within the applicable time frame(s).

- COMAR 10.24.01.12: Effective Duration of Certificate of Need and Applicant Responsibilities.

A. Good Standing. The Certificate of Need issued for a project by the Commission shall be maintained in good standing by the applicant up to completion, licensure, and first use of the approved project.

B. The Certificate of Need shall be issued with specific performance requirements, as follows:
(1) There shall be an obligation of not less than 51 percent of the approved capital expenditure, as documented by a binding construction contract or equipment purchase order;
(2) In the case of construction projects, the initiation of construction shall take place within 4 months of the effective date of a binding construction contract, and construction shall be continuous after that, subject to the following exception:
(a) If the approved project ceases continuous construction for a period in excess of 30 calendar days, the applicant shall notify the Commission in writing of the break in construction and submit for approval, documentation of the applicant's inability to control the break in construction within 35 calendar days of the work stoppage, and, within 45 calendar days of the work stoppage, submit to the Commission a plan of recommencement of construction not to exceed 90 calendar days, which period may be extended for a reasonable period if the applicant shows extraordinary circumstances; and
(b) The Commission shall consider any documentation submitted in determining whether good cause exists to grant a 6-month extension of the second performance requirement, in accordance with §E(1) of this regulation; and
(3) The applicant shall provide documentation that the approved project has been completed, has been licensed if required, or has otherwise met all applicable legal requirements and is providing the approved service or services within a specific time period beginning from the initiation of construction or from the effective date of a binding equipment purchase order.

C. Performance Requirements.
(1) Performance requirements shall be applied to approved projects with specific time limitations, beginning with the date of Certificate of Need approval, according to the nature and scope of the project.
(2) The requirements of §B(2) of this regulation apply to all approved construction projects.
(3) The requirements of §B(1) and (3) of this regulation apply, as follows:
(c) Except as provided in this subsection, a proposed new health care facility has up to 18 months to obligate 51 percent of the approved capital expenditure, and up to 18 months after the effective date of a binding construction contract to complete the project;

Please see the following page for the process explanation.

Figure 60: Project Schedule Process

Project Action Item	Completion Date	Process Explanation
Approval Date	2/1/2018	
Construction Loan Closing	3/1/2018	Existing agreement with Fifth Third Bank.
Sign contract with Architectural Firm	3/1/2018	Existing agreement with LS3P.
Close on land, engage Civil Engineer	4/4/2018	Existing agreement with Land Owner.
Meet with Municipality, Local Planners and Building Inspectors	4/11/2018	LS3P is aware of the requirements to develop a project of this size in Prince George's County, Maryland. As such, LS3P will have multiple project team members working on these action items simultaneously to obtain the necessary permits to begin construction on time.
Meet with State Licensure (Life Safety, Engineering, etc.)	4/18/2018	
Topographic Survey and Base Sheet	5/9/2018	
ALTA Survey	5/23/2018	
Water and Sewer System Plan	6/6/2018	
Wetland Delineation	6/13/2018	
Natural Resources Inventory Plan	6/13/2018	
Phase I Environmental Site Assessment	6/13/2018	
Concept Site and Grading Plan	6/18/2018	
Preliminary Plan	6/18/2018	
Subdivision Approval	6/21/2018	
Stormwater Management Concept Plan	7/18/2018	
Tree Conservation Plan Type-1	7/25/2018	
Phase I Sediment Control Plan	7/25/2018	
Water and Sewer Concept Layout Plan	8/8/2018	
Approval of Final Drawings and Specifications	8/22/2018	
Pre-Assessment review	8/22/2018	
Sign contract with General Contractor	10/3/2018	Existing agreement with Thomas Construction.
Record Plat	11/9/2018	Based on Subdivision Approval.
Obtain Building Permit	11/11/2018	LS3P actions.
Ground Breaking Ceremony	11/15/2018	Planned Marketing Event.
CONSTRUCTION BEGINS	12/1/2018	Thomas Construction has developed several similar building projects in the past and has the experience to complete the project in an 11-month period.
COMAR 10.24.01.12 (C)(3)(c) - (51% of approved capital expenditure – 16 months from approval date)	6/1/2019	
COMAR 10.24.01.12 (C)(3)(c) - (project completion – 13 months after binding construction contract)	11/1/2019	
Building Inspection	11/11/2019	Final inspections after completion of construction.
Certificate of Occupancy	12/2/2019	
State Health/Mental Health Regulatory Inspection, Hospital Licensure	12/2/2019	
Seasons Opens, First Resident	1/1/2020	Seasons' planned opening

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

An applicant shall demonstrate compliance with all terms and conditions of each previous Certificate of Need granted to the applicant, and with all commitments made that earned preferences in obtaining each previous Certificate of Need, or provide the Commission with a written notice and explanation as to why the conditions or commitments were not met.

INSTRUCTIONS: List all of the Maryland Certificates of Need that have been issued to the project applicant, its parent, or its affiliates or subsidiaries over the prior 15 years, including their terms and conditions, and any changes to approved Certificates that needed to be obtained. Document that these projects were or are being implemented in compliance with all of their terms and conditions or explain why this was not the case.

Seasons has never been issued a Certificate of Need from the MHCC.

COMAR 10.24.01.08G(3)(f):
Impact on Existing Providers.

An applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the health planning region, including the impact on geographic and demographic access to services, on occupancy, on costs and charges of other providers, and on costs to the health care delivery system.

INSTRUCTIONS: Please provide an analysis of the impact of the proposed project. Please assure that all sources of information used in the impact analysis are identified and identify all the assumptions made in the impact analysis with respect to demand for services, payer mix, access to service and cost to the health care delivery system including relevant populations considered in the analysis, and changes in market share, with information that supports the validity of these assumptions. Provide an analysis of the following impacts:

One argument that will be used against approving the Seasons' application is that "with so many residential treatment beds closing in MD, it is obvious that additional residential treatment beds are not needed." This statement would only carry any value if it was true and accurate, however, the evidence does not support this argument.

- Adventist Behavioral Health Eastern Shore

Seasons' conducted an analysis of the Dorchester County location, where the now closed Adventist Behavioral Health Eastern Shore mental health facility in Cambridge operated. Although Dorchester County was a feasible location if only taking into consider the median property value, which is directly related to its rural setting and low demand for property, all other analysis components were against this location. County population, adjacent county population, and availability of health care staffing are crucial factors when considering development of a cost-efficient RTC that relies on resident access and staff availability to succeed. It is unreasonable to assume that Adventist Behavioral Health Eastern Shore mental health facility closed only because of a lack of need for the residential treatment services in the MD.

- Good Shepherd Services

To an uninformed observer, it would appear that the closer of Good Shepherd Services in Baltimore, Baltimore County, a large RTC within one of the largest county populations and with the availability of the largest health care staffing pool in MD could only be due to a lack of need for residential treatment services in MD. Once again, this is an unreasonable assumption. Through a Public Information Act, Md. Code Ann., Gen. Prov. §§ 4-101-4-601 request, Seasons' obtained all deficiency statements for complaint investigations conducted at Good Shepherd Center from January 1, 2016 through July 1, 2017; Good Shepherd Center delicensed their residential treatment beds on March 30, 2017.

In the fifteen months leading up to the delicensing of their 115 beds, Good Shepherd Center was the subject of ten (10) complaints and resulting MD Office of Health Care Quality surveys. The following table identifies the complaint number when available, the "Date Survey Completed", and a brief description of the complaint:

Figure 61: Good Shepherd Center CMS Complaints

Complaint #	Date Survey Completed	Complaint
MD00097393	01/12/2016	Lack of documentation of restraint observation.
MD00097867	01/22/2016	Lack of documentation of assault on facility staff.
MD00099978	03/23/2016	Lack of documentation of newly diagnosed disease on treatment plan.
MD00099977	03/24/2016	Failure to intervene on three assaults.
None noted, investigation at the request of CMS	04/25/2016	Failure to secure medication room leading to ingestion of medications and signs of overdoes in three residents.
MD000101775	05/16/2016	Lack of documentation of assault and sexual assault on resident.
MD00104430	07/14/2016	Failure to conduct investigation into resident injuries.
None noted, investigation at the request of CMS	09/01/2016	Failure to report injury; 4-day delay in treatment of hand fracture; Failure to provide assessment after physical altercation.
MD00109748	11/23/2016	Failure to monitor residents resulting in a period of sexual behavior.
MD00109605	12/27/2016	Failure to address self-harming behavior in treatment plan; Failure to reassess for Injurious Behavior Status; Failure to transfer for emergency evaluation after ingestion of chemical cleaning agent.

Please refer to Exhibit 32 for copies of the CMS Summary Statement of Deficiencies.

Clearly, issues existed at Good Shepherd Center regarding staffing, policies, and procedures leading to deficiencies in the care and protection of residents. In relation to the closure of Good Shepherd Center, it is impossible to strictly maintain that any decrease in the number of youth admitted to the RTC was due to a decrease in the need of residential treatment services in MD and not to a referring agency's unwillingness to admit youth in their care to an RTC suffering from multiple complaints and substantiated deficiencies in a fifteen-month period.

a) On the volume of service provided by all other existing health care providers that are likely to experience some impact as a result of this project;

Seasons believes there is an unmet need and documented "gap" in residential treatment services for the type of youth and families Seasons will serve. Occupancy rates for area providers should not be adversely affected by the introduction of this program as current existing providers do not serve a significant segment of youth in need of residential treatment services. These youth present 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

These youth may also need concomitant treatment for substance abuse and mental health issues and need for additional hardware secure programs in MD has been clearly established by MD referral sources. This difficult to treat population of youth with specialized needs and behavioral challenges are not being met. Assets, including jobs and tax dollars are being sent to other jurisdictions because existing providers cannot support MD youth in in-state programs. The approval of this project will not duplicate existing resources.

There are very few residential treatment programs certified as a PRTF in MD with separate programming, staff, and therapeutic milieu for young adult male residents. Seasons will provide dedicated resources to young adult males in need of social, therapeutic, and academic skills to successfully transition from supportive care. Seasons' program will provide young adult males with sustainable tools for independent living.

Stated again, occupancy rates for MD providers should not be adversely affected by the introduction of Seasons, because Seasons' target population is primarily youth and young adults who MD providers cannot or do not want to treat. The need for additional hardware secure programs in MD has been clearly established by MD referral sources and the youth needing this level of care are not being served in the local community.

Seasons will continue to reach out to all area mental health providers to discuss how Seasons will be positioned as an alternative for the youth and young adults they are unable to admit to existing programs. Although some service overlap is unavoidable, it is Seasons' intent to fill the gap in services identified by the local placing agencies and to not duplicate services or efforts. Seasons hopes to work in partnership with mental health and other providers who offer a higher-level or lower-level of care, in order to extend the care continuum in Prince George's County and the surrounding areas in an effort to drive positive, sustainable, outcomes for residents and families.

b) On the payer mix of all other existing health care providers that are likely to experience some impact on payer mix as a result of this project. If an applicant for a new nursing home claims no impact on payer mix, the applicant must identify the likely source of any expected increase in patients by payer.

Seasons is unable to assume the impact that the new facility will have on the payer mix of all other existing health care providers because no public data is available that documents the payer mix of these facilities. Even though Seasons is capable of projecting its payer mix for the project, without knowing the payer mix of each existing health care provider, it is impossible for Seasons to analyze the impact that the project may or may not have on existing health care provider's payer mixes.

c) On access to health care services for the service area population that will be served by the project. (State and support the assumptions used in this analysis of the impact on access);

Seasons will extend access to MD youth who need more specialized care close to home. A large percentage of the youth Seasons will serve are currently going out-of-state to receive care causing a significant burden on the financial resources in the health care system due to higher costs to treat youth in out-of-state programs. Data from the Governor's Office for Children indicates that although there is a decrease in the number of youth being placed in residential treatment programs, the per diem (bed) rate for out-of-state programs has increased year over year. While agencies are placing fewer residents in out-of-state programs, the impact on total cost of placement has not kept pace. When related cost of travel to out-of-state programs is factored in for agency staff, parents, and other stakeholders, sending youth to out-of-state placements has had a negative financial impact on the health care system.

Youth in out-of-state programs generally are more difficult to treat and have a high recidivism rates and poor reintegration rates leading to multiple placements and/or more restrictive care. Data shows youth with greater access to culturally competent and appropriate supports during treatment have a better outcomes and potential for long-term treatment success. The social and financial cost of sending youth away from existing support network negatively impacts the health care system. This project will positively impact agency and existing provider's budgets who may benefit from stepping down discharged residents from an accessible in-state provider.

Please refer to Exhibit 27 for the Center for Health Care Strategies Issue Brief.

According to data from DC, existing MD health care providers are not serving a large percentage of DC youth. This was also made clear during the solicitation and procurement process for "Awaiting Placement" (diagnostic and assessment beds) distributed by DC Office of Contracts and Procurement on behalf of the DC DYRS. The fact that Seasons was awarded the contract based on a proposal to launch a residential treatment program for difficult to treat youth, speaks to the need, interest, and viability of the project. It may also indicate existing MD programs are not interested in serving the needs of this population.

DC youth, regardless of the placing source, are placed in residential treatment programs outside of their home community. This project will allow greater geographic access for youth and families from the DC, WV, and VA and will be able to better leverage stakeholder participation and provide better access to after care resources. The impact of this project on youth in neighboring states will be significant as step down and reintegration become more seamless.

d) On costs to the health care delivery system.

Seasons costs and charges will be consistent with existing providers, however, the quality of Seasons' program will benefit consumers and the health care delivery system overall. Seasons agrees with 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. Seasons plans to grow the program with a focus on appropriate placements and treatment.

Seasons' length of stay goals and treatment objectives are consistent with the principles of local and national industry experts and will have a positive impact on existing providers already part of the continuum of care in MD. Seasons' philosophy of communicating, collaborating, and cooperating with community stakeholders will set Seasons apart from other programs and providers. Seasons' 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' program 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, Seasons can extend the support beyond its campus and reduce the amount of time youth spend away from their existing support network. Seasons wants to help shape long-term treatment success and believes youth are best served in their community with proper stakeholder supports and hopes to help shape in-state programs that meet current mental health needs of youth and families.

J Cost Savings Based on Pro Forma Financial Statements

The following cost-effectiveness analysis was completed using published Medicaid reimbursement rates and negotiated residential school reimbursements rates for existing Maryland RTC providers and comparing their existing reimbursements to Season's projected Year 1 reimbursements for Medicaid residential days of care and to Seasons' Year 3 total school days.

Figure 62: Cost-Effectiveness Analysis

Year 1 Medicaid Days of Care		2,622				
Year 3 Residential + Day School School Days					15,024	
	Year 1	Reimbursement		Year 3	Reimbursement	
Seasons Residential Treatment Center	$378.71	$992,978		$213.29	$3,204,469	
	Current	Reimbursement	Seasons' Savings	Current	Reimbursement	Seasons' Savings
Sheppard Prattt (Mann)	$414.69	$1,087,317	$94,340	$275.19	$4,134,455	$929,986
Good Sheppard Center	$470.72	$1,234,228	$241,250	$274.43	$4,123,036	$918,567
Sheppard Pratt (Jefferson)	$378.71	$992,978		$274.86	$4,129,497	$925,028
Woodbourne Center	$409.76	$1,074,391	$81,413	$213.29	$3,204,469	
Adventist Behavioral Health Eastern Shore (closed)	$575.34	$1,508,541	$515,564	$276.97	$4,161,197	$956,728
Chesapeake Treatment Center	$469.46	$1,230,924	$237,947	$219.00	$3,290,256	$85,787

As is evident in the table, during Year 1 Seasons is projected to save the behavioral health care system and more specifically, those behavioral health-related agencies that refer youth to Seasons between $81,000 and $515,000. In Year 3, Seasons is projected to save the educational system and more specifically, those educational-related agencies that refer to or have to fund admitted youth to Seasons between $85,000 and $956,000.

Please refer to Exhibit 33 for a copy of the MSDE FY2016 Nonpublic Special Education Rates.

If the applicant is an existing facility or program, provide a summary description of the impact of the proposed project on the applicant's costs and charges, consistent with the information provided in the Project Budget, the projections of revenues and expenses, and the work force information.

Not applicable. Seasons in not an existing facility or program.

COMAR 10.24.10:
State Health Plan for Facilities and Services: Acute Care Hospital Services

Seasons did not respond to these regulations or standards because COMAR 10.24.10.04 B.(2): Identification of Bed Need and Addition of Beds states, "Only medical/surgical/gynecological/addictions ("MSGA") beds and pediatric beds identified as needed and/or currently licensed shall be developed at acute care general hospitals."

Seasons does not propose to develop medical, surgical, gynecological, addictions, or pediatric beds, as such, Seasons does not propose to build, construct, or develop an acute care hospital.

Please refer to Exhibit 35 for any application-related documents that were received after the formatting and printing of the application and Exhibit Book. These application-related documents may include surveys, letters of support, Exhibit 7 signature page, and/or photos.

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