Exhibit 16

Office of the Director

September 21, 2017

Diane Stollenwerk, MPP
Commissioner/Reviewer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Application of Seasons Residential Treatment Program, LLC to Establish a Residential Treatment Center

Dear Ms. Stollenwerk:

Please find the answers to your questions below:

1. What is DC DBH's position on the adequacy of PRTF services to meet the needs of the population it serves who need such services? Specifically:

DC DBH and fellow District government agencies acknowledge that there is no PRTF capacity in the District to meet the needs of youth requiring this level of care. All DC youth requiring this level of care are placed out of state in regional areas and as far as Florida to receive these services. Typically, DC youth placed in PRTFs outside of the District of Columbia present with social-emotional impairments, to include psychosis, maladaptive behaviors related to a mood disorder, impulsivity, aggression, sexually reactive and/or sex offending behavior, substance abuse/use, and/or suicidal/homicidal ideation without current intent, plan or means. DC DBH recognizes services provided for DC youth in the PRTFs used by District agencies to be adequate, but acknowledges the significant need for a PRTF within or local to the District of Columbia which offers services and programming reflective of the social-emotional needs of DC youth and families.

DC DBH and fellow District government agencies also recognize an inadequate array of service/program options for youth coping with fire setting behavior; borderline intellectual functioning; comorbid autism diagnoses; problem sexual behaviors, for perpetrators and victims; sex trafficking; and comorbid aggressive/violent behavior; and services addressing complex or intergenerational trauma. Also, sister, child-serving agencies have revealed concerns revolving around identifying and securing PRTFs which are willing to consistently provide transportation

for family members, enabling them to remain actively involved with treatment. Also, other services identified as necessary for DC youth by fellow District government agencies include: vocational programs, non-traditional activities which foster social-emotional connections (e.g., art, music, spoken word, gardens, animals, chorus, and/or bands), entrepreneurial opportunities, and activities which connect youth with the community more frequently and dynamically.

(a) What is the overall adequacy of PRTF services in the DC metropolitan area (within the District and the neighboring states) to meet the needs of the youth population DC-DBH serves? If possible, please provide supporting data.

Again, the District of Columbia does not have a psychiatric residential treatment facility (PRTF). Consequently, all youth from the District determined to meet medical necessity criteria for psychiatric residential treatment are placed in PRTFs outside of the District.

As of July 27, 2017, twenty-two (22) facilities are certified as PRTFs with the DC Department of Health Care Finance (DHCF), the local Medicaid agency. Only one of these facilities is located in Maryland: the Woodbourne Center, which is certified through May 31st, 2020. Adventist Healthcare in Rockville, Maryland was a DC Medicaid approved PRTF until April 7th, 2016, when its certification to expired. Additionally, there are three DC Medicaid certified PRTFs in Pennsylvania, and six located in Virginia – in the Portsmouth, Staunton, Newport News, Danville, Leesburg, and Kenbridge areas. Only two of these facilities are within driving distance of the District, which limits the ability of parent(s)/caregiver(s) and families to participate in treatment. Other DC Medicaid approved PRTFs are in Alabama, Indiana, Georgia, Tennessee, Arkansas, New Mexico, Arizona, South Carolina, and Florida, and although the services currently being provided by these regional facilities are considered adequate, proximity is a major issue acting as a barrier for caregivers willing to participate in treatment and visit. Additionally, these regional facilities do not always represent the comprehensive array of services and supports needed.

During Quarters 1 and 2 of FY 2017 (October 1st, 2016 – March 31st, 2017) only 47% of DC youth placed in PRTFs were placed in either Maryland or Virginia. Three (3) DC youth received treatment in a DC Medicaid approved PRTF in Maryland during Quarters 1 and 2 of FY 2017 (Woodbourne Center) and thirty-three (33) within PRTFs in Virginia.

Again, the District of Columbia does not have a psychiatric residential treatment facility (PRTF). Consequently, all youth from the District determined to meet medical necessity for psychiatric residential treatment are placed in PRTFs outside of the District. Residential treatment facilities are approved by state Medicaid agencies as PRTFs, with this approval signifying that Medicaid will pay for treatment. Each state consequently may have residential treatment facilities providing services for given youth, but this does not necessitate that each of these facilities will be a state Medicaid approved PRTF. The DC DBH is not a placing agency. DC DBH does not place youth in residential treatment facilities or PRTFs, but rather provides clinical monitoring for youth placed by other DC child-serving agencies when these agencies have gained approval via the District's PRTF review committee process. When an approval occurs via DC's PRTF review committee process for PRTF treatment, a DC placing agency can place a youth for treatment and DC Medicaid pays for the treatment. However, if a DC placing agency does not

get approval through DC's PRTF review committee, the agency can still place the youth into a PRTF for treatment but it must pay for treatment. DC DBH would advocate for the use of Seasons Residential Treatment Program given that services and programming appear to match the clinical needs of DC youth, and would strongly recommend that Seasons Residential Treatment Program seek and gain certification via DC Medicaid as a PRTF.

(b) Does DC-DBH have difficulties placing particular segments of the youth that your agency serves that require RTC/PRTF care such as programming for fire-starters and other discreet populations? If yes, please describe the difficulties.

DC DBH authorizes medical necessity, provides monitoring during and after PRTF discharge for youth placed by other DC child-serving agencies that have custodial responsibility. General consensus between DC child-serving agencies is that placing agencies experience considerable difficulty placing youth with the psychiatric issues highlighted above.

(c) What is the adequacy and proximity of the supply of RTC/PRTF services outside the DC metropolitan area to meet the needs of particular segments of youth not being met by area providers?

Typically, DC placing agencies pursue PRTF services no more than 100 miles from DC. However, the majority of DC youth treated with PRTFs during Quarters 1 and 2 of FY 2017 were served in Virginia, Georgia, Arizona and Florida which far exceed the 100 mile perimeter preference. Services and programs, barring the needs previous described, often meet the needs of DC youth.

Involving parent(s)/caregiver(s)/family members in treatment is essential, given that relational history and court decrees allow for such. The greatest challenge to the otherwise adequate treatment being provided by PRTFs outside the District of Columbia revolves around their distance from DC. A PRTF with a comprehensive array of specialized services and culturally sensitive programming within 45-minutes to an hour of the District of Columbia would be ideal in that it would allow for family involvement, community engagement and collaboration, which are essential aspects of treatment.

2. The DC-DBH Children's Plan Performance Report Fiscal Years 2009-2013 stated that the number of DC youth in PRTFs across the country decreased from 246 in May of 2009 to 57 in September 2013.

What is the number as of September 2016 or the most recent time period for which such data is available?

The DC PRTF census for September, fiscal year 2017 was 51, with monthly censuses remaining fairly consistent between October, 2016 and March, 2017 (census of 56).

(a) Is that census number representative of a typical month's census for out-of-District youth placements? If not, please provide more representative data.

Yes, the September, 2017 census of 51 remained fairly consistent census between October, 2016 and March, 2017 (census of 56).

(b) How many of these youth were in Maryland facilities? If possible, break down that number by Maryland facility. How many were sent to Virginia facilities?

Three (3) DC youth received treatment at a DC Medicaid approved PRTF in Maryland called the Woodbourne Center during Quarters 1 and 2 of FY 2017. Also, thirty-three (33) DC youth received treatment in DC Medicaid approved PRTFs in Virginia during Quarters 1 and 2 of FY 2017.

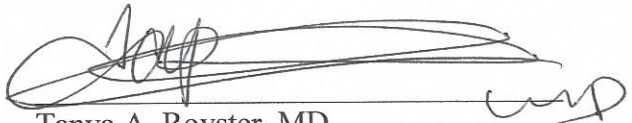
(c) What are the attributes of programs needed for youth who are currently being sent outside the DC metropolitan area for PRTF placement? If possible, please include the number of youth and programs needed and any other information that could be helpful, such as citations or copies of regulatory requirements or guidelines for such programs.

DC is very interested in PRTF programs which are culturally sensitive to the needs of African-American youth residing in urban settings with histories significant for trauma and exposure to violence. Typically, DC youth placed in PRTFs outside of the District of Columbia present with social-emotional impairments, to include psychosis, maladaptive behaviors related to a mood disorder, impulsivity, aggression, sexually reactive and/or sex offending behavior, substance abuse/use, and/or suicidal/homicidal ideation without current intent, plan or means.

DC DBH and fellow District government agencies also recognize an inadequate array of service/program options for youth coping with fire setting behavior; borderline intellectual functioning; comorbid autism diagnoses; problem sexual behaviors, for perpetrators and victims; victims of sex trafficking; and comorbid aggressive/violent behavior; and services addressing complex or intergenerational trauma. Also, sister, child-serving agencies have revealed concerns revolving around identifying and securing PRTFs which are willing to consistently provide transportation for family members, enabling them to remain actively involved with treatment. Also, other services identified as necessary for DC youth by fellow District government agencies include: vocational programs, non-traditional activities which foster social-emotional connections (e.g., art, music, spoken word, gardens, animals, chorus, and/or bands), entrepreneurial opportunities, and activities which connect youth with the community more frequently and dynamically.

If you have any questions, please contact the program manager of our Residential Treatment Center Reinvestment Program, James M. Ballard III, Ph.D., at (202) 673 – 4424 or james.ballard2@dc.gov.

Warmest regards,



Tanya A. Royster, MD
Department of Behavioral Health

9/21/2017
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