



January 12, 2023

Attn: Ruby Porter Maryland Health Care Commission 4160 Patterson Avenue Baltimore Maryland 21215

RE: CON Application by Pascal Crisis 2459

There are two facilities, Hope House Treatment Centers and Gaudenzia providing the same services that Pascal wants to implement, 3.7 and 3.7WM. Both Hope House and Gaudenzia are located less than 1,000 feet from the Applicant. Both the facilities have open beds for 3.7 and 3.7WM Levels of Care.

Hope House operates an Inpatient Program for Psychiatric and Substance Use Disorder, Level 3.7 and 3.7WM. We have a bed capacity of 82 beds since 2018 when we acquired the Laurel Facility. We have not been able to fill our beds to capacity. In fact, due to COVID the number of referrals have decreased dramatically.

Exhibit 1 shows the number of beds occupied from 2018 to November, 2022.

We are right now in the process of temporarily closing our Laurel Facility due to the lack of referrals to 3.7 and 3.7WM

On page 27 of the application it states "In fact, many other providers – to include other 3.7 providers (even those within close geographical proximity of our facility) refer clients for admission to the Pascal Crisis Stabilization Center due to the clinical capability of managing complex psychiatric cases involving persons with high mental health acuity (including those with Severe, Persistent Mental Illness or SPMI) coupled with high and/or polysubstance abuse in need of detox and co-occurring mental health crisis stabilization."

We do Not and have NEVER referred patients for Detox to the Pascal Crisis Center. How can we refer patients to them for Detox when we are licensed and they are not? Yes, we have referred patients for Crisis Stabilization.

Hope House Treatment Center 26 Marbury Road Crownsville, MD 21032 410-923-6700

We provide a whole continuum of care from Inpatient to Outpatient Levels of Care.

The 'Turn Away' Data provided by the applicant on page 28 is in direct contrast with our admissions data provided in Exhibit 1. We also provide transportation to patients that need it.

On page 20 of the application the State asks for the availability of cost effective alternatives. The applicant response on page 30 states "The Applicant designed an extremely cost-effective model that delivers immediate access to high-quality care for co-occurring clients in need of psychiatric crisis beds and 3.7/3.7WM beds co-located , when compared to other programs..."

95% of the patients we serve are indigent, gray area and underserved population. We are reimbursed mostly through Medicaid, the same rate that the applicant has provided.

Hope House has been providing services to our Maryland community for 45 years. Pascal Crisis Center has been referring patients to us after their Crisis Stabilization. The Anne Arundel Mobile Crisis Unit are referring patients to our Program. In the last couple of months Pascal has stopped referring patients for Detox. Our staff has found out that they are Detoxifying their patients. I have sent a letter to this effect to the Anne Arundel Department of Health on January5, 2023.

Awarding the CON to the applicant will hasten the demise of Hope House Treatment Centers. We do not need a duplication of the same services provided.

Sincerely,

Peter D'Souza, MA, MBA, LCADC CEO Addiction Recovery Inc. dba Hope House Treatment Centers. 410-991-6642.

EXHIBIT 1

HOPE HOUSE MONTHLY AND YEARLY BED OCCUPANCY DATA

	1	<u>Total</u>			Crownsville							Laurel	
	Count	% Medicaid	% Private	Count	Medicaid	Private	OTF	Self	Other	Count	Medicaid	Private	Self
FY'16	40.1	57%	34%	17.6	0.0	13.8	2.7	0.4	0.3	22.6	22.6	-	-
FY'17	39.1	65%	27%	15.1	1.4	10.2	2.3	0.4	0.7	24.0	24.0	-	-
FY'18	58.3	93%	7%	32.8	29.0	3.6	0.1	0.1	-	25.5	24.9	0.5	-
FY'19	66.0	92%	8%	40.5	35.9	4.5	-	0.1	-	25.5	24.8	0.6	-
FY'20	53.1	95%	4%	31.7	29.5	2.0	-	0.2	-	21.4	21.1	0.3	-
FY'21	42.8	92%	8%	24.8	22.2	2.5	-	0.1		17.9	17.1	0.8	-
July	46.0	95%	5%	25.7	23.7	2.0	-	-	-	20.2	20.0	0.2	-
August	37.3	94%	6%	16.9	15.0	1.7	-	0.2	-	20.4	19.9	0.4	
September	50.0	95%	3%	33.7	31.4	1.7	-	0.7	-	16.2	16.2	-	-
October	52.9	93%	7%	34.8	32.4	2.4	-	-	-	18.1	16.8	1.3	
November	49.6	93%	5%	31.2	29.0	1.9	-	0.3	-	18.3	16.9	0.4	-
December	40.0	97%	3%	25.6	24.3	1.0	-	0.3	-	14.5	14.5	-	-
January	36.9	94%	5%	24.4	22.2	1.9	-	0.3	-	12.6	12.6	-	-
February	54.9	92%	8%	34.8	32.0	2.8	-	-	-	20.1	18.5	1.6	-
March	48.7	93%	7%	32.3	29.7	2.6	-	-	-	16.4	15.6	0.8	-
April	48.5	90%	10%	31.4	29.5	1.9	-	-	-	17.1	14.0	3.1	-
May	42.9	91%	9%	29.2	26.2	2.9	-	-	-	13.7	12.6	1.1	-
June	36.6	95%	5%	22.0	21.3	0.7	-	-	-	14.7	13.6	1.0	-
July	40.7	94%	6%	25.4	23.1	2.3	-	-	-	15.3	15.3	-	-
August	41.4	93%	7%	23.8	22.1	1.7	-	-	-	17.6	16.4	1.2	-
September	37.7	93%	7%	23.6	21.9	1.7	-	-	-	14.1	13.2	0.8	-
October	42.4	96%	4%	30.1	28.9	1.2	-	-	-	12.3	11.9	0.4	-
November	28.5	96%	2%	17.2	16.0	0.5	-	0.7	-	11.3	11.3	-	-
Change	-33%		<u></u>	-43%						-8%		·	

The average numbers of bed days and funding sources were as follows:

There has been a significant decrease in the bed counts starting in March 2020 due to COVID-19.