IN THE MATTER OF	*	
	*	**BEFORE THE**
LUMINIS HEALTH	*	
	*	**MARYLAND HEALTH**
DOCTORS COMMUNITY	*	
	*	**CARE COMMISSION**
MEDICAL CENTER, INC.	*	
	*	
Docket No. 21-16-2448	*	

* *

STAFF REPORT AND RECOMMENDATION

September 23, 2021

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I. INTRODUCTION

A. The Applicant

Luminis Health Doctors Community Medical Center, Inc. (Doctors) is a 206-bed general hospital located in Lanham (Prince George's County). Doctors has a conventional array of general hospital diagnostic and treatment services, including surgical facilities and an emergency department. All of Doctors' beds are licensed as medical/surgical/gynecological/addictions (medical-surgical or MSGA) beds, functioning as intensive care or general inpatient beds. It does not provide two categories of inpatient hospital service that most Maryland general hospitals provide; obstetric/perinatal services, available at approximately 70% of Maryland general hospitals, or acute psychiatric services, provided by over 60% of general hospitals. Doctors is one of four general hospitals operating in Prince George's County.[1]

Luminis Health was established in September 2019 when Anne Arundel Medical Center, a 349-bed general hospital located in Annapolis, and Doctors Community Medical Center merged to form this health system, which includes the J. Kent McNew Family Medical Center, a 16-bed special psychiatric hospital in Annapolis. Luminis Health operates outpatient diagnostic and treatment facilities in Anne Arundel and Prince George's Counties.

B. The Project

Doctors proposes to introduce acute psychiatric services for adults by renovating existing space at the hospital for a 16-bed psychiatric unit. Renovations on the floor below the proposed unit will house outpatient psychiatric services. The building to be renovated is immediately adjacent to the hospital Emergency Department and will be directly connected to the main hospital building via a connecting corridor. The proposed 12,008 square foot (SF) unit will be renovated to accommodate sixteen (16) single occupancy rooms, administrative functions, therapy spaces, and support functions. The nurses' station will be centrally located on the unit with unobstructed sight lines of both corridors and visibility of the activity/day room.

The estimated capital cost of the project is $7,787,303. The project will be funded with $2,750,000 in cash and a $5,037,303 grant from Prince George's County.

Table I-1 Project Budget Estimate

Uses of Funds	
Capital Costs	
Renovation	
Building and Fixed Equipment	$4,813,415
Architect/Engineering Fees	336,939
Permits	61,804
Subtotal-Renovation	***$5,212,158***
Other Capital Costs	
Contingency Allowance	$781,823
Movable Equipment	300,200
IT/Integration	540,360
Furnishing, Fixings and Instruments	264,176
Design Programming	50,236

[1] On March 22, 2020, in response to the COVID-19 pandemic, the Commission issued an Emergency Certificate of Need (E-CON) to UM Prince George's Hospital Center to establish a 135-bed remote location at the site previously known as Laurel Regional Hospital. In 2019, Laurel Regional Hospital received an exemption from CON from the Commission to convert to a freestanding medical facility. The Laurel remote location is not included in the four general hospitals operating in Prince George's County. The E-CON for the remote Laurel location remains in effect until April 29, 2022.

Duress System	249,798
Commissioning/Testing	62,242
Interior Demolition	135,307
Subtotal-Other Capital	***$2,384,144***
Total Current Capital Costs	***$7,596,303***
Inflation Allowance	$191,000
Total Capital Costs	***$7,787,303***
Total Uses of Funds	***$7,787,303***
Sources of Funds	
Cash	**$2,750,000**
Grant Funds	**5,037,303**
Total Sources of Funds	***$7,787,303***

Source: CON Application, DI# 2, Exh. 1, Table E.

C. Staff Recommendation

Staff recommends approval of the project. Staff concludes that the project complies with the applicable State Health Plan standards and that the application demonstrates that the project is needed. The project is feasible and the service is likely to be viable over the long term. The project will have a positive impact on the availability and accessibility to psychiatric hospital services for Doctors' service area population.

Staff recommends that the project, if approved, should include the following condition:

> Luminis Health Doctors Community Medical Center, Inc. shall assure that, at the time of first use of its inpatient psychiatric services, the hospital has been designated by the Maryland Department of Health to perform evaluations of persons believed to have a mental disorder and brought to the hospital on emergency petition.

II. PROCEDURAL HISTORY

Record of the Review

See Appendix I.

A. Interested Parties and Participating Entities in the Review

There are no interested parties in this review.

B. Local Government Review and Comment

Letters of support were received from Angela Alsobrooks, Prince George's County Executive, Calvin S. Hawkins, II, President of the Prince George's County Council, and Ernest L Carter, M.D., Ph.D., Prince George's County Health Officer.

C. Other Comments

None.

III. Background

<u>Acute Psychiatric Hospital Services in Maryland</u>

The Commission recently completed an update to the State Health Plan chapter for psychiatric hospital facilities and services, now found at COMAR 10.24.21 (new Psychiatric Services Chapter).[2] This application is reviewed under an earlier chapter, COMAR 10.24.07 that was in effect when the application was filed. In a review of "Issues and Policies," the new Psychiatric Services Chapter noted that Maryland's supply of acute psychiatric hospital beds in 2018 (34.6 beds per 100,000 population) was similar to the national average of 33.4 beds per 100,000 population. The Chapter considered the trend in use of acute psychiatric hospital beds from 2009 to 2019 and found a 20% decline over this period, driven by a 23% decline in adult use. The use rate for adolescents declined seven percent and use by children increased slightly over the same period.

These metrics could be viewed as indicating that Maryland's bed supply is not unusually constrained and that demand for beds is falling for adults and adolescents, the two largest users of this capacity. But this indication of adequate bed capacity has been challenged by the workgroup assembled by Commission staff that assisted staff in preparation of the update that resulted in the new Psychiatric Services Chapter that became effective in August of 2021. This workgroup reported that accessibility challenges in the delivery system are common, as shown by reports of long "boarding times" in hospital emergency departments for patients evaluated as needing admission to a psychiatric hospital bed, especially for high acuity patients with co-morbidities. The workgroup suggested that psychiatric hospital programs have some baseline ability to respond to high intensity needs and members raised particular concern with the prevailing reimbursement rates for high intensity psychiatric patient care, recommending that the Health Services Cost Review Commission (HSCRC) consider new models of mental health services that provide a closer correspondence between charge levels and patient acuity. The workgroup supported the view that inadequate payment for the substantially higher staffing and space needs of these patients are disincentivizing program development and redesign that could reduce delays in serving higher need patients. The workgroup supported continuation of Commission policies that require psychiatric hospitals and hospital units to admit and treat patients admitted involuntarily.

The workgroup also cited delivery system gaps as a problem hindering timely access to psychiatric beds. It found that too many areas of the State have limited outpatient treatment options, including crisis beds, residential treatment center capacity for children and adolescents, and longer-term programming for management of mental disorders. The lack of community resources and the discontinuities created by system gaps result in hospital emergency departments visits and, sometimes, admission to the hospital, with conditions that may have been avoided with timely use of a community-based outpatient program. The group also identified delivery system gaps as a "throughput" factor in delays experienced by hospitals in discharging psychiatric patients to appropriate post-hospital treatment.

Currently, there are 29 general hospitals in Maryland that have acute psychiatric units, with a total of 826 licensed acute psychiatric beds.[3] In addition, there are four private special hospitals for acute psychiatric care with a total of 488 licensed beds: Brook Lane Hospital in Hagerstown (Washington County); Sheppard and Enoch Pratt Hospital in Towson (Baltimore County); Sheppard Pratt Baltimore/Washington Campus in Elkridge (Howard County); and the J. Kent McNew Family Medical Center in Annapolis (Anne Arundel County).

Between 2014 and 2019, the use rate of acute psychiatric hospital services at general and special hospitals declined, with the largest decline seen in adult use. (see Table III-1, below). These numbers do not include

[2] The new Psychiatric Services Chapter became effective in August 2021, after this application was filed, so it does not the apply in the review of this project.
[https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_shp/documents/psychiatric_services/con_comar_10_24_21_20210809.pdf)].

[3] MHCC: Fiscal Year 2020 Licensed Acute Care Hospital Beds (with adjustments for authorized beds coming on line in FY 2020 and FY 2021.

discharges for individuals with a primary diagnosis of substance use disorder, a population that sometimes receives service in acute psychiatric settings.

Table III-1: Psychiatric Hospital Discharge Rate of Maryland Residents Maryland and D.C. Hospitals

Age Group	Discharges Per 100,000 Maryland Residents					
	2014	2015	2016	2017	2018	2019
Child (0-12)	191	181	176	186	201	193
Adolescent (13-17)	1,291	1,294	1,328	1,329	1,318	1,273
Adult (>18)	874	828	807	780	766	719
All Ages	**791+-**	**758**	**737**	**718**	**710**	**656**

Sources: Discharges: HSCRC Discharge Data Base; District of Columbia Hospital Association Discharge Abstract; HSCRC files for private special psychiatric hospitals; 2018-2019 Population: Maryland Department of Planning, State Data Center,

Acute Inpatient Psychiatric Care in Southern Maryland and Prince George's County

According to 2021 United States census data for Prince George's County, it is the second most populous jurisdiction in Maryland. Two general hospitals in Prince George's County currently provide acute psychiatric hospitalization services: the University of Maryland (UM) Capitol Region Medical Center, in Largo, and MedStar and Southern Maryland Hospital Center, in Clinton. Each has a 28-bed adult psychiatric unit. There was a third general hospital with a psychiatric unit in Prince George's County until 2019. UM Laurel Regional Hospital (LRH) converted to a freestanding medical facility campus in 2019, providing emergency services and outpatient diagnostic and treatment services only. In its last five years of operation, LRH allocated an average of 13-14 beds of its total licensed bed capacity to acute psychiatric services.

In the Southern Maryland Region, there are currently fewer than six inpatient psychiatric beds per 100,000 population, compared to a Statewide ratio of 21.3 (see the following table). This disparity possibly exists because many Southern Maryland residents, of which 72% are Prince George's County residents, migrate to other regions of Maryland or to the District of Columbia for psychiatric hospitalization.

Table III-2: Regional Bed to Population Ratios: Acute Psychiatric Hospital Beds

Region	2020 Population	Acute Psychiatric Hospital Beds	Beds per 100,000 Population
Western Maryland	523,334	121	23.1
Montgomery County	1,062,061	171	16.1
Southern Maryland	*1,340,378*	*76*	*5.9*
Central Maryland	2,794,636	909	32.5
Eastern Shore	456,815	37	8.1
MARYLAND	**6,177,224**	**1,314**	**21.3**

Sources: Population: U.S. Census Bureau, 2020 Census Redistricting Data Files, August 2021; Bed inventory: MHCC and OHCQ/MDH.

Table III-3 identifies recent use of acute psychiatric hospital resources by the adult population (18+) of Prince George's County. The growth in Emergency Department (ED) visits and the gradual decline in inpatient facility use is similar to the trend seen broadly in Maryland.

Table III-3: Utilization of Acute Psychiatric Hospital Services – Adult Prince George's County Residents

Utilization Statistic	2017	2018	2019
Outpatient ED visits - behavioral health visit	3,890	4,112	4,017
Psychiatric hospital discharges	4,071	4,228	3,710
Average length of stay (days) – psychiatric hospital patients	7.2	6.9	7.3
Average daily census – psychiatric hospital patients	78	80	75

Source: CON Application, DI #2, p. 8, Table 1 (sourced as sourced as "CY 17 – CY 19 Maryland inpatient and outpatient data, psych specialty hospital data, and DC inpatient data." The applicant notes that "[m]ental health discharges are any mental health-related non-SUD [substance use disorder] primary diagnosis" and that "[o]utpatient ED visits with behavioral health principle dx (F code) with an ED charge"

In 2019, the percentage of Prince George's County residents discharged from hospitals outside the County was 51.3%, approximately 1,900 discharges. A significant number of discharges (12.6%) were from hospitals in Washington, D.C. This is in contrast to the number of Montgomery County patients seeking out-of-county care (19.1%) and the number of Baltimore County patients seeking out-of-county care (43.3%).

Table III-4: Mental Health Discharges*: Hospitals Used by Prince George's County Adults for Acute Psychiatric Hospitalization, CY2019

Hospital	Jurisdiction	2019	
		Patients	Prince George's County Market Share
UM Prince George's	Prince George's	1,166	31.5%
MedStar Southern Maryland	Prince George's	606	16.4%
AHC Shady Grove	Montgomery	316	8.5%
Sheppard Pratt	Baltimore County	314	8.5%
AHC Washington Adventist**	Montgomery	226	6.1%
Suburban	Montgomery	101	2.7%
Holy Cross Germantown	Montgomery	58	1.6%
Howard General	Howard	41	1.1%
Other Maryland hospitals (24 with market share less than one percent)	Various	399	10.8%
D.C. hospitals	District of Columbia	470	12.7%
Total all Maryland and D.C. hospitals		**3,698**	**100%**

Source: CON Application, DI #2, p. 9, Table 2 (sourced by applicant as "CY 17 – CY 19 Maryland inpatient and outpatient data, psychiatric specialty hospital data, and DC inpatient data"; this was adapted and adjusted by Commission staff to include only general hospitals).
Notes:
*The applicant states that "[m]ental health discharges are any mental health-related non-substance use disorder primary diagnosis".
**This hospital was replaced by AHC White Oak Medical Center in late 2019 and the replacement hospital has not provided an appreciable volume of psychiatric hospital services since that time. It is authorized to operate 10 adult acute psychiatric beds. These beds remain temporarily delicensed at the time of the release of this Staff Report.

IV. REVIEW AND ANALYSIS

The Commission is required to make its decisions in accordance with the general CON review criteria at COMAR 10.24.01.08G(3)(a) through (f). The first of these six general criteria require the Commission to consider and evaluate this application according to all relevant State Health Plan standards and policies.

A. The State Health Plan

COMAR 10.24.01.08G(3)(a) State Health Plan.
An application for a Certificate of Need shall be evaluated according to all relevant State Health Plan standards, policies, and criteria.

The relevant State Health Plan chapter for review of this application is COMAR 10.24.07, State Health Plan for Facilities and Services: Overview, Psychiatric Services, and Emergency Medical Services (old

Psychiatric Services Chapter).[4] Many of the standards in the old Psychiatric Services Chapter have become obsolete over time because of changes in the use of psychiatric hospital beds and changes in the role and scope of State psychiatric hospital facilities that have occurred since the regulations were last updated in the late 1990s. This section reviews standards that are still relevant and applicable.[5]

Five standards do not apply in this review: AP 3b, AP 9, and AP 12c, which reference inpatient child and adolescent programs, which are not within the scope of the proposed project; and AP 4a and 4b require separate CONs for each age category and require physical separation and clinical/programmatic distinctions between two or more age-specific acute psychiatric groups. This proposed project is intended to serve only one age category. adults aged 18 and older.

Standard AP 2a

All acute general hospitals with psychiatric units must have written procedures for providing psychiatric emergency inpatient treatment 24 hours a day, 7 days a week with no special limitation for weekends or late-night shifts.

The applicant states that emergency inpatient psychiatric care at Doctors will be available 24 hours per day and seven days per week, with no special limitation for weekends or late-night shifts. The inpatient unit will have physician coverage 24 hours per day and seven days per week. Doctors states that it operates a special treatment area as a physically separate part of its Emergency Department, which is available for emergency psychiatric care 24 hours a day and seven days per week, without limitation. (DI #2, p.66).

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 2b

Any acute general hospital containing an identifiable psychiatric unit must be an emergency facility, designated by the Department of Health and Mental Hygiene to perform evaluations of persons believed to have a mental disorder and brought in on emergency petition.

Doctors states that it currently has a contractual relationship with Adventist Health Care to provide adult psychiatric consultations via tele-consultation and with Children's National Hospital to provide child and adolescent psychiatric consultation via tele-consultation and on-site. Doctors intends to transition adult psychiatric consultation, within the next six months, to an internal Luminis Health team that will provide access to both tele-consultation and on-site services. (DI #2, p.66).

While this project represents a new service line for the applicant, this standard is required to be met before first use approval. Staff recommends the following condition:

> Luminis Health Doctors Community Medical Center, Inc. shall assure that, at the time of first use of its inpatient psychiatric services, the hospital has been designated by the Maryland Department of Health to perform evaluations of persons believed to have a mental disorder and brought to the hospital on emergency petition.

Standard AP 2c

Acute general hospitals with psychiatric units must have emergency holding bed capabilities and a seclusion room.

[4] As previously noted, these standards were recently updated, but they are applicable to this review because they were the SHP standards in effect when this application was submitted.

[5] Standards AP 1a through AP 1d and AP 10 are outdated and no longer applicable.

Doctors states that it has two dedicated ligature-free behavioral health rooms in its emergency department, and the proposed inpatient unit will include a seclusion room. (DI #2, pp. 66-67)

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 3a

Inpatient acute psychiatric programs must provide an array of services. At a minimum, these specialized services must include chemotherapy, individual psychotherapy, group therapy, family therapy, social services, and adjunctive therapies, such as occupational and recreational therapies.

The applicant states that its acute inpatient psychiatric program will include each of the services required by this standard. In addition, it states that it will obtain accreditation from the Joint Commission. (DI #2, p. 67, DI# 17, p. 2)

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 5.

Once a patient has requested admission to an acute psychiatric inpatient facility, the following services must be made available:

- **(i) intake screening and admission;**
- **(ii) arrangements for transfer to a more appropriate facility for care if medically indicated; or**
- **(iii) necessary evaluation to define the patient's psychiatric problem and/or**
- **(iv) emergency treatment.**

The applicant provided copies of the procedures to be followed for intake screening and admissions, medically indicated transfer, psychiatric assessment and emergency treatment. (DI# 2, P.68)

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 6

All hospitals providing care in designated psychiatric units must have separate written quality assurance programs, program evaluations and treatment protocols for special populations, including children, adolescents, patients with secondary diagnosis of substance abuse, and geriatric patients, either through direct treatment or referral.

The applicant provided separate quality assurance plans for the special populations to be served which included patients with a secondary diagnosis of substance abuse and geriatric patients. (DI# 13, Exh. 38)

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 7

An acute general or private psychiatric hospital applying for a Certificate of Need for new or expanded acute psychiatric services may not deny admission to a designated psychiatric unit solely on the basis of the patient's legal status rather than clinical criteria.

The Doctors admission criteria for psychiatric inpatients are based on the availability of appropriate clinical programming for the patient's needs and do not indicate that patient admission can be denied based on legal status. Doctors states that it will accept involuntary admissions based upon emergency petitions, regardless of the legal status of the person for whom emergency admission is sought. (DI# 2, p.70).

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 8

All acute general and private freestanding psychiatric hospitals must provide a percentage of uncompensated care for acute psychiatric patients which is equal to the average level of uncompensated care provided by all acute general hospitals located in the health service area where the hospital is located, based on data available from the Health Services Cost Review Commission for the most recent 12-month period.

Doctors uncompensated care as a percentage of gross patient revenue is projected to be 9.7 percent, which exceeds the most recent average level of uncompensated care (4.1 percent) reported for the general hospitals in its service area. (DI# 2, pp.70-71).

Staff reviewed the HSCRC information on uncompensated care provided by hospitals in Rate Year 2021 and found that Doctors had a level of uncompensated care of 6.7%, higher that the state average of 4.4%[6].

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 12a.

Acute inpatient psychiatric services must be under the clinical supervision of a qualified psychiatrist.

The applicant states that inpatient psychiatric services at Doctors will be under the clinical supervision of a psychiatrist who is qualified to provide the leadership required for an intensive treatment program. All psychiatrists on staff meet the training requirements for certification by the American Board of Psychiatry and Neurology. (DI# 2, p.73)

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 12b.

Staffing of acute psychiatric programs should include therapies for patients without a private therapist and aftercare coordinators to facilitate referrals and further treatment. Staffing should cover a seven day per week treatment program.

Doctors states that its program will provide all the required therapies and referrals by a team including psychiatrists, licensed clinical social workers, clinical psychologists and/or licensed marriage and family therapists, occupational therapists, registered nurses, patient care technicians, and nurse practitioners (both psychiatric and family). Patients will be seen daily by either a physician or nurse practitioner. Each patient will be assigned a social worker/case manager during their treatment and each patient will participate in and receive an individual aftercare plan including a safety plan. The social worker/case manager will follow-up with all patients that are discharged to confirm an appointment, follow-up with the patient to assess the helpfulness of the referral and to offer additional support. (DI# 2, p.73).

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 13

[6] https://hscrc.maryland.gov/Documents/Hospitals/gbr-tpr-update/FY-2020/UCCCareReport.pdf

Facilities providing acute psychiatric care shall have written policies governing discharge planning and referrals between the program and a full range of other services including inpatient, outpatient, long-term care, aftercare treatment programs, and alternative treatment programs. These policies shall be available for review by appropriate licensing and certifying bodies.

The applicant provided a copy of its policy governing discharge planning and referrals. The policy includes the full range of services including inpatient and outpatient care as well as other facilities or levels of service appropriate for individual patients. (DI #2, Exh. 25).

Staff concludes that the applicant meets the requirements of this standard.

Standard AP 14

Certificate of Need applications for either new or expanded programs must include letters of acknowledgement from all of the following:

(i) the local and state mental health advisory council(s);
(ii) the local community mental health center(s);
(iii) the Department of Health and Mental Hygiene; and
(iv) the city/county mental health department(s).

Letters from other consumer organizations are encouraged.

Doctors submitted letters acknowledging awareness of and support for the proposed project from the Prince George's County Mental Health Council, local mental health centers, the Maryland Department of Health, and the Prince George's County's Health Officer. Doctors also submitted additional letters supporting the project. (DI #2, Exh. 15,26).

Staff concludes that the applicant meets this standard.

B. Need

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.

Doctors states that outpatient community-based treatment is the preferred setting for most patients, but states that a critical need exists for inpatient psychiatric beds because:

(1) Residents of Prince George's County have high levels of chronic disease that correlate with increased levels of depression and other behavioral health conditions (DI #2, pp. 28-29);

(2) There is a high rate of drug and alcohol use in Prince George's County;

(3) While the target patient population does not include patients with substance use disorder (SUD) as a primary diagnosis, these patients occupy beds in an acute psychiatric unit. Doctors asserts that the rise in drug and alcohol-related deaths in Prince George's County requires investment in behavioral health services. The proposed service will admit patients with a SUD identified as a co-occurring diagnosis with a psychiatric disorder. The applicant states that "[b]ehavioral health services are critical to effective prevention efforts in order to address root causes and prevent those suffering from behavioral health problems from turning to drugs and alcohol. The behavioral health system has not adequately met the

service needs of Prince George's County patients and this has contributed to tragic consequences." (DI #2, p. 38);

(4) There is growing recognition that inpatient care can provide integrated medical and psychiatric care at a single site, concentrated patient education to establish health patterns of self-care, and intensive treatment that is more effective in preventing readmission and relapse. (DI #2, pp. 28-29); and

(5) The COVID-19 pandemic has increased the prevalence and severity of behavioral health conditions, and an increase in suicide mortality. Doctors cites the Centers for Disease Control and Prevention's June 2020 reporting on elevated levels of adverse mental health conditions, substance use, and suicidal ideation, particularly affecting minority community disproportionately. (DI #2, Exh. 6). Doctors also cites analysis of suicide mortality in Maryland that was published in the Journal of the American Medical Association Psychiatry[7] that it states indicates that there has been a doubling of suicides for African Americans pn Maryland during the height of the COVID-19 pandemic, twice the rate reported for whites. (DI #2, Exh.7).

Doctors states that residents of northern Prince George's County face challenges in accessing inpatient psychiatric services. The County currently has two inpatient psychiatric units, at UM Capital Region Health in Largo and MedStar Southern Maryland in Clinton. Doctors views both of these programs as located in the southern region of the County. It states that patients in behavioral health crisis from the northern region of the County, who were served by Laurel Hospital until 2019, often face delays in treatment and must be transferred to facilities far from home. The applicant states that the new program at Doctors will be located closer to the areas of the County that are not currently well served by existing inpatient psychiatric units (DI #2, p. 30).

The applicant also points to a lack of available culturally and linguistically appropriate services for the racially and ethnically diverse population in the county. The applicant cited the most recent Prince George's County Community Health Needs Assessment, which noted that "many respondents believed that seeking behavioral health treatment was traditionally stigmatized in the African American community and other communities of color and that not enough was being done to reduce the stigma." (DI #2, p. 30; DI# 2, Exh. 9).

Doctors states that it will work to address these long-held beliefs through partnerships with trusted partners including community and faith-based groups, recruitment of staff from the community, and culturally and linguistically appropriate marketing and outreach programs. Doctors states that it will work with county leadership to develop plans for providing culturally and linguistically appropriate care as defined by the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards). (DI #2, pp. 30-31)

As previously noted, Southern Maryland has below average availability of psychiatric bed capacity when compared with the rest of the State, with just 5.9 beds per 100,000 residents (Table IV-1). Prince George's County, with a population approaching one million, has just 56 acute psychiatric beds in two hospitals, MedStar Southern Maryland Hospital Center and UM Capital Region Prince George's Hospital Center. In 2018 and 2019, both UM Laurel Regional Hospital and Providence Hospital in the northeast quadrant of the District of Columbia, discontinued inpatient operations, which included acute psychiatric hospital services. Doctors notes that the geographic size of the County limits access to psychiatric services, with many patients facing commutes of 30 minutes or more to the nearest in-County facility (DI# 2, p.33).

Doctors points out that the total adult population in Prince George's County (age 18 years or older), is approximately 900,000 residents with an annual projected growth rate of approximately 0.64% percent per year

[7] See: https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2774107.

through 2023. It states that this population growth will continue to drive the need for inpatient care and provided the following table. A recent release of 2020 Census data (U.S. Census Bureau, 2020 Census Redistricting Data Files, August 2021) showed that intercensal population estimates for Prince George's County were understated, reporting a 2020 total population of 967,201.

Table IV-1: Estimated and Projected Population, Prince George's County

Age Cohort	CY 2019 Estimated	CY 2024 Projected	Implied Annual Rate of Change
Age 0-14	172,124	175,512	0.39%
Age 15-17	32,935	35,020	1.24%
Age 18-64	582,697	578,432	(0.15%)
Age 65+	124,055	152,525	4.22%
Total	**911,811**	**941,489**	**0.64%**

Source: DI #2 p.41.

Doctors states that in 2019, psychiatric admissions for Prince George's County residents required 75 beds, not including patients with substance use disorder as a primary diagnosis. While the number of mental health hospital discharges decreased from 2017-2019, the number of beds needed exceeds the capacity of psychiatric beds currently operating in the County (56). It notes that, in calendar year 2019, more than half of the adult psychiatric admissions by county residents were admitted to hospitals located outside of Prince George's County. (See previous Table III-4.) More than 900 patients required a hospital-to-hospital transfer for a psychiatric admission, and 450 patients were admitted to Washington D.C. hospitals for care. The applicant points out that seeking care out of county can lead to issues with care management, complicated discharge planning, and disruptions in continuity of care (DI #2, pp. 9-10). Doctors states that having an integrated local care program, with medical and psychiatric clinicians working together ensures better outcomes and clinicians with strong connections to community-based care can help patients successfully connect to follow-up services. It also notes that patients discharged from care at facilities outside of their home county must establish a new relationship with a local provider, which is often difficult for patients with complex behavioral health needs. Doctors states that when patients are treated close to home and have built strong relationships to in-county clinicians, a local support system is in place to assist if they relapse or suffer a subsequent acute episode. It also notes that the patient's family is also an important component of the support system. Clinicians report that it is more difficult to engage family members when they live far away, and that quality of care often suffers as a result. (DI #2, p. 10).

The applicant also states that treatment in out-of-county hospitals results in longer hospital stays than if patients are treated locally, providing the information in Table IV-2.

Table IV-2: Average Length of Stay for Psychiatric Discharges, Prince George's County Residents – CY 2019

Discharge Hospital	Discharges	Average Length of Stay (Days)
Prince George's County general hospitals	1,809	6.9
Special psychiatric hospitals	333	10.9
Out- of-county general Hospitals	1,568	7.5

Source: DI #2, p. 37.

The applicant points out that out-of-county facilities tend to have less integration with community services in Prince George's County, leading to more time-consuming discharge planning.

Doctors states that in 2019, 984 Prince George's County residents who presented to area EDs required a hospital-to-hospital transfer for a psychiatric admission. Community hospitals that lack a psychiatric unit can provide stabilization services but must then transfer patients for care (DI #2, p.37). The applicant believes that patients undergoing a psychiatric crisis are not well served when they endure long waits and an unwieldy transfer process in the EDs that are not generally well suited for behavioral health episodes. Doctors also asserts that the

transfer process often leads to delayed treatment. In 2020, psychiatric patients in the ED at Doctors waited, on average, 31 hours between arrival in the ED and transfer to acute care at another facility.

The applicant states that, in 2019, 169 patients from Prince George's County accounted for 848 behavioral health ED visits, averaging five ED visits per person per year (DI# 2, p.37). Doctors asserts that this data underscores the need for an integrated behavioral health delivery system with strong relationships with local providers and patient support systems. It states that the lack of integration can lead to higher relapse rates and that the proposed inpatient program at Doctors aims to establish stable clinical management relationships, effective medication management, integrated behavioral health, medical management of chronic conditions, and strong communications with local providers.

Doctors states that residents of Prince George's County ranked behavioral health services as a top priority need (DI #2, p.38) in the most recent Community Health Needs Assessment (CHNA) (DI #2, Exh. 2). Residents pointed to the continued need for inpatient care, addiction rates, and the signs of maternal depression as an indication that the needs of the Prince George's County population are not being met.

Doctors states that it is committed to responding to this need by offering a full continuum of behavioral health care services with links to community-based services. including acute care, to the community. The applicant believes that for the severely ill and for those in crisis episodes, an inpatient admission is critical to evaluation and effective treatment planning. The most effective program model, and the one Doctors states that it is following, is to provide a comprehensive program in the local community to support continuity of care, maintain steady therapeutic relationships, and allow integrated medical and psychiatric care management.

Staff Analysis and Recommendation

The applicable psychiatric services regulations in this review, which were replaced in August 2021, do not have an applicable need standard. The approach to bed need projection described in these former regulations is obsolete. Thus, the applicant has reviewed relevant need indicators in addressing this criterion, as summarized in the three preceding pages. In their totality, staff concludes that this material presents a persuasive case that the population of Prince George's County needs more acute psychiatric hospital bed capacity. In particular, the relatively low level of bed supply in Prince George's County, and Southern Maryland more broadly, and the recent reductions in available and accessible psychiatric bed supply are the strongest factors in this regard, along with the related consequence of long boarding time for psychiatric patients at the Doctors ED.

The need to improve the throughput of patients needing psychiatric hospitalization from hospital EDs to hospital admission, has often been identified in the field as a significant factor in ED congestion. Doctors is the fifth largest general hospital in the state that does not have an acute psychiatric unit. However, one of the larger hospitals on this list is Luminus Health's sister hospital, Anne Arundel Medical Center, which has recently established a special psychiatric hospital close to its Annapolis campus. Another of the larger hospitals, Holy Cross of Silver Spring, has an affiliated hospital in its home jurisdiction that operates a psychiatric unit. Thus, effectively, the current situation can be viewed as one in which only two general hospitals in Maryland without acute psychiatric services, Greater Baltimore Medical Center and Ascension St. Agnes, are larger than Doctors.

Staff recommends that the Commission find that the applicant has demonstrated an unmet population need for the proposed project.

C. Availability of More Cost-Effective Alternatives

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.

Doctors described three alternative approaches for achieving the objectives of the proposed project; converting existing hospital space, constructing a new building for psychiatric facilities and services on its Lanham campus, and "adaptive reuse" of existing building space, the description it applies to the chosen option.

The applicant specifically considered the conversion of medical/surgical bed capacity in the North Tower to create a 16-bed psychiatric unit. The estimated total project cost for this project ranged between $7.7 and $10.1 million, but created what Doctors viewed as a deficit in needed medical/surgical bed capacity, implying higher effective project cost, necessitated by relocating medical/surgical bed capacity. (DI #2, p.50). In addition, the applicant stated that the project would be highly disruptive to ongoing operation of the hospital. The hospital notes that a third-floor or higher location for a behavioral health unit is not ideal; another drawback for this option. It explained that a higher floor location would be "a very poor location for a behavioral health locked unit for voluntary admissions or those admissions committed by a court. The adjacencies, access for patients' visitors, and security for patients and visitors are less than ideal. Given the continuing demand and utilization for these beds and services, converting existing space for an inpatient psychiatric unit is not a practical nor a cost-effective alternative." (DI #2, p.50)

Doctors states that it also considered construction of a new 58,000 square foot freestanding psychiatric hospital on the Doctors campus separate from the main hospital building to contain both inpatient and outpatient behavioral health services. While construction of a new building would have a minimal impact on the operation of the hospital, a drawback to this option was that any site close to the existing hospital would disrupt existing parking and site infrastructure. The applicant states that the only viable site would be at the perimeter of the hospital campus that is currently unused. This site has steep sloping terrain and therefore development of this land would add time and cost to the overall project. It states that the cost estimate for this option exceeds $30 million. (DI #2, p.50).

The chosen option involves renovating previously developed space that was once part of a nursing home that has been relocated and replaced. Its selection is viewed as supporting inpatient and outpatient behavioral health services, as well as crisis beds. The building is close to the hospital's Emergency Department, has adequate parking, and can be directly connected to the existing hospital. While the interior of the building will require full renovation, the estimated cost of the project is $7.8 million, significantly less than construction of a new building (DI #2, p. 51).

Staff Analysis and Recommendation

Staff concludes finds that Doctors has provided the required comparison of the cost and effectiveness of the proposed project with the cost and effectiveness of providing the service through alternative existing facilities and, based on this information, it has adequately demonstrated appropriate consideration of project costs and effectiveness in development of its proposal. Furthermore, no alternative facility has submitted a competitive application in this project review cycle.

D. Viability of the Proposal

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.

Availability of Resources Necessary to Implement the Project

The estimated cost of the project is $7,787,303.[8] This project will be funded with $2.75 million in cash and a $5,037,303 grant from Prince George's County. The audited financial statements for FY 2020 reflect cash balances of $91.8 million for Doctors, $99.2 million for Doctors and consolidated subsidiaries, and $178.8 million for Luminis Health, Inc. and consolidated subsidiaries, respectively (DI# 2, Exh. 16). The applicant and affiliates have more than sufficient cash available to afford the cash financing requirements of this project.

Availability of Resources Necessary to Sustain the Project

Table IV-3 below summarizes the applicant's key utilization and financial projections for the first four years of the proposed acute psychiatric services inpatient operations. Contrary to the views expressed by the workgroup that advised Commission staff on updates to the psychiatric services chapter,[9] Doctors projects a strong positive margin for its provision of acute psychiatric hospital care.

Table IV-3: Key Utilization and Financial Projections – Proposed Doctors Acute Psychiatric Unit

	FY2023	FY2024	FY2025	FY2026
Discharges	557	695	700	705
Patient -Days	3,899	4,865	4,900	4,935
Net Patient Revenue	$5,895,894	$7,356,636	$7,409,562	$7,462,487
Total Operating Expenses	$3,870,049	$5,700,210	$5,827,085	$5,924,535
Net Income	**$2,025,844**	**$1,656,426**	**$1,582,477**	**$1,537,952**

Source: DI# 2, Table J, Revenue and Expenses, Inflated; DI #2, Table F.

HSCRC staff reviewed the financial projections provided in the CON application and subsequent filings and provided the Commission staff with input that is attached as an appendix to this report. HSCRC staff states (DI #13, p.3) that "[b]ased upon review of the history of audited financial statements, staff is comfortable that the applicant has sufficient working capital to maintain the operation from its inception throughout at least two years after the completion and full occupancy of the project; that such use of its working capital does not put at risk the financial position of the applicant; and staff is comfortable that the project can achieve a positive operating margin at least two years after project completion and full occupancy … based upon review of all the submitted materials, staff is of the opinion that this project is financially feasible."

Community Support

Doctors submitted numerous letters and petitions supporting this proposed project.

Staff Analysis and Recommendation

Staff concludes that Doctors has the available resources to initiate and successfully sustain the proposed project and recommends that the Commission find the proposed project to be viable.

[8] See detail in Appendix 2.
[9] See discussion in Background section of this Staff Report, *supra*, p. 3.

E. Compliance with Conditions of Previous Certificates of Need

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.

Luminis Health is the parent organization of both Doctors Community Medical Center and Anne Arundel Medical Center, which have received and successfully implemented several CONs since 2000. Doctors received a CON (Docket No. 05-16-2163) in 2007 for a three-story addition to the hospital. Anne Arundel Medical Center received a CON (Docket No. 04-02-2153) to construct a patient tower and add medical/surgical beds in 2006, a CON (Docket No. 12-02-2338) to build out shell space and add medical/surgical beds in 2012, a CON (Docket No. 15-02-2360) to introduce cardiac surgery in 2017, and a CON (Docket No. 16-02-2375) to establish a special psychiatric hospital in 2018.

Staff recommends that the Commission find that the applicant has demonstrated compliance with the terms and conditions of previous Certificates of Need.

F. Impact on Existing Providers and the Health Care Delivery System

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 service area, 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.

Impact on Other Providers in the Service area

Doctors states that the chief objective of its proposed project are the reduction of instances in which Prince George's County residents are admitted to an acute psychiatric hospital or hospital unit outside of their home county. The applicant does not anticipate that its establish of acute psychiatric services for adults will have an adverse impact on existing acute psychiatric hospital programs in Prince George's County. The applicant makes the following assumptions bearing on the project's impact: (1) Doctors projects that it will capture 10% of the psychiatric hospital discharges originating in Prince George's County hospitals that the two existing general hospital programs in the County would otherwise serve, if the project were not implemented; and (2) it projects that 30-50% of the discharges for County residents from hospitals outside Prince George's County will shift to Doctors as a result of the closer proximity to psychiatric hospital services that the project will provide. (DI #14, p. 8).

Based on these assumptions, which obviously concern only patients originating in Prince George's County, Doctors predicts that, in 2023, UM Capital Region will experience a reduction of 110 admissions to what it would be likely to otherwise achieve, without any adjustment for population growth, and that MedStar Southern Maryland would see 56 fewer admissions. This model projects that approximately 350 admissions to Doctors' inpatient psychiatric services will represent a return of County residents from out-of-county hospitals to their home county. This modeling implies a loss of 151 patients by Sheppard Pratt, the largest nominal loss predicted for any single hospital in Doctors' analysis. Finally, Doctors projects that approximately 150 Prince George's County residents will return from D.C. hospitals, with the largest nominal losses at two facilities, MedStar Washington Hospital Center (76 admissions) and United Medical Center (33 admissions). (DI #14, p. 9). Thus,

Doctors projects a relatively modest patient shift from local area hospitals to its proposed new services. It states that the shift should not affect the viability of any existing hospital programs and that the impact should be mitigated by the expected population growth in the County.

The applicant states that there may be an impact on existing facility staffing, as some staff at Prince George's County hospitals will choose to move from existing programs to its new service. The applicant acknowledges that behavioral health care facilities face a challenging labor market for behavioral health professionals and states that it anticipates many staff members will be drawn from outside the immediate area, specifically area residents looking for employment closer to home. (DI# 14, p. 11),

Impact on geographic and demographic access to services

The applicant states that the new unit will increase access to essential behavioral health services to residents of Prince George's County and reduce the number of patients forced to look for behavioral health services outside of the County. Doctors states that the inpatient program will be part of a broader behavioral health program on its campus, including outpatient services, behavioral health, urgent care, and crisis services.[10] Additionally, Doctors projects that this project will attract high-quality behavioral health practitioners to the County, an essential component to increasing access to care (DI #2, pp. 57-58).

Impact on costs to the health care delivery system

Doctors states that it can provide care through the proposed project that will lead to a reduction in hospital charges of more than one million dollars by 2025. As an example, it projects that approximately 150 psychiatric discharges that would otherwise occur at Sheppard Pratt will be experienced at Doctors. The average price charged at Sheppard Pratt for patients assessed by Doctors as eligible for treatment at Doctors' proposed service is $13,979. Doctors projects that its comparable average charge for these patients is $11,281 (DI #14, pp.7-8). Thus, it projects a total reduction in charges of $247,485 for this specific assumed shift in market share. Shifts from the Washington D.C. area hospitals, which do not operate under the Maryland regulated payment model are projected by Doctors to save payors approximately $988 million in 2025. (DI #2, p.59).

Staff Analysis and Recommendation.

The impact modeling undertaken by Doctors can be criticized. Commission staff questions whether the long-term trend in adult use of psychiatric hospitalization was appropriately taken into account and also believes that such models have a high degree of uncertainty because too many market factors are unpredictable prior to the entry of a new program into a market. Staff also notes that HSCRC's payment model provides for adjustments in revenue that do not necessarily reflect the full impact of shifts in market share from higher charge to lower charge hospitals. In this case, the review of the market conditions, as outlined by the applicant in its needs assessment, do not indicate that the proposed project is likely to have any existential impact on existing providers and the likely impact is not concerning enough to overcome the new service's expected positive impact on availability and timely access to inpatient psychiatric services. Additionally, in a conventional sense, it is reasonable to assume that the project will likely reduce psychiatric hospitalization charges, even with a modest

[10] In its application (DI #2, pp. 11-13), Doctors describes a continuum of behavioral health services that it has developed or is in the process of developing in conjunction with this project, including an outpatient behavioral health clinic, an urgent care center dedicated to behavioral health, two partial hospitalization programs, including one for adolescents, an intensive outpatient treatment program, and an eight-bed residential crisis unit. It describes this continuum as one that will be well-integrated with community-based services, including self-help and family programs, and will aid in reducing inpatient admissions to those that are unavoidable, to maintain the patient's health and safety.

market share shift away from D.C. hospitals. Staff recommends that the Commission find that the impact of this project is primarily positive.

V. SUMMARY AND STAFF RECOMMENDATION

Staff concludes that the proposed project complies with applicable State Health Plan standards. The applicant has demonstrated a need for additional acute inpatient psychiatric beds in Prince George's County. The project will be implemented through a relatively inexpensive approach to adding hospital bed capacity, at an estimated cost of less than $500,000 per bed. Doctors has chosen a cost-effective option for implementing the project. The project is likely to be viable and its impact, on balance, will be positive.

Based on review and analysis of the record in this report, Staff recommends that the Commission **APPROVE**, with a condition, the application of Luminis Health Doctor's Community Medical Center, Inc. for a Certificate of Need to establish acute inpatient psychiatric services through development of a 16-bed unit in renovated space at the hospital. The recommended condition is as follows:

> Luminis Health Doctors Community Medical Center, Inc. shall assure that, at the time of first use of its inpatient psychiatric services, the hospital has been designated by the Maryland Department of Health to perform evaluations of persons believed to have a mental disorder and brought to the hospital on emergency petition.

IN THE MATTER OF	*	
	*	**BEFORE THE**
LUMINIS HEALTH	*	
	*	**MARYLAND HEALTH**
DOCTORS COMMUNITY	*	
	*	**CARE COMMISSION**
MEDICAL CENTER, INC.	*	
	*	
Docket No. 21-16-2448	*	

* *

FINAL ORDER

Based on staff's analysis and recommendation, it is, this 23rd day of September, 2021, **ORDERED** that the application of Luminis Health Doctors Community Medical Center for a Certificate of Need to introduce acute psychiatric services through the creation of a 16-bed adult inpatient psychiatric unit in renovated space, at an approved cost of $7,787,303, be, and hereby is, **APPROVED,** with the following condition:

> Luminis Health Doctors Community Medical Center, Inc. shall assure that, at the time of first use of its inpatient psychiatric services, the hospital has been designated by the Maryland Department of Health to perform evaluations of persons believed to have a mental disorder and brought to the hospital on emergency petition.

MARYLAND HEALTH CARE COMMISSION

APPENDIX 1
RECORD OF THE REVIEW

RECORD OF THE REVIEW

IN THE MATTER OF

Luminis Health Doctors Community Medical Center
Establishment of an Inpatient Behavioral Health Unit
Docket No. 21-16-2449

Docket Item #	Description	Date
1	MHCC Staff to Doctors – Acknowledge receipt of Letter of Intent	2/8/21
2	Certificate of Need Application Filed	4/9/21
3	Doctors – Copy of application sent to Prince George's County Health Officer	4/12/21
4.	Doctors – copies of letters of support sent to MHCC	4/12/21
5	MHCC Staff to Doctors – Acknowledge receipt of application for completeness review	4/20/21
6	MHCC Staff to Washington Times – Request to publish notice of receipt of application	4/20/21
7	MHCC Staff to *Maryland Register* – Request to publish notice of receipt of application	4/20/21
8	MHCC Staff Receive Notice of receipt as published in the *Washington Times*	4/22/21
9	MHCC Staff to Doctors – Request for completeness information on application	4/29/21
10	MHCC staff requests information from HSCRC staff	4/29/21
11	Doctors – questions on completeness review	5/3/21
12	Doctors – request for extension on completeness review	5/5/21
13	HSCRC response to staff questions	5/20/21
14	Doctors submits response to completeness questions	5/21/21
15	Doctors requests information from MHCC staff	5/24/21
16	MHCC Staff to Doctors – Request for 2nd set of Completeness Information	5/26/21
17	Doctors submits response to 2nd completeness questions	5/27/21
18	MHCC to Doctors – Formal Start of Review	6/1/21
19	MHCC Staff to *Washington Times* – Request to publish notice of formal start of review	6/1/21
20	MHCC Staff to *Maryland Register* – Request to publish notice of formal start of review	6/1/21
21	Request LHP comments on application	6/1/21
22	MHCC staff receive formal start of review as published in the *Washington Times*	6/3/21

APPENDIX 2
PROJECT BUDGET

Project Budget Estimate

Uses of Funds	
Capital Costs	
Renovation	
Building and Fixed Equipment	$4,813,415
Architect/Engineering Fees	$336,939
Permits (Building, Utilities, Etc.)	$61,804
Subtotal-Renovation	**$5,212,158**
Other Capital Costs	
Contingency Allowance	$781,823
Movable Equipment	$300,200
IT/ Integration/AV/Communications Equipment	$540,360
Group III - Furnishings, Fixtures & Instruments	$264,176
Design Programming	$50,236
Enhanced Commissioning	$62,242
Duress System	$249,798
Interior Demolition	$135,307
Subtotal-Other Capital	**$2,384,144**
Total Current Capital Costs	**$7,596,303**
Inflation Allowance	$191,000
Total Capital Costs	**$7,787,303**
Total Uses of Funds	**$7,787,303**
Sources of Funds	
Cash	**$2,750,000**
Grant from Prince George's County	**$5,037,303**
Total Sources of Funds	**$7,787,303**

(DI #2, Exh. 1, Table E).

APPENDIX 3

HSCRC Opinion

APPENDIX 4

List of Letters of Support for the Project

Letters of Support	
Government	
Angela Alsobrooks	Prince George's County Executive
Calvin S. Hawkins, II	President of the Prince George's County Council
Williams C Ferguson IV	Maryland Senate President
Douglas J.J. Peters	Maryland Senate District 23
Melony G. Griffith	Maryland Senate District 25
Ernest L Carter, M.D., Ph.D.	Prince George's County Health Officer
Partners	
Jennifer Wilkerson	Sheppard Pratt
Deborah Rivkin	Carefirst
Catalina Sol	La Clinica del Pueblo
Jimmie L Slade	Luminis Health Doctors Community Medic
Bishop Dr. Oliver Subryan	Ebenezer Church of God
Sharon R. Lund	Glenarden Housing Authority
Pastor Michael Dickson	Greater Riverdale Thrives
Mirna Quinteros-Grady	Latin American Youth Center
Eugenia Moore	Clinton Manor
Community	
250 letters from Community Members	
Providers	
6 letters from Community Providers	
Letters of Acknowledgement	
Ernest L. Carter, M.D., Ph.D.	Prince George's County Health Department
Maketha Abdulbarr	Prince George's County Mental Health Agency
Aliya Jones, M.D.	Maryland Department of Health

APPENDIX 5

Project Drawings