

April 19, 2018

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**STATEWIDE HEALTH
COORDINATING COUNCIL
MEETING**

**DISTRICT OF COLUMBIA GOVERNMENT
DEPARTMENT OF HEALTH
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

**STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
899 North Capitol Street, N.E.
Sixth Floor
Washington, D.C. 20002**

STATEWIDE HEALTH COORDINATING COUNCIL MEETING

Date: April 19, 2018
Time: 6:00 p.m.
Place: 899 North Capitol Street, N.E.
6th Floor, Conference Room 6002
Washington, D.C. 20002

AGENDA

- I. Call to Order
- II. Quorum Declaration
- III. Approval of March 15, 2018 Minutes
- IV. Director's Report
- V. Chairperson's Report
- VI. Project Review Committee Report
- VII. Plan Development and Implementation Committee Report
- VIII. Unfinished Business
- IX. New Business
- X. Public Comment
- XI. Adjournment

**STATEWIDE HEALTH
COORDINATING COUNCIL
MINUTES**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

STATEWIDE HEALTH COORDINATING COUNCIL MEETING

The Statewide Health Coordinating Council (SHCC) met on March 15, 2018 at 6:00 p.m. at 899 North Capitol Street, N.E., Conference Room 6002.

MEMBERS PRESENT:

Goulda Downer, Ph.D.
Brenda Kelly
Zinethia Clemmons
Jacqueline Bowens
Robert Brandon, Esq.

MEMBERS ABSENT:

Steven Nash
Chioma Nwachukwu
Barbara Ormond
Sandy Allen
Marc Rankin

STAFF PRESENT:

Amha Selassie
John Clark
Thomas McQueen
Dana L. Mitchener

I. Call to Order

The Statewide Health Coordinating Council (SHCC) meeting was called to order by Chairperson Robert Brandon.

II. Quorum Declaration

A quorum was declared.

III. Approval of the December 14, 2017 Minutes

The minutes were approved.

IV. Director's Report

There was no Director's report.

V. Chairperson's Report

There was no Chairperson's Report.

VI. Project Review Committee Report

On February 22, 2018, the Project Review Committee (PRC) met to review three Certificate of Need applications. There was a quorum at the meeting and the following are the recommendations of the PRC.

**A. Ergo Solutions, LLC – Establishment of Home Health Care Services
Certificate of Need Registration No. 17-2-4**

It was reported that the PRC agreed to defer making a recommendation until additional information was presented. After reviewing the additional information from the Department of Health Care Finance, the SHCC agreed to approve a certificate of need to Ergo Solutions, LLC for the establishment of home health care services.

Vote

The SHCC voted to approve the project.

B. Children’s Hospital – Renovation and Installation of Elevators and Replacement of a Chiller Plant and Air Handling Units - Certificate of Need Registration No. 17-5-5

It was reported that the PRC agreed to support staff’s recommendation to approve a certificate of need to Children’s Hospital for the renovation and installation of elevators and replacement of a chiller plant and air handling units.

Vote

The SHCC voted to support the PRC’s recommendation to approve the project.

C. Bread for the City – Establishment of a Primary Care Clinic - Certificate of Need Registration No. 17-8-1

It was reported that the PRC agreed to support staff’s recommendation to approve a certificate of need to Bread for the City for the establishment of a primary care clinic at 1710 Good Hope Road, S.E.

Vote

The SHCC voted to support the PRC’s recommendation to approve the project.

VII. Plan Development and Implementation Committee Report

There was no Plan Development and Implementation Committee report.

VIII. Unfinished Business

There was no unfinished business.

IX. New Business

There was no new business.

X. Public Comment

There was no public comment.

XI. Adjournment

The meeting was adjourned at 6:32 p.m.

**PROJECT REVIEW
COMMITTEE
MINUTES**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

PROJECT REVIEW COMMITTEE MEETING MINUTES

March 15, 2018

MEMBERS PRESENT:

Zinethia Clemmons
Brenda Kelly
Goulda Downer, Ph.D.
Jacqueline Bowens
Robert Brandon, Esq.

MEMBERS ABSENT:

Steven Nash
Chioma Nwachukwu
Sandy Allen
Stephen Neuman
Barbara Ormond
Marc Rankin, M.D.

STAFF PRESENT:

Amha Selassie
John Clark
Thomas McQueen
Dana L. Mitchener

GUEST LIST:

Dr. Olu Ezeani
Andrea Brown
Swenda Moreh
Sammin Washington
Calvin Smith
Marc Ferrel
Courtland Wyatt
Michael Davis
Bill Quirk
Dave Waye

ORGANIZATION:

Ergo Solutions
BridgePoint Healthcare
BridgePoint Healthcare
BridgePoint Healthcare
BridgePoint Healthcare
BridgePoint Healthcare
Ergo Solutions
Plant the Seed Youth Treatment Services
Children's National
Children's National

| | |
|--------------------|---|
| Dontrell Smith | ANC 7E06 |
| Cliff Barnes | EBG |
| G. Brown | Ergo Solutions |
| Sekou Murphy | Bread for the City |
| Danina Lee | Plant the Seed Youth Treatment Services |
| D. Davis | Plant the Seed Youth Treatment Services |
| Toya Davis | Plant the Seed Youth Treatment Services |
| Catherine E. Davis | Plant the Seed Youth Treatment Services |
| Teerah Goodman | |
| Sara Tewolde | Public |

I. Call to Order

Chairperson Robert Brandon called the Project Review Committee meeting to order.

II. Quorum Declaration

There was a quorum.

III. Action on PRC Minutes of February 22, 2018

The minutes were approved.

IV. Chairperson's Report

There was no Chairperson's report.

V. Staff Report

A. DCA Hadley SNF, LLC d/b/a BridgePoint Sub-Acute and Rehabilitation National Harbor – Addition of 32 Skilled Nursing Beds - Certificate of Need Registration No. 17-8-6

Presentation by Staff

Mr. Thomas McQueen, the lead analyst for the project stated that the applicant, DCA Hadley SNF LLC, d/b/a BridgePoint Sub-Acute and Rehabilitation National Harbor, states that BridgePoint Healthcare is a diversified provider of post-acute care in settings ranging from long-term acute-care hospitals to skilled nursing facilities.

Mr. McQueen stated that BridgePoint has three locations that include two in Washington, DC, BridgePoint Hospital National Harbor, and BridgePoint Hospital Capitol Hill and one in New Orleans, BridgePoint Continuing Care Hospital.

Mr. McQueen then said that according to the Applicant, in 2014, BridgePoint purchased Specialty Hospitals of Washington which at the time operated the only two long-term care acute hospitals in the greater metropolitan area and also the areas only to skilled nursing facilities, licensed for residents requiring ventilators and other complex health conditions.

According to Mr. McQueen, BridgePoint acquired Capitol Hill Hospital with 117 skilled nursing beds and 60 long-term care acute hospital beds, and Hadley Hospital with 62 skilled nursing beds and 82 long-term care acute hospital beds.

Mr. McQueen stated that the Applicant is now seeking a certificate of need to add 32 skilled nursing beds at BridgePoint National Harbor. BridgePoint National Harbor currently has a 62-bed licensed skilled nursing facility that is co-located with an 82-bed

LTACH. BridgePoint National Harbor is currently one of two facilities in the District designed by the Department of Health to care for patients with a mechanical ventilator.

Mr. McQueen maintained that according to the applicant, the additional beds will be located on the first and second floor of the facility. The first floor section was previously used as a physician medical office suite and is currently unoccupied. The second floor is currently housing administrative, respiratory and rehabilitation offices which will be relocated throughout the facility.

Mr. McQueen stated that according to the Applicant, each floor will have eight double-occupancy rooms totaling 16 beds, a nurse station, a day room, two showers, and other utility ancillary rooms as required by regulations. Additionally, BridgePoint National Harbor will renovate the front yard of the facility to provide a scenic and useable courtyard for the benefit of residents and their visitors.

Mr. McQueen then said that the capital expenditure associated with this project is \$5,319,999. The Applicant stated that the services should be operational by August of 2019.

According to Mr. McQueen, after a careful review of the information, staff has determined that the Applicant has demonstrated the need for the proposed services. In general, there is an adequate supply of post-acute care services. However, there are gaps to accessing particular services.

Mr. McQueen stated that the Applicant has provided information from the Department of Health Care Finance that identifies that there is a gap in services for skilled nursing patients and skilled nursing facilities in the District. This is suggested by the number of DC Medicaid patients receiving services at skilled nursing facilities outside the District, 288.

Additionally, Mr. McQueen stated, BridgePoint has demonstrated that it is the only provider of vent services in the District and one of four providers to serve the bariatric population. Staff also notes that in December of 2016, Washington Home, a 122-bed DC skilled nursing facility, closed its facility.

Mr. McQueen stated that as a result, staff recommends approval of the certificate of need to DC Hadley SNF LLC d/b/a BridgePoint Sub-Acute and Rehabilitation National Harbor for the additional 32 skilled nursing beds.

Presentation by the Applicant

Marc Ferrell, President and CEO of BridgePoint Healthcare, stated that currently, BridgePoint operates 142 long-term acute care hospital beds and 178 skilled nursing beds in the District of Columbia. He has been involved in the acquisition of these facilities since early 2014 and remain as the President and CEO of the company.

According to Mr. Ferrell, the facility was days away from closing. They received an emergency approval by the city council to approve the sale of the buildings, and an emergency certificate of need. There were plans to send the patients who were on tracheostomy tubes and ventilators to Maryland, Virginia and Pennsylvania. Those plans were made by the Department of Health and the Department of Health Care Finance.

Mr. Ferrell maintained that the first year, they were able to stabilize their workforce. They spent their capital budget dealing with items such as heating, ventilation, air conditioning, hot water boilers, and leaking roofs. The buildings were in disrepair and it took them quite a bit of time to resolve those issues.

He then said that in the second year, they continued their investment into the facilities and redid the entire IT infrastructure from the street to every patient room in terms of

rewiring, wireless internet to implement electronic medical records in the skilled nursing units.

He then said that in the third year, the facility received a 5-star rating from CMS that's attributable to all the hard work of the staff, physicians and team that have worked tirelessly to make a difference in the facility.

According to Mr. Ferrell, currently, the sub-acute and rehabilitation has 62 total beds. They had 21,614 patient days, an average daily census of 59.2. Out of the 62 beds, almost 83 percent of the population was Medicaid and they had a 96 percent occupancy rate, not including bed hold days. So our occupancy availability of beds was actually -- our occupancy was actually higher.

Mr. Ferrell stated that the hospital has 82 beds, 18,202 patient days. In 2017, close to a 50 average daily census with 17 percent Medicaid and 85 percent other with a 61 percent occupancy.

Mr. Ferrell maintained that the facility currently has a ventilator capacity of 17 patients and they run very close to 17 patients per day. There's approximately a three- to four-week waiting list for a patient on mechanical ventilator in the District of Columbia with Medicaid to find a bed in one of their facilities. And that's the primary goal of why they're here today, to help deal with that shortage.

Mr. Ferrell stated that currently there are 288 Medicaid skilled nursing beneficiaries or D.C. residents residing out of the District. Most of them are in Maryland and Virginia because they cannot find a bed in D.C. to care for them.

Mr. Ferrell then said that approximately 25 of those patients are on mechanical ventilation and a smaller number who are on kidney dialysis and ventilator support as that dual service is not currently offered in Washington, D.C.

Mr. Ferrell stated that their plan is to use the first and second floor of the attached medical office building and gut the entire premises and build, from the walls in, 32 skilled nursing beds. These beds would then be specifically dedicated to patients on mechanical ventilation. The rooms would be of adequate size, electrical, oxygen, suction, and lighting. They will be state-of-the-art rooms for these residents.

Mr. Ferrell stated that as soon as construction is complete and the beds are licensed, they will then ask the Department of Health to approve an increase from their current 17-bed capacity for ventilator care up to 32 beds.

Mr. Ferrell maintained that this will also help reduce the out-of-state skilled nursing placements and to allow the 32 D.C. residents the opportunity to come back into the District.

Discussion

Ms. Bowens wanted to know what BridgePoint's long-term strategy in terms of referrals.

Mr. Ferrell stated that they have two contracts, one with the MedStar system and one with the Inova system whereby any patients that they have that are considered unfunded patients, they contract with BridgePoint and they take care of the ventilator patient in one of their beds.

Mr. Ferrell maintained that they do have a preference to take and accept patients from inside the District first.

Ms. Clemmons wanted to know if there will be displacement of patients during the renovations.

Mr. Ferrell said no, that they'll be able to do everything parallel because the area that will be under construction is not being utilized for patient care. It is being utilized for

ancillary services, rehab, respiratory. But they'll be relocated to another space before that begins.

Dr. Downer wanted to know what their opinion is as to why they are the only provider of ventilator services in the District that serves a bariatric population.

Mr. Ferrell stated that he's a respiratory therapist by training and has worked in the sub-acute skilled nursing LTC arena for the last 20 years. To some folks, it's really intimidating to offer this type of a program.

According to Mr. Ferrell, this program goes hand in hand with their specialty hospital side. So they've taken a critically ill patient, rehabilitate them and can move them into their skilled nursing unit.

Mr. Ferrell then said that a couple other things that make them unique is, these are hospital-based skilled nursing facilities. So, if a patient is on their skilled nursing unit and they have a major medical problem, there are physicians on the hospital side 24 hours a day, seven days a week, 365 days a year that will respond to that emergency. In any other freestanding nursing home setting, you would have to call 911 and send the patient out.

So, they have a low return to acute rate because of that. And they can get x-ray, laboratory, and clinical services done immediately that other skilled nursing facilities would wait for. They also have in-wall oxygen, suction and air that a lot of skilled nursing facilities don't have.

According to Mr. Ferrell, the risk is very high. It can be very expensive to provide this equipment.

Mr. Brandon wanted to know about the hospital patient census and the capacity rate.

Mr. Ferrell stated that Medicare handed them their largest change in the 20 years he's been there with patient criteria to the specialty hospitals. They will only allow them now to take patients that have been in an ICU for three days or more or on a ventilator. And so they've wiped out a large population of patients that before they would pay for. And that was effective early January 2016.

Mr. Ferrell maintained that their secondary plan, if this does not change within the next 12 months, they will probably come back looking to convert 35 of those beds to skilled nursing and further help with that 288 patients outside of the District.

Ms. Clemmons wanted to know what percentage of their population come from Ward 8.

Mr. Ferrell stated that their number one referring source is UMC. They received 271 admissions in 2017. Compared to Washington Hospital Center, 171.

Mr. Ferrell maintained that they have a very good working relationship with UMC. Any of their patients that need short-term acute hospitalization go to UMC, so they have a transfer agreement with them.

Ms. Downer wanted to know if they have a relationship with Howard University.

Mr. Ferrell stated that Howard is probably the fourth largest referral source that they have. They don't have an official affiliation with Howard other than a transfer agreement between their two facilities.

Mr. Brandon wanted to know what facilities do they have for dialysis and what's the utilization.

Mr. Ferrell stated that they have a dialysis provider who comes into the building and provides dialysis to the hospital patients and they pay them so many dollars per treatment.

Vote

The PRC agreed to accept staff's recommendation to approve the project.

B. Plant the Seed Youth Treatment Services, LLC – Establishment of a 15-Bed In-Patient Residential Substance Abuse Treatment Program for Youth Certificate of Need Registration No. 17-7-5

Mr. John Clark, the lead analyst for the project, stated that Plant the Seed Youth Treatment Services (PTS) was established in 2017 with an administrative and drug treatment staff who have more than two years of experience in the District and other agencies which provides drug treatment services. The staff have been client directors, nurses, clinical care coordinators, psychiatrists, psychologists, social workers and drug treatment counselors.

Mr. Clark stated that PTS is proposing a 15-bed inpatient substance abuse treatment program for youth aged 13 through 20. It will contain nine bedrooms and six and a half bathrooms. It will be located within the Marshall Heights community in Ward 7. The site is bordered by Benning Road, Southern Avenue, and East Capitol Street. It's easily accessible by public and private transportation and it's near the Benning Road metro station.

According to Mr. Clark, the D.C. Department of Behavioral Health (DBH) has determined that the American Society of Addiction and Medicine's level three treatment regimen is the appropriate level of care for a significant number of youth in the District who are in need of drug treatment services.

Mr. Clark stated that in support of DBH's determination of need for youth residential treatment, the Applicant cites national statistics which rank the District as either second or third highest of all the large urban areas for certain categories of illicit drug use among youth.

Mr. Clark then said that having a crisis which is heightened by CDC findings during 2013 that 41 percent of juvenile rescues in the District tested positive for marijuana. The 2010 census reported that one in every five District residents is an adolescent between 10 and 24 years old with 53 percent of that population being children, youth, and young adults in Wards 7 and 8.

According to Mr. Clark, a level three treatment regimen which DBH prescribes and which the Applicant proposes to offer includes 25 hours of treatment services per week for a period of up to 28 days, a 24-hour supportive treatment environment in which to initiate and continue the individual recovery process, at least 20 hours of additional complex treatment services, and have the ability to accommodate patients who have co-occurring or severe social interpersonal impairments caused by substance abuse and/or interaction with the criminal justice system.

Mr. Clark stated that since the nearest treatment facility is located in Baltimore, DBH has been forced to place District youth in a facility which prevents parents from participating in the treatment cycle and limits access to coordinated local after-release treatment from inpatient treatment through local outpatient services.

Mr. Clark maintained that through a coordination with the school system for age-appropriate education services, PTS maintains affiliated provider agreements with court services, the family division, juvenile probation, child and family services, outpatient treatment services, Sasha Bruce Youthwork, prevention centers in all wards and Psychiatric Institute of Washington.

Mr. Clark stated that during preparation of the application, PTS states that it presented its proposal to the ANC 7E for consideration in its October 2017 meeting. In an email dated January 23, 2018, the ANC informed SHPDA that at its January 28, 2018 meeting that it had unanimously voted not to support the proposed project.

According to Mr. Clark, the Zoning Board recommended, along with the D.C. Office of Planning, that the application be approved because it would not cause either congestion or traffic delays.

Mr. Clark stated that as a result of this combination of circumstances, the SHPDA has recommended approval of the application because it is the only location in the city that will provide inpatient care.

Presentation by the Applicant

Mr. Mike Davis, CEO for Plant the Seed Youth Treatment Services, stated that they are proposing a 15-bed inpatient residential treatment program for youth. This proposed program is located at 5212 Astor Place, S.E. DCRA designated them not as a community-based institutional facility but designated them as a healthcare facility. So, they're providing a healthcare service to the community.

Mr. Davis stated that he's director of an adult residential treatment program. He has a view of what the city faces in terms of drug and alcohol use and the problem that it faces which transcends to youth also. He maintains that treatment works, and he sees it work over and over again in the adult community. He believes that it would work in the youth community, providing they have this level of care.

According to Mr. Davis, they're not trying to add an additional program into that community. What they're trying to do is replace an educational program that had dissolved at that location.

Mr. Davis stated that they want to provide a solution to a glaring problem, and that problem is that the youth in D.C. are having a difficult time with drug and alcohol use. And inpatient care is essential for services to be complete and for the D.C. residents to receive a system of care for their youth. And they want to be able to provide and be a part of a linkage to that system of care.

Ms. Catherine Davis, Administrator, stated that nationally, the National Institute of Drug Abuse has found that 41 percent of arrestees that are youth test positive for marijuana.

Ms. Davis stated that 53 percent of D.C. children, youth, and young adults live in Wards 7 and 8. One in every five D.C. residents is an adolescent between the ages of 10 and 24. The poverty level data shows that consistently more children live in poverty in the District of Columbia compared to the rest of the nation, particularly in Wards 7 and 8.

According to Ms. Davis, the rate of youth placed in juvenile detention and correctional facilities is also consistently higher than the national average. In 2010, residential placements were twice as high as the nation.

Ms. Davis then said that among high school students, the following rates are consistently higher than the national average. For those using marijuana for the first time before the age of 13 is 11 percent. Having used marijuana during their lifetime is 43 percent. Having used marijuana during the last 30 days is 26 percent and had a least one drink of alcohol or more - one or more days of their lives is 65 percent. And these rates are consistently higher than the national average

Ms. Davis stated that there are only four outpatient services servicing youth in D.C. - one in Ward 1, one in Ward 4, one in Ward 6, and one in Ward 8. There are no residential services addressing the crisis of substance abuse in D.C. There are also no outpatient services for youth in Ward 7 which is the ward they're proposing to open this residential service.

Mr. Davis stated that in a substance abuse inpatient treatment clinical environment, you have an assessment diagnostic done by a licensed practitioner. You have a substance abuse counseling done by certified addictions counselors who are certified by the District of Columbia who use a personalized approach.

Mr. Davis maintained that clinical care coordination is done to ensure that the individual has a continuity of care plan that puts them back in the community and the resources and services that are in the community are readily available to them.

Mr. Davis then said that there is case management that supports the clinical care coordination and crisis intervention not just for the individual client but also for the family.

Mr. Davis maintained that they have a 24-hour surveillance that's both through audio-visual cameras on the outside. At no time are they left unsupervised. They have clinical staff during the daytime, and professional monitoring staff in the afternoon. Overnight would be ratioed according to the regulations with the District of Columbia Chapter 63 which says that there should be at least three supervised adults who are paid staff overnight while the residents are in quarters.

Discussion

Mr. Brandon wanted to know who owns the house and will they be leasing the property.

Mr. Davis stated that the house is owned by Godwin and Joyce Ukwuani. They live right next door. It's an adjoining property. He built a 6,800 square foot residence and having two adjoining residences. They're leasing 3,400 of that and Mr. Ukwuani has 3,400 that's his home.

Mr. Brandon wanted to know a little bit about the services that Mr. Davis is providing in the adult population and if he is doing any outpatient youth drug and alcohol counseling now.

Mr. Davis stated that he is and he's a clinical supervisor for a youth program for the agency that he works for.

Mr. Davis maintained that he also works as a consultant at Hillcrest Services with the largest youth outpatient program in D.C. that provides youth services, both mental health and substance use disorder. He was a consultant for them for over a year.

Mr. Brandon wanted to know what his role will be at this facility.

Mr. Davis stated that he's the CEO and a licensed practitioner. There will be other practitioners and he would also give his professional insight as a practitioner. But primarily, he would be the CEO to make sure that the culture of the program fits under Department of Behavioral Health and that they're compliant and making and meeting the regulations.

Ms. Bowens wanted to know if they would be licensed by the Department of Behavioral Health.

Mr. Davis stated that they would be licensed by the Department of Behavioral Health to provide addiction and substance abuse resources.

Ms. Bowens wanted to know his opinion as to why there's no existing facility to address the issues plaguing the youth.

Mr. Davis believes that there was a sense of denial within the community of Washington, D.C. that the issue wasn't really an issue. And now that it's become an issue that they see or recognize and so he believes that the District of Columbia is doing the right thing in saying, they need to provide this service for their own youth in our own city at this time.

Ms. Bowens wanted to know beyond marijuana, what are the drugs of choice that you're seeing and preparing for with this group of kids that they're going to be bringing in.

Mr. Davis stated that K-2 which is a synthetic drug and is a generic drug for marijuana. This drug is potentially dangerous. They're seeing youth OD'ing. They're coming into the hospitals unconscious, and with bizarre behaviors because of this synthetic drug.

Dr. Davis then said that Molly is a drug that's putting youth at high risk because of its sensitivity to sexual problems. A lot of youth participate in a lot of sexual activity or are promiscuous and using unprotected sex. And they would also provide sex education to inform them about HIV, the different choices that are being made in terms of being sexually responsible.

Ms. Bowens wanted to know what their strategic plan is with respect to being financially sustainable.

Mr. Davis stated that they will be reimbursed through Medicaid and through DBH.

Ms. Kelly wanted to know how the youth will be referred to them.

Mr. Davis stated through court services, walk-ins, DBH, child family services, outpatient programs and schools. The Board of Education may identify a child in school who's having a problem with drugs and alcohol. Every arm that touches a youth in D.C. would have the opportunity to participate in this residence program.

Ms. Kelly wanted to know how they will determine a child is having a problem with drugs and will they be treating specific modalities and how will they handle the wide variety of youth that might come into the center from various places

Mr. Davis stated through individualized treatment planning.

Ms. Kelly wanted to know what they meant by the zoning board approval was suspended.

Mr. Davis stated the zoning board approved the increase from six residents because they could only provide six in the residence in terms of occupancy. They approved that to 15. So when you talk about space, accommodations, structural accommodations, the zoning board said that not only can they do 6, they can do 15.

Mr. Davis then said that the zoning board suspended the approval until March 21st to give the ANC an opportunity to speak at that time.

The PRC had concerns with regards to blend of all the varieties of addictions in the same environment, will prescribers for medications for treatment be onsite and how will current illnesses be handled.

Mr. Davis stated that they have a contractual nurse that comes in and would provide that.

Ms. Clemmons wanted to what model they are using and what guarantees of success are they predicting.

Mr. Davis stated that the Department of Behavioral Health has laid out a plan in terms of how a program should operate from what's needed infrastructurally and what's needed evidence-based-wise and we're providing services that are clinically appropriate and that they're going to be provided by those who are certified under the District of Columbia.

Dr. Downer wanted to know if they have a disaster emergency plan.

Mr. Davis that they have a disaster emergency plan that's located in their policy.

Ms. Downer wanted to know if they had a plan for the residents after they finish the program.

Ms. Davis stated that they are interested in having a mentorship program so that each individual that leaves the program will have a mentor assigned to them and they have continuity of care.

Continuity of care with other agencies, to meet the needs of the individuals will be established through the course of the treatment.

Mr. Dontrell Smith stated that he is Commissioner of 7E-06 where the facility is potentially being located.

According to Mr. Smith, the reason why this was suspended in regards to the Office of Zoning was the initial hearing for zoning was in January. And on the record the next scheduled hearing was set for March 21st, but they moved it up to February 21st without notification.

So, because the ANC was not properly informed of the change of the date, so therefore, on the record, they have retracted their statement from the date of February 21st off the record and they're going to re-hear the whole statement because the ANC as well as no one from the community was present because of the error on their part.

Mr. Davis stated he has also provided the resolution that was submitted to the Office of Zoning in regards to the application for the increased occupancy from 6 to 15.

Mr. Davis stated that after talking to the Applicant, and going out and talking to the community, the ANC as a whole commission do not support it.

Mr. Brandon wanted to know if Marshall Heights would get party status.

Mr. Smith stated that they had before the initial application which was in January. They weren't able to. But they said due to the case, they will be able to speak at the next

zoning hearing. So Marshall Heights said the association is also in line with this process of not having Plant the Seed facility within this area.

Mr. Brandon stated that he has more questions and maybe they should get more information on the program.

Ms. Bowens stated that she believes that there is a need and this type of service don't exist. She maintains that as much as she believes this is important, she is concerned about setting up something for failure because they don't have enough information about the model.

Mr. Brandon stated that he would suggest that they defer for two months so that they will have information about zoning so the community can have more input.

He then said that they can get more information from the Department of Behavioral Health about what they believe is the right program for residential facility for youth and then get more information from the Applicant.

Vote

The PRC agreed to defer the vote until May until they receive additional information.

VI. Unfinished Business

There was no unfinished business.

VII. New Business

There was no new business.

VIII. Public Comment

There was no public comment.

IX. Plan Development and Implementation Committee Report

The Committee talked about meeting to discuss some priority areas to get started on implementation of the Plan.

X. Adjournment

The meeting was adjourned at 8:29 p.m.

**PREPARED BY
DEPARTMENT OF HEALTH
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
899 North Capitol Street, N.E.
Washington, D.C. 20002**