

Providence Alaska

Certificate of Need Application

**Proposing to Expand Behavioral Health Services at the
Providence Youth Behavioral Health Center**

Original Submission: December 5, 2025

Revised Submission: March 5, 2026

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- Exhibit 5: Charity Care Financial Assistance Policy
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- Exhibit 9: Major Position Requirements
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- Exhibit 11: Valuation of Building
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Section I. General Applicant Information

On the following page is a form that must be completed and signed for each application.



CERTIFICATE OF NEED APPLICATION

APPLICANT IDENTIFICATION AND CERTIFICATION OF ACCURACY

1. Applicant Identification

Facility Name Providence Youth Behavioral Health Center	Medicaid Provider Number Pending
Facility Address (Street/City/State/Zip Code) 3760 Piper St. Suite LL-139 Anchorage, AK 99508	Medicare Provider Number Pending
Name and mailing address of organization that operates the facility (if different from above) Providence Health & Services - Washington 1801 Lind Ave. SW Renton, WA 98057	
Facility Administrator (Name, title, mailing address, City/State/Zip) Carla MacGregor Senior Director, Behavioral Health 3260 Providence Drive Suite C-525 Anchorage, AK 99508	Telephone 907-317-1813 Facsimile: N/A E-mail carla.macgregor@providence.org
Applicant (Name, title, mailing address, including City/State/Zip Code) Providence Health & Services - Washington 1801 Lind Ave. SW Renton, WA 98057	Telephone 425-687-3700
Principal Contact Person (Name, title, physical address, mailing address, including City/State/Zip Code) Carla MacGregor Senior Director, Behavioral Health 3260 Providence Drive Suite C-525 Anchorage, AK 99508	Telephone 907-212-5147 Mobile Phone 907-317-1813 Facsimile: N/A E-mail carla.macgregor@providence.org

2. Ownership Information

A. Type of Ownership (check applicable category)

<input type="checkbox"/> For profit: individual	<input type="checkbox"/> Not for profit: government
<input type="checkbox"/> For profit: partnership	<input checked="" type="checkbox"/> Not for profit: corporation
<input type="checkbox"/> For profit: corporation	<input type="checkbox"/> Other (specify): _____

B. List of all Owners (Page 2 of application)

C. Accreditation Information (Page 2 of application)

3. Agreement to participate in the Uniform Statewide Reporting System

I hereby agree to participate in the uniform statewide reporting system required under AS 18.07.101 when requested to do so under 7 AAC 07.105(c).

4. Certification of Accuracy by Certifying Officer of the Organization

I hereby certify that the information contained in this application, including all documents that form any part of it, is true, to the best of my knowledge and belief. I agree to provide, within 60 days from receipt of a request from the department under 7 AAC 07.050(b), any additional information needed by the department to make a decision.

Name Carla MacGregor	Title Senior Director, Behavioral Health
Signature 	Date 3/4/26

For Part 2.B. of the application form, provide the following ownership information under each requirement, using as much space as necessary to provide complete information:

(1) For individual owners and partnerships, list the names, titles, organizational name, mailing and street addresses, and telephone and facsimile numbers of the owner or partners.

- Owner: Providence Health & Services – Washington
- Mailing address: 1801 Lind Ave. SW, Renton, WA 98057
- Phone: 425-687-3700

(2) For corporations, list the names, titles, and addresses of the corporate officers and Board of Directors. If the facility is a subsidiary of another company or has multiple owners, provide the names and addresses of the all of companies that have ownership in the facility.

Table 1: Providence Health & Services Board of Directors

Name	Address
Mike Murphy (Chair)	1801 Lind Ave. SW, Renton, WA 98057
Dick Blair	1801 Lind Ave. SW, Renton, WA 98057
Sr. Linda Buck, CSJ	1801 Lind Ave. SW, Renton, WA 98057
Isiaah Crawford, PhD	1801 Lind Ave. SW, Renton, WA 98057
Sr. Karin Dufault, CSJ	1801 Lind Ave. SW, Renton, WA 98057
Sr. Diane Hejna, CSJ	1801 Lind Ave. SW, Renton, WA 98057
Phyllis Hughes, RSM	1801 Lind Ave. SW, Renton, WA 98057
Mary Beth Kingston, PhD, RN	1801 Lind Ave. SW, Renton, WA 98057
Mary Lyons, PhD	1801 Lind Ave. SW, Renton, WA 98057
Sr. Donna Markham, OP, PhD	1801 Lind Ave. SW, Renton, WA 98057
Marvin O’Quinn	1801 Lind Ave. SW, Renton, WA 98057
Omar Riojas, JD	1801 Lind Ave. SW, Renton, WA 98057
Charles Sorenson, MD	1801 Lind Ave. SW, Renton, WA 98057
Eric Sprunk	1801 Lind Ave. SW, Renton, WA 98057
Erik Wexler (ex-officio)	1801 Lind Ave. SW, Renton, WA 98057

(3) For governmental or other nonprofit owners, list the names and addresses of hospital board members.

The Providence Alaska Region Board provides leadership in operational performance, strategic development and oversight of the Providence organizations and ministries in the region. Please see Table 2 Providence Alaska Regional Board for a list of members on the Providence Alaska Region Board.

Table 2. Providence Alaska Regional Board

First Name	Last Name	Credentials	Membership Position
Scott	Wellman	MD	Chair
Donna	Logan		Vice Chair
Thomas (Tom)	Barrett		Secretary
Sharolyn	Baldwin	MD	Board Member
Patricia (Pat)	Branson		Board Member
Laura	Bruce		Board Member
Carol	Gore		Board Member
Jyll	Green		Board Member
John	Hill		Board Member (interim)
Karen	King		Board Member
Greg	Norkus	MD	Board Member
Paul	Nutter	MD	Board Member
Brian	Pinkston		Board Member
Pamela (Pam)	Shirrell	RN	Board Member
Shara	Sutherlin		Board Member
Jeffrey (Jeff)	Wolf		Board Member
Jenny	Smith		Board Liaison

For Part 2.C. of the application form, provide the following information:

Is this facility accredited or certified by a recognized national organization?

Yes

No

The previous facility, the Providence Crisis Recovery Center, was licensed and accredited by The Joint Commission as a Level 2 Residential program. As part of the current licensure and accreditation process, the facility is undergoing the necessary physical, operational and clinical modifications to meet the requirements for licensure as a Level 5 Residential Psychiatric Treatment Center (RPTC). Providence intends for the facility to be Joint Commission-accredited at the time of opening, and all required steps toward accreditation are underway. In addition, as part of the facility licensure process, Providence intends for this program to be certified with Medicaid and Medicare, and all required steps toward certification are in progress.

If yes, identify the organization, the date of accreditation or certification, and attach as an appendix to this application a copy of the most current accreditation or certification.

Not applicable.

Section II. Summary Project Description

Providence has a longstanding history of meeting Alaska’s behavioral health needs across the full continuum of care through its Providence Community Behavioral Health (PCBH) department – delivering services that range from school-based programs to post-acute and residential treatment. PCBH’s work is centered on addressing community behavioral health needs with a strong focus on reducing social inequities and health disparities. Expanding youth services directly supports Providence’s Mission of serving all.

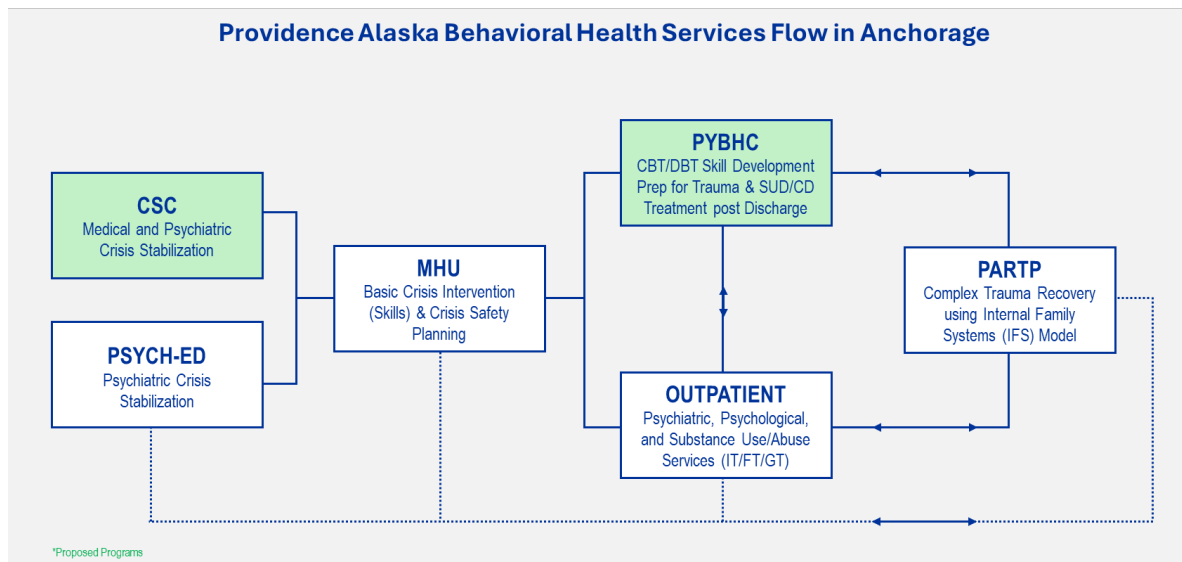
The proposed facility involves reopening a previously closed unit – the former Medicaid 1115 Waiver Level 2 residential Crisis Recovery Center (CRC) – and transforming it into a Level 5 Residential Psychiatric Treatment Center (RPTC), named the Providence Youth Behavioral Health Center (PYBHC). PYBHC will provide intensive, 24/7 onsite psychiatric care for adolescents ages 12–17 who require continuous safety monitoring and structured therapeutic support in a residential setting.

The center will operate within the existing facility, which already includes psych-safe furnishings and requires minimal equipment purchases. Renovations will be limited to refreshing common areas, including replacing 3,099 square feet of carpet and performing patch-and-paint work as needed. The facility will maintain its 16-bed capacity, including two beds compliant with ANSI-A117 accessibility standards. This proposed expansion is essential to closing current gaps in youth behavioral health services within the community.

PYBHC Relationship with Other Providence Behavioral Health Programs

The Providence Behavioral Health system is composed of various outpatient, inpatient and residential treatment care and crisis stabilization programs for adolescents and adults. The proposed PYBHC program is intended to provide a bridge between crisis stabilization and comprehensive residential trauma healing and recovery treatment. The proposed CSC program is intended to bridge a treatment gap by providing “no-wrong-door,” immediate crisis care for patients who would normally be boarded for long periods of time in overburdened emergency rooms.

Figure 1: Providence Alaska Behavioral Health Services Flow in Anchorage



In terms of the relationship between the proposed PYBHC program and other Providence Behavioral Health programs, the Psychiatric Emergency Department, Providence outpatient program, proposed CSC program, and Mental Health Units will provide patient referrals, when clinically indicated, to the proposed PYBHC program. The proposed PYBHC program will provide referrals to the clinically appropriate outpatient program, Mental Health Unit and Providence Adolescent Residential Treatment Program. Shared access, standardized criteria, warm handoffs, common clinical pathways and integrated quality management ensure the Providence Behavioral Health programs function cohesively and sustainably while improving access and outcomes for Alaska youth and families.

- **The Crisis Stabilization Center (proposed CSC program)** will provide crisis services for adults only. Its connection to PYBHC is expected to be limited to supporting family members when appropriate and providing referrals to other Providence Behavioral Health programs as is clinically indicated. While Medicaid billing mechanisms are in place under the Medicaid 1115 Waiver services, Providence is still developing contracts with additional insurers to ensure long-term sustainability.
- **The Psychiatric Emergency Department** is a 7-bed outpatient psychiatric emergency department program that provides crisis services for adults and youth. Its connection with PYBHC is expected to be limited to providing referrals to other Providence Behavioral Health programs as is clinically indicated.
- **Providence Youth Behavioral Health Center (proposed PYBHC)** is designed as an intensive residential treatment program to develop Cognitive Behavioral Therapy/Dialectical Behavior Therapy skill sets for youth and family members who are deemed by licensed professionals to need a higher level of care than outpatient treatment services to maintain safety while building self-regulation skills in preparation for outpatient treatment services post-discharge. The PYBHC programming will have a strong emphasis on mastery of critical

foundational skills necessary for complex trauma and substance use/abuse treatment post-discharge. Skill-building is expected to occur during individual, family and group therapy and within a structured curriculum-based family education and activity program. The PYBHC is intended to fulfill a community treatment need (a treatment continuum of care gap) critical to improving overall treatment outcomes by providing a skill-based treatment bridge between crisis stabilization and comprehensive residential healing/recovery treatment. Its connection with other Providence Behavioral Health programs is to receive referrals from the other programs and to submit referrals to the Providence outpatient programs and the PARTP.

- **The Providence Adolescent Residential Treatment Program (PARTP)** is Providence’s existing 10-bed Level 5 RPTC program that delivers complex trauma recovery treatment including a structured family therapy component with a strong emphasis on the use of the Internal Family Systems (IFS) treatment model. This model helps residents and family members walk through the healing journey together with intensive support from staff to help navigate the challenges faced throughout the healing process. Its connection with PYBHC is expected to be acceptance of referrals from PYBHC when treatment needs, as assessed by the treatment team, to require a structured residential program for an extended period of time to successfully transition through the healing process and before transitioning to outpatient treatment in a Lower Level of Care setting.

Table 3: Relationship Between CSC, PYBHC and PARTP

	CSC	PYBHC	PARTP
Operations:	“No-wrong-door” Dual programs for Medical and Psychiatric Crisis Stabilization for Adults (23-hour Crisis Stabilization and 1–5-day Crisis Residential)	12-17 y/o Males and Females 30-60 days Trauma-Informed Care Model with heavy emphasis on BCBT/CBT/DBT skill-building in preparation for in-depth trauma therapy	13-17 y/o Females 12-month program Trauma-Informed Care Model with heavy emphasis on Internal Family Systems (IFS)
Billing	Medicaid 1115 Waiver Services	Level 5 coding billing	Level 5 coding billing
Service Status	New Service	New Service	Existing Service
Sustainability	Reimbursement is supported by CMS approved Medicaid 1115 waiver authority with ongoing work to align services with commercial payer requirements.	Established third party reimbursement	Established third party reimbursement

In summary, Providence’s proposed PYBHC program brings critical residential psychiatric care capacity back into Alaska’s youth behavioral health system by leveraging an existing facility that

previously housed patients with psychiatric needs and aligning care with evidence-based, trauma-informed practices. The PYBHC is intended to bridge a gap between crisis stabilization and comprehensive residential healing/recovery treatment. Through its integration with existing Providence Behavioral Health programs, the PYBHC program will strengthen a coordinated continuum that ensures adolescents receive the right level of care at the right time, supported by seamless transitions and shared clinical oversight. This unified approach not only improves access and treatment quality but also enhances sustainability through shared staffing, efficient resource utilization, and established billing pathways. Together, these programs advance Providence’s longstanding commitment to addressing youth behavioral health needs statewide with compassion, quality and continuity.

Provide a one-page summary of the proposed project including:

(1) A brief description of each proposed service, including whether equipment will be purchased or replaced and a list of that equipment.

The proposed Providence Youth Behavioral Health Center (PYBHC) is a Level 5 Residential Psychiatric Treatment Center (RPTC) within Providence’s youth behavioral health continuum. PYBHC is intended for at-risk adolescents ages 12–17 deemed by independently licensed providers to require 24-hour supervised psychiatric care to maintain psychological and physical safety and intensive structured therapeutic treatment and intervention support to learn critical self-regulation skills to effectively function in social settings (e.g., school, family, friendships, etc.) without the need for extensive residential placement.

PYBHC provides residential psychiatric treatment within a structured Level 5 setting, with lengths of stay that vary based on individual clinical need. The PYBHC intensive therapeutic treatment and intervention support services focus on the following:

- *Establishing safety*
 - **Physical safety** through daily milieu management strategies that include but are not limited to 1) assess the environment (Life Safety Environment of Care – LS-EOC staff rounding) at least twice per day, 2) closely monitors all personal items brought into the facility by residents and visitors (structured belongings inventory process), and 3) use of evidence-based de-escalation practices (i.e., CPI).
 - **Emotional safety** through daily therapeutic interventions based on trauma-informed care standards of care practices to help residents and family members through challenges inherent to residential treatment placement. These include difficulties and hardships families face when a family member is living outside of the home while in treatment.
 - **Psychological safety** through individualized therapeutic interventions such as the development of an individualized Crisis Safety Plan (CSP) for each resident during the admission process and consistent reviewing and revising throughout the treatment stay to ensure that the resident and applicable family members have access to a strategic plan to help the resident safely self-regulate when faced with challenges throughout the treatment and discharge processes.

- *Establishing and maintaining stabilization*
 - Maintain a safe and structured therapeutic environment that ensures a consistent and predictable therapeutic activity schedule, clear expectations and active supportive staff engagement with residents (and families) throughout the day and evening with limited unstructured or structured in-room time.
 - Regularly encourage residents' use of the current personal Crisis Safety Plan (CSP) and closely monitor the effectiveness of the CSP, working collaboratively with the resident and family to make meaningful revisions when clinically appropriate.
- *Skill development*
 - Therapy groups (i.e., process group therapy, Cognitive Behavioral Therapy (CBT) /Dialectical Behavioral Therapy (DBT) skill-based psychoeducational groups) facilitated by highly trained and independently licensed and/or certified staff intended to help residents develop skills necessary to successful re-integration into the community/family and critical to more intense trauma-informed treatment post-discharge from PYBHC.
 - Intensive family education program to teach effective communication, problem solving and conflict resolution skills, strategies and principles intended to improve family functioning.
 - Resident therapeutic activity workbooks provide structure and guidance through the treatment process as well as allow the residents to see progress toward meeting their treatment goals and objectives.
- *Family engagement*
 - Family engagement is not only encouraged through the intensive family education program mentioned above but also through regularly scheduled times for in-person visits and phone calls when clinically indicated. Families are also encouraged to closely collaborate with staff (and residents) regarding treatment and discharge planning.

Only minor equipment purchases are required for the project, mostly related to IT/IS requirements. PYBHC will operate within the recently vacated Level 2 Crisis Recovery Center space, which already contains psych-safe furniture, fixtures and design features appropriate for a secured behavioral health environment. Only minor cosmetic updates (patch-and-paint and carpet replacement) are planned.

In summary, the PYBHC program serves adolescents who require a residential therapeutic level of care to address immediate safety-related behavioral health needs and to support a safe and effective transition to the next appropriate level of care, whether outpatient services or extended residential treatment.

(2) The number of square feet of construction/renovation.

Renovation will consist of a refresh to the common areas of the existing suite. Scope of work to be done is carpet replacement for 3,099 square feet and patch-and-paint where required.

(3) The number and type of beds/surgery suites/specialty rooms.

There will be 16 residential care beds, 2 of which comply with ANSI-A117 for accessibility, at the time of opening.

(4) Services to be expanded, added, replaced, or reduced.

The program will add 16 Level 5 Residential Psychiatric Treatment Center (RPTC) beds.

(5) The total cost of the project.

The proposed project involves repurposing an existing Providence-owned facility within the Providence Region Building at 3760 Piper St. in Anchorage, Alaska. Because both the building and the underlying land (Providence - Chester Creek Tract A, owned by Sisters of Providence & Providence Health System) are existing Providence assets, there are no acquisition or land purchase costs.

Direct Project Costs

The direct project costs are the following:

- **\$90,000 in operating costs** for modest renovations, including carpet replacement (3,099 square feet) and patch-and-paint of common areas. This amount includes labor, materials, and minor finish upgrades. These costs will be fully absorbed within the operating budget.
- **\$319,860 in capital costs** associated with implementing a new Electronic Medical Record instance, updating network closets, installing a new camera monitoring system, etc. Please see Exhibit 12 for a detailed list of capital expenses. All of these costs will be fully capitalized.
- **Total direct project costs: \$90,000 + \$319,860 = \$409,860**

Valuation of Building

To meet the requirements of 7 AAC 07.010, Providence elected to calculate the facility expenditure under 7 AAC 07.010(a)(7), which requires determining the value of applicant-owned space as if it were leased. This valuation is based on the net present value (NPV) of lease payments over the remaining useful life of the asset.

The calculation uses:

- The total lease payments over the asset's useful life
- Less the total lease payments corresponding to the asset's existing age
- Remaining useful life, as defined in the 2023 Estimated Useful Lives of Depreciable Hospital Assets

Because the 2008 edition of the Estimated Useful Lives manual is not readily available, Providence applied the 2023 edition instead.

The valuation steps are as follows:

- **Step 1: A)** Calculate total lease payments over the full useful life of the asset (40 years):
 - **\$22,145,835**
- **Step 2: B)** Calculate the total lease payments associated with the asset's existing age (19 years):
 - **\$7,376,986**
- **Step 3: C)** Compute the difference between the two to determine remaining lease payments:
 - **\$22,145,835 (A) - \$7,376,986 (B) = \$14,768,849 (C)**
- **Step 4: D)** Calculate the Net Present Value of the remaining lease payments using a discount rate of 7.0%:
 - **\$7,090,670 (D)**

Final Valuation of Building = \$7,090,670

Please see Exhibit 11 for details on the valuation of the building, including all assumptions.

(6) How the project will be financed.

The paint and carpet will be financed by the Providence Health & Services operating budget. Please see Exhibit 1 for the Cost Estimates for Paint and Carpet improvements prior to opening.

(7) Estimated completion date.

The estimated completion date will be one month after CON approval, estimated at (end of Q2 2026). Providence is prepared to open earlier dependent on the CON approval timeline.

Section III. Description of Facilities and Capacity Indicators

A. Proposed changes in service capacity. Provide either the number of beds, surgery suites, rooms, pieces of equipment, or other services.

Table 4. Proposed Changes in Service Capacity, PYBHC

Type of Service	Current Capacity	Added, Expanded, or Replacement Capacity	TOTAL PROPOSED CAPACITY
IN-PATIENT ACUTE CARE HOSPITALS			
Med/Surg Beds			
1-bed room/unit			
2-bed room/unit			
Other (list)			
ICU Beds			
Obstetrics Beds			
Pediatric Beds			
Acute Rehab Beds			
Obstetrics Beds			
Pediatric Beds			
Ancillary Services (list)			
BEHAVIORAL HEALTH CARE			
In-patient Acute Psychiatric Beds			
RPTC Beds		16	16
In-patient Substance Abuse Beds			
LONG-TERM CARE			
Acute Beds			
1-bed room/unit			
2-bed room/unit			
Other (list)			
Nursing Beds			
1-bed room/unit			
2-bed room/unit			
Other (list)			
DIAGNOSTIC AND DIAGNOSTIC IMAGING SERVICES			
CT Scanner			
MRI			
PET or PET/CT			
Cardiac Catheterization			
Emerging Med. Tech. (list)			

Type of Service	Current Capacity	Added, Expanded, or Replacement Capacity	TOTAL PROPOSED CAPACITY
SURGICAL CARE			
Ambulatory Surgery or Dedicated OP Suites			
Suites for IP & OP			
Endoscopy Suites			
Open-Heart Surgery			
Organ Transplantation			
Other Services (list)			
THERAPEUTIC CARE			
Radiation Therapy			
Lithotripsy			
Renal Dialysis			
Other (List)			
Total Capacity		16	16

B. Provide a detailed narrative description of each service identified in "A" above, including the type of change (addition, expansion, conversion, reduction, replacement, elimination). Include, as appropriate, detailed information relative to the scope and level of service.

The new facility will be a Level 5 Residential Psychiatric Treatment Center (RPTC) intended to provide intensive, 24-hour, onsite psychiatric care for youth ages 12-17 who require 24/7 safety monitoring and structured therapeutic support in a residential setting. It will provide medically necessary mental health services under the direction of a board-certified physician. This program is designed for short-term stays, typically between 30 and 60 days, and offers a comprehensive range of psychiatric and therapeutic services.

The proposed facility involves the reopening of a previously closed unit – the Level 2 Crisis Recovery Center – and its transformation into a Level 5 RPTC, now named the Providence Youth Behavioral Health Center. The PYBHC will operate within the former CRC facility, which is fully equipped with psych-safe furniture and does not require new equipment purchases. The scope of construction and renovation is limited to refreshing common areas, including carpet replacement for 3,099 square feet and patch-and-paint where necessary. The residential bed count will remain at 16, with 2 beds meeting ANSI-A117 accessibility standards.

C. Provide in the following table information regarding equipment to be purchased.

Please see Exhibit 12 that includes all capital costs. Exhibit 12 also includes minor equipment mostly required for IT/IS updates.

Table 5: Equipment to be Purchased

Equipment to be Purchased			
Equipment Description	Make	Model	Cost
See Exhibit 12	N/A	N/A	N/A

D. Provide in the following table information regarding equipment to be replaced or retired.

Table 6: Equipment to be Replaced or Retired

Equipment to be Replaced or Retired				
Equipment Description	Make	Model	Date Placed Into Service	Reason for Replacement or Retirement
Not applicable.	N/A	N/A	N/A	N/A

E. Describe replacement or upgrading of utilities including the electrical, heating, ventilation, and air conditioning systems.

Not applicable.

F. Describe the structural framing, floor system, and number of floors (including the basement).

The current space resides in the four-story Providence Region Building and is located on the Lower Level, which is at grade on the south side of the building. The building is type II-B with unprotected steel framing and 4” concrete on metal decking floors.

G. Total square footage in current facility/project.

The existing space occupies 14,306 square feet.

H. Total square footage of proposed facility/project.

The PYBHC will occupy the former CRC space, occupying 14,306 square feet.

I. Area per bed, service unit, or surgery suite (if applicable).

There are 16 beds in the center. Total bed area (patient rooms and in-room baths) is 2,681 square feet, with an average of 168 square feet per bed area. Individual bed areas range from a low of 163 square feet to a high of 187 square feet, with the two larger bed areas being ADA compliant. The table below provides individual bed areas, total bed area and average bed area.

Table 7: Patient Bed Area

Bed #	Area (sq ft)
Bed 1	170
Bed 2	164
Bed 3	164
Bed 4	164
Bed 5	165
Bed 6	164
Bed 7	164
Bed 8 (ADA)	187
Bed 9 (ADA)	186
Bed 10	163
Bed 11	164
Bed 12	165
Bed 13	165
Bed 14	164
Bed 15	165
Bed 16	167
Total	2,681
Average	168

Source: Providence

J. Percentage of total floor area used for direct service (non-bed activity).

Total bed area is 2,681 square feet out of the total 14,306 square feet for the facility, representing approximately 18.7% of total square footage ($2,681/14,306 = 18.7\%$). Out of the remaining 81.3% of total square feet, representing a total of 11,625 square feet, the breakdown of non-bed activity is represented below. Included in the table is a description of the intended use of those non-bed activity areas. In addition, please see Exhibit 10 for the floor plan that details the bed and non-bed activity.

Table 8: Non-Bed Activity

Non-Bed Activity	Sq. Ft.	Percentage
Patient Common Use (Classroom, Multipurpose Room, Dining Room and Lounges)	1,784	12.5%
Staff Area (Nurse Station; Break Room)	601	4.2%
Consult / Group / Conversation Rooms	855	6.0%
Offices (Admin and Clinical Staff Offices)	452	3.2%
Support (Housekeeping, Food Storage, Medication, Clean & Soiled Laundry, Storage, Utility)	952	6.7%
Visitor Waiting / Lounge	696	4.9%
All Other (Common Bathrooms, Corridors/Halls, Circulation, Open Areas, Vestibules, Receiving-Staging, Stairs, Electrical, Mechanical, and Communications Closets)	6,285	43.9%
Subtotal	11,625	81.3%
Patient Bedrooms + Adjoining Bathrooms	Sq. Ft.	Percentage
Patient rooms (inc, bathrooms)	2,681	18.7%
Total	14,306	100.0%

Source: Providence

K. Additional volume of service (non-bed activity) expected.

As PYBHC transitions from an initial average daily census of 6 patients in the first month to a stabilized census of approximately 12 patients in subsequent months, we anticipate a proportional increase in non-bed service activity. This includes greater utilization of housekeeping, laundry services, food services, storage, common areas (such as dining and recreation spaces), consultation and group therapy rooms, and classroom areas. The increase in the non-bed utilization aligns directly with the growth in patient volume growth and reflects the operational needs of a fully utilized short-term residential treatment program.

L. Provide a brief history of expansion and construction for the past five years, including new equipment purchases, additional beds, and new services. Describe how this project fits into the facility’s long-range plans, including potential projects planned for development within the next five years.

Providence continues its Mission of service in Alaska through Providence Community Behavioral Health (PCBH). As shown in Exhibit 2: Providence Alaska Behavioral Health Services Across the Continuum, PCBH focuses on addressing community needs through a wide

range of behavioral health programs spanning the entire continuum of care, with a special emphasis on the needs of people experiencing social inequities and health disparities. Providence has completed the following construction or expansion projects for this service line in the last five years:

- Construction on the Providence Crisis Stabilization Center (CSC), located on the first floor of the Providence Region Building, will be completed in the third quarter of 2026. The center will provide immediate, short-term intervention for adults experiencing acute behavioral health needs, offering 24/7 assessment, stabilization, medication support, and therapeutic care in a safe environment. The center is designed to divert individuals from emergency departments and inpatient hospitalization by delivering rapid, trauma-informed services and coordinating timely follow-up care. In planning for both the CSC and PYBHC, Providence analyzed gaps in the continuum of care as opportunities to target new programs.

Providence, on an ongoing basis, assesses the needs of the community and, wherever possible, seeks to align those needs with the provision of appropriate services. Based on analyses and output from the State of Alaska planning sites and collaborations, such as Healthy Alaska 2030,¹ Strengthening the System II: Alaska’s Comprehensive Mental Health Program Plan,² and other community assessments/planning documents, Providence believes the proposed project is aligned with the broader state plan to address gaps in mental health care within the community. In collaborative and internal planning documents, such as the Community Health Needs Assessment³ (“CHNA”), Providence has identified a set of priorities as it seeks to meet the community’s future health care needs. The expansion of behavioral health services was identified as a key priority that would meet the growing needs for the community, be financially viable, and make the most effective use of Providence’s existing assets and continuum of care, while right-sizing services for the community.

Providence has examined how to augment the behavioral health continuum of care in Alaska and has identified crisis stabilization services, walk-in clinic behavioral health urgent care, and short-term residential treatment as areas of opportunity in which to invest.

¹ https://srpfalaska.org/wp-content/uploads/2022/06/StateHealthImprovementPlan.HealthyAlaskans2030_Final.Revised_02_2022.pdf

² <https://health.alaska.gov/media/kjug4wx5/strengthening-the-system-ii-alaska-s-comprehensive-integrated-mental-health-program-plan-2025-29.pdf>

³ <https://www.providence.org/-/media/project/psjh/providence/socal/files/about/community-benefit/reports/2024chnaprovidencealaskamedicalcenter.pdf?rev=eea1801aadc245b79182183db6bfe1b3&hash=BF9E48434AB3417E6E6DC48E6560F38D>

Section IV. Narrative Review Questions

A. RELATIONSHIP TO APPLICABLE PLANS AND NATIONAL TRENDS

Indicate how the application relates to any relevant plans, including the applicant's long-range plans, appropriate local, regional, or state government plans, the current *Alaska Certificate of Need Review Standards and Methodologies*, adopted by reference in 7 AAC 07.025, and current planning guidelines of recognized national medical and health care groups. If the proposal is at variance with any of these documents, explain why. (See the department's website for state planning processes and materials and links to federal websites.)

The project is fully aligned with planning strategies that Providence has been conducting internally and is also consistent with the public behavioral health planning documents referenced in this application. There is a broad community consensus that there is a gap in behavioral health services for individuals of all ages, especially young people – a message reiterated by multiple health planning documents conducted in Alaska, many of which are cited in this application. In 2024, Providence Alaska Medical Center conducted a Community Health Needs Assessment⁴ to assess Anchorage's community needs. Access to the appropriate level of behavioral health care for youth was identified as a top health priority (p. 48).

An example of alignment with Alaska's long-range behavioral health planning efforts includes a review of Alaska's Comprehensive Integrated Mental Health Program Plan (Strengthening the System II 2025–2029).⁵ The plan, developed collaboratively by the Department of Health, Department of Family and Community Services, and the Alaska Mental Health Trust Authority, identifies 10 areas of focus, including Early Childhood and Youth, Services in the Least Restrictive Environment, and Workforce. These priorities emphasize expanding access to youth behavioral health services, reducing reliance on institutional settings, and ensuring care is delivered in the least restrictive environment possible. The proposed Providence Youth Behavioral Health Center directly supports these objectives by increasing in-state capacity for clinically appropriate care, reducing out-of-state placements, and integrating trauma-informed, family-centered approaches consistent with the plan's vision for equitable, community-based services.

In addition is the McKinley Research Group's 2025 assessment⁶ for Spirit of Youth that underscores the need for more robust behavioral health services across the continuum of care, including quality residential and crisis services. Additionally, the proposal complements the

⁴ <https://www.providence.org/-/media/project/psjh/providence/socal/files/about/community-benefit/reports/2024chnaprovidencealaskamedicalcenter.pdf?rev=eea1801aedc245b79182183db6bfe1b3&hash=BF9E48434AB3417E6E6DC48E6560F38D>

⁵ <https://health.alaska.gov/media/kjug4wx5/strengthening-the-system-ii-alaska-s-comprehensive-integrated-mental-health-program-plan-2025-29.pdf>

⁶ <https://www.spiritofyouth.org/wp-content/uploads/2025/03/Youth-Behavioral-Health-Needs-Assessment-3.26.2025.pdf>

Healthy Alaskans 2030 State Health Improvement Plan,⁷ which calls for improved access to behavioral health services and reduction of health disparities across Alaska.

In summary, the proposed project aligns with Providence’s long-range planning and with major state and community behavioral health plans. Alaska planning documents, including Providence’s 2024 Community Health Needs Assessment, identify youth behavioral health access as a major unmet need. The project also supports priorities in the state’s Comprehensive Integrated Mental Health Program Plan (2025–2029), which emphasizes youth services, least restrictive care settings, and workforce development. Findings from the McKinley Research Group’s 2025 assessment and the Healthy Alaskans 2030 plan further highlight the need for expanded behavioral health capacity. By increasing in-state residential treatment and providing trauma-informed, community-based care, the Providence Youth Behavioral Health Center advances these goals without conflicting with existing planning frameworks.

B. DEMONSTRATION OF NEED

1. Identify the problems being addressed by the project. For example, identify whether this project is for (a) a new service; (b) an expanded service; or (c) an upgrade of an existing service.

The proposed activity is a new service that would involve the reopening of a previously closed unit – the Level 2 Crisis Recovery Center (CRC) – and its transformation into a Level 5 Residential Psychiatric Treatment Center (RPTC), now named the Providence Youth Behavioral Health Center. The PYBHC aims to provide intensive, 24-hour, onsite psychiatric care for children and adolescents ages 12-17 who require 24/7 safety monitoring and structured therapeutic support in a residential setting. The PYBHC will operate within the former CRC, which is fully equipped with psych-safe furniture and does not require new equipment purchases. The scope of construction and renovation is limited to refreshing common areas, including carpet replacement for 3,099 square feet and patch-and-paint where necessary. The residential bed count will remain at 16, with 2 beds meeting ANSI-A117 accessibility standards.

This project addresses a shortage of access for adolescent behavioral health residential treatment beds in Alaska. It represents an expanded service at a new location, as Providence currently operates residential treatment programs and seeks to increase capacity to meet documented statewide demand.

2. Describe whether (and how) this project (a) addresses an unmet community need; (b) satisfies an increasing demand for services; (c) follows a national trend in providing this type of service; or (d) meets a higher quality or efficiency standard.

The proposed project is designed to address an unmet community need specific to high-acuity yet short-term residential beds. This service will also help ensure higher quality, more efficient clinical pathways.

⁷ https://srpfalaska.org/wp-content/uploads/2022/06/StateHealthImprovementPlan.HealthyAlaskans2030_Final.Revised_02_2022.pdf

To address unmet community need, the Providence Youth Behavioral Health Center will increase access for a critical gap in Alaska’s behavioral health system by creating high-acuity, short-term residential beds for youth – a service currently unavailable in sufficient capacity. Statewide planning documents, including the Behavioral Health Roadmap Project for Alaska Youth⁸ and the Child and Adolescent Behavioral Healthcare Improvement Project,⁹ identify this expansion as a top priority to reduce out-of-state placements, improve outcomes and ensure compliance with federal requirements. Current challenges include long wait times, limited regional access and gaps in culturally responsive care. By increasing bed capacity, the project will allow youth to receive treatment closer to home, shorten hospital stays and transition more quickly to clinically appropriate, cost-effective settings.

This initiative responds to growing demand for timely, integrated behavioral health services and aligns with national trends emphasizing trauma-informed, least-restrictive and evidence-based care. The PYBHC will deliver a higher standard of quality and efficiency through a holistic model that blends medical, behavioral, developmental and recovery-oriented practices. Treatment is individualized, strength-based and culturally responsive, supporting emotional safety, resilience and long-term recovery. For additional information on model of care to be provided at the proposed facility in Exhibit 3 PYBHC Handbook.

PYBHC’s staffing structure reflects this integrated approach, with board-certified psychiatrists, registered nurses, licensed clinicians and mental health specialists providing comprehensive care. A dedicated leadership team ensures clinical oversight and consistency across all environments. Family engagement is central to the program, with structured opportunities for participation in therapy and activities to strengthen connections and prepare for successful reintegration into the community. This model not only fills a critical gap but also complements existing and emerging services, creating a seamless continuum of care for Alaska youth and families.

3. Describe any internal deficiencies of the facility that will be corrected, and document which of these deficiencies have been noted by regulatory authorities. Note any deficiencies that will not be corrected by this project, what efforts have been taken to correct the deficiencies, and how this project will affect the deficiencies. Attach any pertinent inspection records and other relevant reports as an appendix to the application.

Not applicable. There are no internal deficiencies that require correction. The only updates to the facility are minor project costs related to paint and carpet.

4. Identify the target population to be served by this project. The "target population" is the population that is or may reasonably be expected to be served by a specific service at a particular site. Explain whether this is a local program, or a program that serves a population outside of the proposed service area. Use the most recent Alaska Department of Labor and Workforce Development statistics for population data and projections. Explain and document any variances from those projections. The population may be defined in one or more ways:

⁸ <https://health.alaska.gov/media/cqfp0vja/bhrm-report.pdf>

⁹ https://alaskamentalthtrust.org/wp-content/uploads/2023/05/AHHA_Report_Final-002.pdf

a. Document the service area by means of a patient origin analysis.

The proposed PYBHC will serve adolescents ages 12–17 requiring intensive residential behavioral health treatment, including 24-hour psychiatric care, continuous safety monitoring, and structured therapeutic programming. While Anchorage is the primary service area, the center is intended to operate as a statewide resource due to the scarcity of residential treatment options in Alaska. PYBHC will accept referrals from communities across the state.

Although PYBHC is a new facility, patient origin data from the Providence Adolescent Residential Treatment Program (2023–2025) demonstrates clear statewide demand. During this period, most residents came from outside the Anchorage Bowl, with a significant share originating from the Palmer/Wasilla (Matanuska-Susitna) region. Youth from Southeast, Southcentral, and Interior Alaska consistently required residential placement, and the annual number of out-of-area residents remained stable at approximately 10 patients per year. This trend demonstrates that while Anchorage is the largest single referral source, substantial need exists throughout Alaska, particularly in regions with limited or no local residential treatment capacity.

Table 9: Patient Origin Analysis

2023		2024		2025	
Origin	# of Patients	Origin	# of Patients	Origin	# of Patients
Anchorage	2	Anchorage	6	Anchorage	4
Wasilla	3	Ketchikan	2	Haines	1
Kodiak	2	Palmer	1	Wasilla	3
Palmer	1	Soldotna	1	Eagle River	2
Fairbanks	1				
New Mexico	1				
Total	10		10		10

Source: Providence

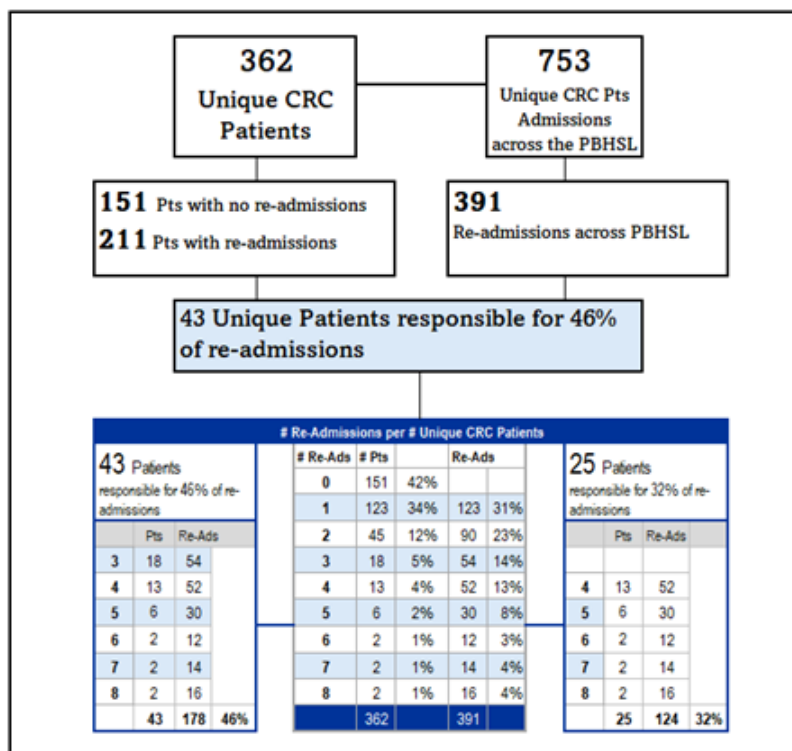
Preliminary data from 2021–2025 for the Crisis Recovery Center (CRC) and the broader Providence Behavioral Health Service Line (PBHSL) indicate that a relatively small number of high utilizers account for a substantial portion of behavioral health admissions and readmissions. Multiple factors contribute to high use of mental health services in Alaska, including limited social supports in rural communities, inadequate availability of services, untreated or undiagnosed chronic conditions such as substance use, unresolved trauma, and ongoing medical complexities. These challenges place pressure on Alaska’s already limited behavioral health infrastructure and can overwhelm emergency services, including the Providence Psychiatric Emergency Department.

Unlike the CRC, which focuses on short-term crisis stabilization, the PYBHC is designed to build long-term resilience by teaching critical skills and addressing the underlying needs of youth who are high utilizers or at risk of becoming so. A central goal of PYBHC is to reduce high utilization through a highly trained and well-supported workforce led by expert clinical, nursing, programming, and milieu-management leaders. This interdisciplinary approach ensures comprehensive assessment of psychological, physical, spiritual, and social needs, and the

creation of individualized treatment pathways. PYBHC emphasizes effective “bridge-type” referrals and continuity supports to ensure youth have structured, appropriate connections before and after discharge.

A review of CRC admissions and discharges between 2021 and 2025 identified 362 unique CRC patients who generated 753 admissions and readmissions across PBHSL programs. Of these patients, 42% (151 youth) had no readmissions, while 58% (211 youth) had one or more. Among the 753 total admissions, 391 (52%) were readmissions. Single readmissions accounted for 31% of readmission cases (N=123), two readmissions accounted for 23% (N=90), and 46% (N=178) involved three or more readmissions. See Table 10 below.

Table 10: CRC Admissions and Readmissions



Source: Providence

Within the group experiencing three or more admissions (including the initial episode), 43.9% (N=155) were Psychiatric ED encounters, 17.6% (N=62) occurred on the Mental Health Unit, 32.9% (N=116) involved CRC readmissions, and 5.7% (N=20) were within the Providence Adolescent Residential Treatment Program (PARTP). These patterns highlight a subset of patients whose needs extend well beyond crisis stabilization and require more comprehensive, sustained treatment interventions. See Table 11 below.

Table 11: CRC Unique Patient Readmissions

CRC Unique Patient Re-admissions				
RE-AD	ER	MHU	CRC	PTP
1st	50	12	24	1
2nd	32	15	36	4
3rd	31	15	34	7
4th	18	9	10	6
5th	11	7	6	1
6th	5	2	4	1
7th	6	0	0	0
8th	1	2	1	0
9th	1	0	1	0
353	155	62	116	20
	43.9%	17.6%	32.9%	5.7%

Source: Providence

This systematic review followed each unique CRC patient across all subsequent behavioral health encounters, allowing a deeper understanding of treatment patterns, resource demands, and the need for expanded residential and step-down programming. PYBHC aims to reduce readmissions across PBHSL and alleviate persistent strain on the Providence Psychiatric ED by serving high-need youth earlier and more effectively.

The PYBHC is therefore positioned to meet both local and statewide demand, strengthening Alaska’s behavioral health continuum and expanding access to clinically appropriate residential care for adolescents.

b. Justify the customary geographical area served by the facility using trade and travel pattern information. Indicate the number and location of individuals using services who live outside of the primary service area.

To the greatest extent possible, it is preferred for patients to receive medical and mental health care close to home. The reality for Alaska is that behavioral health services, particularly at the facility and institution level, are concentrated in Southcentral Alaska. The proposed location is centrally located in Anchorage in the U-Med District, with many options for accessing the Anchorage area and the facility. As the provider of the broadest continuum of behavioral health services in Alaska, Providence is accessible to those living outside Anchorage via various transportation options, including medical transport services, public transportation, airplane

travel, personal vehicles and community programs. While long-distance travel to Anchorage is not ideal for patients, Anchorage often represents the nearest available option within the state.

- c. Use Alaska Department of Labor and Workforce Development information, including current census data on cities, municipalities, census areas, or census sub-areas, to describe trends, age/sex breakdowns, and other characteristics pertinent to the determination of need.**

Data from the Alaska Department of Labor and Workforce Development¹⁰ demonstrates that in 2021, there were 151,049 youth ages 5-19 residing in Alaska, with 82,620 of those residents living within the Anchorage/Mat-Su area. In 2030, these numbers are projected to decrease to 141,617 youth (ages 5-19) statewide, with 76,956 concentrated in the Anchorage/Mat-Su area. This service will be offered to patients statewide, while over half of the patients are expected to come from the Anchorage/Mat-Su region.

- d. The population to be served can be defined according to the unique needs of patients requiring specialized or tertiary care (e.g. heart, cancer, kidney, alcoholism, etc.) or the needs of underserved groups. —**

The population to be served is described in the previous section, 4.c.

5. Describe the projected utilization of the proposed services and the method by which this projection was derived. Do not annualize utilization data. It must include the last complete year of operation (indicate if it is a calendar year or fiscal year) and as many prior years as is feasible to show trends. If graphs are used to depict this information, and they do not include the actual utilization numbers, numerical charts must be included. In providing this information:

Our assessment of need for additional beds was identified by considering a) community assessment, state planning and other expert documents, b) our experience in residential treatment utilization, and c) the Alaska Certificate of Need Review Standards and Methodologies. For specific utilization data, most information was compiled based on data provided via email by the Department of Health's Certificate of Need Program (available on request), and all methodology applied follows the approach directed by the Alaska Certificate of Need Review Standards and Methodologies.¹¹

- a. Include evidence of the number of persons from the target population who are currently using these services and who are expected to continue to use the service, including individuals served out of the service area or out of state;**

¹⁰ <https://live.laborstats.alaska.gov/pop/projections/pub/popproj.pdf>

¹¹ <https://health.alaska.gov/media/1fqdn1lo/certificate-of-need-review-standards-and-methodologies.pdf>

According to the Alaska Certificate of Need Review Standards and Methodologies:

► **STEP ONE: Calculate total projected RPTC caseload (TC_p)**

The first calculation yields the expected number of patients/clients to be served in all settings, within and outside of Alaska in the target year (five years from the date the application is submitted). Multiply the projected population at risk by the projected use rate to obtain the projected total RPTC caseload:

$$TC_5 = P_5 \times (UR)$$

TC_5 (total projected caseload) = number of children and adolescents expected to need RPTC care in the target planning horizon of the project (five years from the date the application is submitted).

P_5 = projected population at risk is defined as the Department of Labor and Workforce Development's projected population ages 6-17 years of age at end of the five-year planning horizon.

UR (current use rate) = total cases/population, derived from historical admissions, and adjusted by the expected improvement over the planning horizon. For certificate of need program purposes, the current use rate is the average annual caseload for the most recent three years preceding the date the application is submitted, divided by the population of children aged 6 - 17 over the three-year period. The use rate is calculated by the department using Medicaid data to determine the number of children and adolescents served in-state and out-of-state (Alaska Certificate of Need Review Standards and Methodologies, pg. 14).¹²

Number of persons from the target population who are currently using these services:

To determine the number of persons from the target population currently using these services, including services out of state, we would calculate the $UR = \text{total cases/ per population}$, or

$$UR * \text{Population} = \text{Total cases}$$

(UR) (calculated by Department of Health)¹³ = **0.0019**

2025 Population (from Alaska Department of Labor and Workforce Development)¹⁴ = **151,049**

Total persons for target population currently using these services = $0.0019 \times 151,049 = 287$

Number of persons from the target population who are expected to continue to use the service, including individuals served out of the service area or out of state.

$$TC_5 \text{ (projected cases for those expected to continue to use this service)} = P_5 \times (UR)$$

¹² <https://health.alaska.gov/media/1f4dn1lo/certificate-of-need-review-standards-and-methodologies.pdf>

¹³ Email from the Department of Health to Providence, available by request

¹⁴ <https://live.laborstats.alaska.gov/pop/projections/pub/popproj.pdf>

$$P_5 \text{ (projected population)}^{15} = 141,617$$

$$UR = 0.0019$$

$$TC_5 = 141,617 \times 0.0019 = 269$$

- b. Include evidence of the number of persons who will begin to use any new services that are not now available, accessible, or acceptable to the target population.**

Not applicable. There is not an increase in utilization projected as the basis for this proposed project. The expansion of services is designed to address the need as currently demonstrated by State of Alaska Medicaid data and industry research.

- c. Provide annual utilization data and demand trends for the five most recent years and monthly utilization data for the most recent incomplete year prior to the application for each existing facility offering a similar service in the service area. Provide projections for utilization for three years (or the appropriate planning horizon set out in the review standards related to this project) after construction, and show methodology used to determine use, including the math.**

Utilization History for Providence Adolescent Residential Treatment Program (PARTP)

Our experience at a similar program, the Providence Adolescent Residential Treatment Program, which is a 10-bed program, is that the bed utilization is over 90% every year over the last 3 years and increasing, as shown in Table 12 PARTP 5-year Utilization History and Table 13 PARTP Monthly Utilization Data for 2025.

Table 12: PARTP 5-year Utilization History

	2020	2021	2022	2023	2024
Patient Days	3232	3566	3330	3365	3518
Average Daily Census	8.85	9.77	9.12	9.22	9.64
Admits	13	8	12	7	10

Table 13: PARTP Monthly Utilization Data for 2025

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct
Patient Days	279	280	310	285	301	280	300	252	257	291
Average Daily Census	9	10	10	9.5	9.7	9.3	9.7	8.1	8.6	9.4
Admits	2	0	0	1	2	0	1	0	2	1

¹⁵ <https://live.laborstats.alaska.gov/pop/projections/pub/popproj.pdf>

Utilization History for Total Service Area

The utilization history for similar services across the Alaska service area has been challenging to estimate with recent public data, but the utilization trends can be calculated using Medicaid & Department of Health data as shown in Table 14 Current RPTC Community Bed Capacity.

The number of current licensed RPTC beds available in the community = **123**.

Table 14: Current RPTC Community Bed Capacity

Facility	Beds
NorthStar Anchorage	30
NorthStar Palmer	30
Providence RPTC	10
Alaska Child & Family	53
Total	123

To assess historical utilization of these services, the application is following the Alaska Certificate of Need Review Standards and Methodologies¹⁶ (pg. 16-17) to determine average daily census as an approximation for utilization.

► **STEP FOUR:** The department calculates the projected number of RPTC days of care (DOC). Multiply the caseload (ISC) by the projected in-state average length of stay (ISALOS_p):

$$\text{DOC} = \text{ISC} \times \text{ISALOS}_p$$

DOC = days of care: the total number of in-state days of care expected in the target planning horizon year.

The DOC (published by the department) = **96,360**

► **STEP FIVE:** Calculate projected RPTC average daily census (ADC)
Divide the projected days of care by 365 (days per year):

$$\text{ADC} = \text{DOC}/365$$

Based on the above, it can be calculated that the average daily census of RPTC utilization in the community is $96,360 / 365 = \mathbf{264}$

The Department of Health has determined that the case load factor and length of stay for patients is not projected to change and will be consistent with historical usage¹⁷. As a result, utilization trends in the community can be assumed to remain constant over time, only to be adjusted by projected population changes. The historical usage is **ADC = 264** and is consistent over time.

¹⁶ <https://health.alaska.gov/media/1fgdn1lo/certificate-of-need-review-standards-and-methodologies.pdf>

¹⁷ Email from the Department of Health to Providence, available by request

- d. If the project is an acquisition of a new piece of major equipment or a new service, provide utilization, data for similar services, existing equipment, or older technology. Indicate whether similar existing equipment will continue to be used and the project's effect on utilization of similar services. If this service or equipment was not in place in the service area, compare the expected utilization with other similar communities in Alaska or in other states.**

While the space is equipped to fully operate upon opening with all services in place, there are minor equipment purchases mostly related to Information Technology/Information Services requirements. Please see Exhibit 12 that includes all capital costs, which provides details of any additional required IT/IS.

- e. If an increase in utilization is projected, list the factors that will affect the increase. Provide annual utilization projections for three to five years in the future, as applicable, for each specific service in the proposal (in general, equipment projections are for three years, and new beds and facility construction are for five years). Include each of the following data when applicable:**

- (1) number of admissions/discharges**
- (2) number of patient days**
- (3) average length of stay**
- (4) percent occupancy**
- (5) average daily census**
- (6) number of licensed beds**
- (7) number of beds set up**
- (8) number of inpatient and outpatient surgeries and surgery minutes**
- (9) number of existing surgery suites in the service area**
- (10) number of procedures**
- (11) number of treatment rooms**
- (12) number of patients served**
- (13) number of outpatient visits**
- (14) number of laboratory tests**
- (15) number of x-rays**
- (16) number of ER visits**
- (17) number of CT, MRI, PET or PET/CT scanners**

Not applicable. There is no increase in utilization projected for this project. The project as proposed is designed to address the need as currently demonstrated by State of Alaska Medicaid data and statewide planning documents that have been referenced throughout this application.

- f. If any services will be reduced, indicate how the proposed reduction will affect the service area needs and patient access.**

Not applicable. Services will not be reduced.

- g. Provide any other information that may be pertinent to establishing the need for this**

project.

Please see responses to questions 5.a, b and c above that provide extensive information establishing need for this project.

h. Attach letters of support from local and regional agencies, other health care facilities, individuals, governmental bodies, etc.

In conversation with community members, Providence has heard strong support for the proposed expansion of residential services for Alaska’s youth. This expansion is supported as a vital step in addressing the mental health needs for our youth population, ensuring that residents can receive quality care without having to leave the state. Please see Exhibit 4 Letters of Support that includes letters of support for the PYBHC. We intend to provide additional letters of support during the public comment period.

6. Include your calculations of numerical need for each proposed activity for your service area. If the proposed project is expected to have a larger capacity than that projected by (and available from) the department, explain the rationale and provide documentation to support the larger capacity.

Providence followed the published methodology for RPTC bed need from the Alaska Certificate of Need Review Standards and Methodologies (page 16).¹⁸

► **STEP FIVE:** Calculate projected RPTC average daily census (ADC)
Divide the projected days of care by 365 (days per year):

$$\text{ADC} = \text{DOC}/365$$

$$\begin{aligned} \text{DOC (published by the Department)} &= 96,360 \\ \text{ADC} &= 96,360 / 365 = 264 \end{aligned}$$

► **STEP SIX:** Calculate the RPTC projected bed need (PBN):

The projected bed need (PBN) is calculated by dividing the expected RPTC average daily census (ADC) by the target occupancy (TO) factor of .85 (an 85 % occupancy rate).

$$\text{PBN} = \text{ADC}/ \text{TO}$$

$$\begin{aligned} \text{ADC} &= 264 \\ \text{TO} &= .85 \\ \text{PBN} &= 264 / .85 = 311 \end{aligned}$$

► **STEP SEVEN:** Calculate the RPTC net bed need (NBN) for the proposed service area.

$$\text{NBN}_{\text{sa}} = \text{PBN}_{\text{sa}} - \text{EB}_{\text{sa}}$$

¹⁸ <https://health.alaska.gov/media/1fqdn1lo/certificate-of-need-review-standards-and-methodologies.pdf>

PBN = 311
EB (existing beds in service area, See Table 14) = 123
NBN = 311-123 =188

The proposed expansion of services to increase by 16 beds is well under the NBN of 188 indicated by the needs methodology.

C. AVAILABILITY OF LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES

1. Describe the different alternatives considered in developing this project. Explain why the particular alternative for providing the services proposed by this application was selected. Include as an alternative a discussion of the effect of doing nothing

Recognizing the documented need for behavioral health services both in Anchorage and across the state of Alaska, Providence considered the following alternative options: 1) do nothing; 2) build at a new location; or 3) reimagine the current location on the Providence campus as a Level 5 facility. Ultimately, Providence, in partnership with other community stakeholders, chose option 3 – to reopen residential services at its existing facility.

Option 1: Status Quo (Do Nothing)

As described in this application, there is an unmet need for behavioral health and residential care services in Alaska. Choosing to do nothing would mean accepting this unmet need and its subsequent impacts and consequences. Doing nothing could lead to increased hospital readmissions and psychiatric emergency department visits, higher health care costs, poorer health outcomes, and greater strain on the community and families. As an organization with a long history of meeting the health, social and spiritual care needs of communities, Providence and the community did not consider this a viable alternative.

Option 2: Build a New Residential Facility

This option involves constructing a new, state-of-the-art residential care facility at a new site in Anchorage. It would be developed on yet-to-be-acquired property and may require investment partners due to the high costs. Although this option offers some positives, the high capital requirements, difficulty in securing investment funds, long development timeline, and complicated management and ownership structure make it impractical.

Option 3: Expand Capacity at the Previously Closed Residential Treatment Facility (Proposed Project)

The proposed activity involves the reopening of a previously closed unit – the Level 2 Crisis Recovery Center – and its transformation into a Level 5 Residential Psychiatric Treatment Center (RPTC), now named the Providence Youth Behavioral Health Center. The PYBHC aims to provide intensive, 24-hour, onsite psychiatric care for children and adolescents ages 12-17 who require 24/7 safety monitoring and structured therapeutic support in a residential setting. The PYBHC will operate within the existing facility, which is fully equipped with psych-safe furniture and does not require new equipment purchases. The scope of construction and renovation is limited to refreshing common areas, including carpet replacement for 3,099 square feet and patch-and-paint where necessary. The residential bed count will remain at 16, with 2

beds meeting ANSI-A117 accessibility standards. It was ultimately chosen due to its immediate impact on access to care, cost-effectiveness, improved efficiencies, and positive and direct impact on community health.

2. Describe any special needs and circumstances. Special needs may include special training, research, Health Maintenance Organizations (HMOs), managed care, access issues, or other needs.

Not applicable. There are no special needs or circumstances beyond the regular requirement of operating an RPTC.

D. THE RELATIONSHIP OF THE PROPOSED PROJECT TO EXISTING HEALTH CARE SYSTEM AND TO ANCILLARY OR SUPPORT SERVICES

1. Identify any existing comparable services within the service area and describe any significant differences in population served or service delivery. If there are no existing comparable services in the area, describe the unmet need and how the target population currently accesses the services. Describe significant factors affecting utilization, including cost, accessibility, and acceptability.

Alaska currently has three long-term RPTC programs providing 123 beds for youth who require extended residential treatment. While these programs are essential for managing chronic and severe behavioral health needs, none offer a short-term residential option for adolescents who need more support than outpatient services but do not require inpatient hospitalization or prolonged treatment. The Providence Youth Behavioral Health Center (PYBHC) fills this gap by introducing a short-term RPTC model not currently available in the state. PYBHC is designed for youth who need stabilization, structured therapy and family engagement over a time-limited stay, improving access, reducing waits and ensuring timely transitions to the most appropriate level of care.

State planning documents, Providence’s Community Health Needs Assessment and the CON methodology all identify a substantial shortage of psychiatric beds and the need for flexible residential options. Many youth experience delays in accessing care, boarding in emergency departments or inpatient units, or are sent out of state – barriers intensified by Alaska’s geography and limited provider supply. PYBHC directly addresses these challenges by offering a local, culturally responsive, trauma-informed program that reduces reliance on out-of-state placements, stabilizes family systems and supports stronger care continuity.

Providence currently operates the Providence Adolescent Residential Treatment Program (PARTP), a 10-bed Level 5 RPTC that provides longer-term residential treatment for adolescents with complex or chronic behavioral health conditions. Although PYBHC and PARTP share the same licensure level, they are used at different points in treatment and serve different clinical purposes. Their programming strategies are unique and strategically different based on resident (if applicable, family) skill development level, individual therapeutic need and stage of change.

PYBHC is intended to fill a gap (a bridge) for youth who require treatment in a residential setting to remain safe while developing critical self-regulation skills in preparation for a more intense therapy at a lower level of care. This proposed program is developed to be a skills-based intervention, including development of coping skills, emotional regulation and family support needed for successful transition out of residential care. Treatment approaches emphasize CBT, DBT, behavioral skill development and EMDR resourcing within a structured milieu.

PARTP, by contrast, provides extended residential treatment in a safe, structured environment for youth who, due to the intensity of their symptoms and lack of adequate self-regulation skills to safely navigate through their complex trauma experiences, require longer-term trauma recovery and extended family systems work. PARTP programming includes intense, complex trauma processing over an extended period of time for youth whose complex treatment needs cannot be safely or effectively addressed and managed in a residential setting that, due to a shorter length of stay and strategic programming intended to be a bridge between outpatient and inpatient/long-term RTC, does not allow sufficient time for residents to develop advanced trauma-processing skills.

PYBHC is not intended to serve as a substitute for PARTP. Youth who require extended residential treatment will continue to be referred to PARTP when clinically indicated. Similarly, youth who develop the necessary self-regulation skills to successfully transition from PYBHC to outpatient or community-based services without entering extended residential care will do so in accordance with a skillfully crafted discharge plan.

Service Delivery and Clinical Flow

PYBHC is intended to function as an intermediate level of care (a necessary bridge) between crisis stabilization, inpatient hospitalization and long-term residential treatment. Primary referral sources are expected to include emergency department discharges, inpatient psychiatric step-downs and outpatient step-ups related to safety or stabilization needs.

At PYBHC, discharge planning is expected to begin at admission and focus on clinically appropriate and timely transitions to the next level of care. Depending on individual needs, discharge pathways may include outpatient therapy, intensive outpatient or partial hospitalization services, school reintegration supports, or step-up to PARTP when extended residential treatment is required to maintain resident safety through the treatment and recovery process.

PYBHC clinical staffing is expected to include psychiatric providers, licensed clinicians, nursing staff and therapeutic support staff appropriate for a Level 5 residential setting. PYBHC will operate within an existing facility that already meets behavioral health safety standards, and no additional clinical equipment purchases are required.

Table 15: Roles Between the Proposed PYBHC and the Existing RPTC

	PYBHC (Proposed)	PARTP (Existing)
Program Type	Level 5 RPTC – transitional residential	Level 5 RPTC – extended residential
Population	Adolescents age 12–17	Adolescents age 12–17
Capacity	16 beds (2 ADA-compliant)	10 beds
Length of Stay	Approximately 30–60 days	Typically, 6+ months
Clinical Role	Self-regulation, safety, and cognitive restructuring skills development and family engagement	Extended trauma recovery and family systems work
Treatment Focus	CBT/DBT skill building, structured milieu, EMDR resourcing, family engagement, peer support	Intensive, complex trauma processing, CBT/DBT, EMDR as indicated, extended family therapy
Admission Sources	ED discharges, inpatient step-downs, outpatient step-ups	Step-ups from outpatient or PYBHC when extended care is needed
Discharge Pathways	Outpatient care, IOP/PHP, school reintegration, or PARTP	Step-down to PYBHC or outpatient/community services
Billing	Level 5 Coding/Billing-Established Third-Party Reimbursement	Level 5 Coding/Billing-Established Third-Party Reimbursement

Use of Historical Financial Information

Because PYBHC is not yet operational, financial projections reference Providence’s historical PARTP experience as a reference point for staffing patterns, fixed costs and reimbursement structure. These figures are adjusted to reflect PYBHC’s shorter length of stay, higher throughput and different clinical role earlier in the continuum of care. PARTP data is used for reference only and does not assume equivalent utilization or treatment duration.

Summary

In practice, PYBHC is intended to be an intensive, skills development-based program that allows youth to develop critical self-regulation stabilization skills in a timely manner, move through care in an efficient manner and transition either to outpatient services or to extended residential treatment care services when clinically indicated. By distinguishing transitional self-regulation skills-development residential treatment from extended, intensive, complex residential treatment in practice, PYBHC strengthens the overall continuum of care by providing a critical behavioral health treatment service that does not currently exist in Alaska, improving access to timely care and supporting appropriate use of existing long-term RPTC capacity while maintaining clinical quality and system sustainability.

2. Describe the probable effect on other community resources, including any anticipated impact on existing facilities offering the same/similar services or alternatives locally or statewide if applicable. Describe how each proposed new or expanded service will:

- a. complement existing services**
- b. provide an alternative or unique service**
- c. provide a service for a specific target population**

d. provide needed competition

Since the project will be adding RPTC capacity in the face of need for these specific services, we expect it to complement existing services by addressing unmet need, reducing transfers out of state and improving discharge planning from emergency department locations. We also expect it to reduce extended acute hospital stays by reducing the time needed to place patients in residential treatment.¹⁹ By expanding access to short-term residential care, patients will receive more timely, appropriate care, at a more efficient cost than they would experience at a higher level of care or in an out-of-state facility.

3. Identify existing working relationships the applicant has with hospitals, nursing homes, and other resources serving the target population in the service area. Include a discussion of cooperative planning activities, shared services (i.e. agreements assigning services such as emergency or obstetrics), and patient transfer agreements. If other organizations provide ancillary or support services to your facility, describe the relationship. Attach copies of relevant agreements in an appendix in the application. If a service requires support from another agency but does not have an agreement, explain why.

The short-term RPTC will expand local access to care for these services. It will provide necessary stabilization treatment services to youth who are experiencing significant challenges with emotional and behavioral regulation, which may allow the youth to engage in care at an appropriate cost and acuity level rather than transitioning to a higher level of care.

Providence Community Behavioral Health is part of the Providence health system in Alaska – an extensive and integrated health care network in the state. PCBH offers a wide range of services and maintains strong referral and community partnerships to ensure comprehensive and compassionate care for residents of Alaska. As a large system, Providence has established procedures for transferring patients to facilities for more advanced capabilities when required, both within Alaska and out of state. It maintains strong collaboration and coordination with local and regional specialists in fields such as cardiology, neurology, orthopedics and oncology.

In addition, Providence is deeply embedded in the local community and works closely with various organizations to address public health needs and improve overall community wellness. These include partnerships with local nonprofits to support initiatives like food security, housing, mental health services, public health, and substance abuse treatment.

E. FINANCIAL FEASIBILITY

1. Demonstrate how the project will ensure financial feasibility, including long-term viability, and what the financial effect will be on consumers and the state, region, or community served.

The proposed project will play a key role in the long-term sustainability of the behavioral health continuum in Alaska. Given this expansion of available services will be done without significant capital investment and woven into Providence Community Behavioral Health, it is an efficient

¹⁹ https://alaskamentalthtrust.org/wp-content/uploads/2023/05/AHHA_Report_Final-002.pdf

way to expand services without increasing the cost of care. There will be no burden on Providence related to any loans or financial commitments in relation to the project. Since the project will expand behavioral health care and potentially reduce unnecessary hospital stays and out-of-state travel, we expect the project to contribute to greater efficiencies in the utilization of health care services.

2. Discuss how the project construction and operation is expected to be financed. Demonstrate access to sufficient financial resources and the financial stability to build and operate this project.

Not applicable. There will be no project construction for this project. The updates and operations will be financed by Providence under Providence Community Behavioral Health.

3. Provide a description and estimate of:

a. the probable impact of the proposal on the annual increase on the overall costs of the health services to the target population to be served;

The proposed project is expected to be neutral or improved regarding its impact on the overall costs of health services. While there will be a cost to care for patients at this facility, many of those Medicaid recipients, but costs will be right-sized to an appropriate level of care versus acute inpatient or emergency department charges. Most importantly, we believe adding this service will improve quality outcomes for patients.

b. If applying to build a residential psychiatric treatment centers, nursing homes, or additional nursing home beds the annual increase to Medicaid required to support the new project, and the projected cost of and charges for providing the health care services in the first year of operation (per diem rate, scan, surgery etc.);

Please see for Table 21 Reimbursement Sources that shows financial projections for this service, including projected impact on Medicaid.

c. the immediate and long-term financial feasibility of continuing operations of the proposal.

This project will be fully funded by Providence operations. By expanding behavioral health care and potentially reducing unnecessary hospital stays and out-of-state travel for care, we anticipate the project will enhance efficiencies in the utilization of care. As previously noted, once the project is completed, the ongoing operations of the expanded services will be funded by the increased operational revenue generated from patient utilization of services.

F. ACCESS TO SERVICE BY THE GENERAL POPULATION AND UNDER-SERVED GROUPS

1. Provide information on service needs and access of under-served groups of people such as low-income persons, racial and ethnic minorities, women, and persons with a disability. Discuss any plans to overcome language and cultural barriers of groups to be served.

The Providence Youth Behavioral Health Center (PYBHC) is designed to ensure equitable access for all adolescents, including underserved groups such as low income families, racial and ethnic minorities, individuals with disabilities and those experiencing cultural or linguistic barriers. As a Mission-driven organization, Providence prioritizes removing barriers to behavioral health care and providing inclusive, trauma-informed services to Alaska's diverse youth population.

To support equitable access, PYBHC will utilize Providence's comprehensive language access resources, including in-person, telephonic and video interpretation, as well as translated discharge instructions and educational materials in multiple languages. All staff will receive cultural responsiveness training, ensuring that care reflects respect for the youth's cultural identity, lived experience, communication needs and family structure. In addition, licensed clinicians with expertise in trauma-informed care, EMDR resourcing, Applied Behavior Analysis (ABA), Crisis Prevention Intervention (CPI), and Safe Talk-Assist will provide developmentally appropriate and clinically responsive services for youth with varying needs, including those with disabilities.

Providence remains committed to serving low income and uninsured populations through its Charity Care and Financial Assistance Program, acceptance of Medicaid, Medicare and commercial insurance, and adherence to well-established nondiscrimination and patient rights policies. These policies ensure that care is accessible regardless of ability to pay and protects the rights and dignity of all patients. As part of this application, Providence has included its Charity Care/Financial Assistance Policy (Exhibit 5), Nondiscrimination Policy (Exhibit 6), and Patient Rights and Responsibilities Policy (Exhibit 7), and will submit additional patient-facing policies upon request.

Through these combined efforts, including robust language access, culturally responsive care, disability-inclusive clinical services, and comprehensive financial support, PYBHC will ensure that adolescents from all backgrounds, including Alaska's most underserved communities, can access the high-quality behavioral health treatment they need.

2. Indicate the annual amount of charity care provided in each of the last five years with projections for the next three years. Include columns for revenue deductions, contractual allowances, and charity care.

This is a new service being provided. Please see Table 21 Reimbursement Sources for projected charity care, contractual allowances, and revenue deductions.

3. Address the following access issues:

a. transportation and travel time to the facility;

The proposed location is centrally located in Anchorage in the U-Med district with many options for accessing the Anchorage area and the facility. These options include medical transport services, public transportation, personal vehicles, and community and volunteer programs.

b. special architectural provisions for the aged and persons with a disability;

Providence is committed to ensuring that individuals with disabilities have full access to its facilities and services. Providence meets code requirements related to architectural or access requirements for persons with disabilities in this suite. Two of the existing patient bedrooms are accessible and comply with ANSI-A117, at the time of buildout. The intent is to leave the rooms as they exist. This specific program is meant for youth and therefore does not focus on architectural provisions for the aged.

c. hours of operation; and

While the Providence Youth Behavioral Health Center will provide care to patients 24 hours a day, 7 days a week, admissions will be possible from 8 a.m. until 6 p.m. Also on campus, the Providence Alaska Medical Center Emergency Department is open 24/7. Active therapeutic programming begins at 0800 through 2100, including morning and evening psychoeducation groups, process groups, structured family activities, pet therapy, occupational therapy, spirituality-related activities, major holiday activities, various cultural-related activities, and school in accordance with Anchorage School District schedule.

d. The institution's policies for nondiscrimination in patient services.

Providence is committed to providing an inclusive and welcoming environment for all patients. Our Nondiscrimination Policy reflects our dedication to treating every individual with dignity, respect, and fairness. Please see Exhibit 6 for Providence's Nondiscrimination Policy that will apply to the PYBHC.

Section V. Consideration of Quality, Effectiveness, Efficiency, and Benefits of the Applicant's Services

Please discuss the following in narrative form:

1. ACCREDITATION AND LICENSURE: The current status, source, date, length, etc., of the applicant's license and certification. Include information on Medicaid and Medicare Certification.

The previous facility was licensed and accredited by The Joint Commission as a Level 2 residential program. As part of the current licensure and accreditation process, the facility is undergoing the necessary physical, operational, and clinical modifications to meet the requirements for licensure as a Level 5 Residential Psychiatric Treatment Center (RPTC). Providence intends for the facility to be Joint Commission-accredited at the time of opening, and all required steps toward accreditation are underway. In addition, as part of the facility licensure process, Providence intends for this program to be certified with Medicaid and Medicare, and all required steps toward certification are in progress.

2. QUALITY CONTROL: HOW the applicant plans to ensure high quality service.

Providence is dedicated to delivering the highest standard of care to its patients through comprehensive quality control initiatives. These initiatives focus on ensuring patient safety, improving clinical outcomes and enhancing overall patient experience. Our quality improvement programs involve regularly reviewing and analyzing health care processes to identify areas for improvement. We implement evidence-based practices and monitor outcomes to ensure continuous enhancements in patient care.

Providence is dedicated to maintaining the highest standards of patient safety. We rigorously monitor patient safety, conduct regular safety drills and utilize advanced technologies to prevent errors. Our infection control programs adhere to stringent hygiene practices, including regular audits and foster a culture of cleanliness and safety within our facilities.

We also prioritize continuous education and training for our caregivers, ensuring they are equipped with the latest medical knowledge, techniques and best practices. Additionally, we closely monitor key performance indicators, such as patient satisfaction scores, readmission rates and infection rates. This data-driven approach allows us to identify trends, address issues promptly and continuously improve overall performance.

3. PERSONNEL: Plans for optimum utilization and appropriate ratios of professional, sub-professional and ancillary personnel.

Providence is committed to maintaining appropriate staffing ratios to deliver high-quality patient care. Since the project is an expansion of a broader continuum of behavioral health services, we will continue to maintain excellent ratios of professional and ancillary personnel to resident staffing ratios. Providence does conduct regular workforce planning and analysis to determine

the necessary staffing levels based on patient volume, acuity and care requirements. This helps us to allocate the right mix of professional, sub-professional and ancillary personnel effectively.

4. APPROPRIATE UTILIZATION: Development of programs such as ambulatory care, assisted living, home health services, and preventive health care that will eliminate or reduce inappropriate use of inpatient services

We expect that the additional Level V capacity at the PYBHC will contribute to reduced demand for other health care services, particularly psychiatric emergency services and inpatient admissions. The project includes the addition of 16 youth psychiatric residential beds. This project will help address the needs of patients who are difficult to place. In addition to reducing long inpatient hospital lengths of stay, we believe adding Level V capacity will support enhanced care coordination.

5. NEW TECHNOLOGY AND TREATMENT MODES: PLANS to use modern diagnostic and treatment devices to enhance the accuracy and reliability of diagnostic and treatment procedures.

Not applicable. There will be no new technology associated with this program.

6. LABOR SAVING DEVICES AND EFFICIENCY: The employment of labor-saving equipment and programs to provide operating economies.

Providence is at the forefront of integrating labor-saving equipment and programs to enhance operational efficiency and provide significant operating economies. Emphasizing innovation, Providence employs advanced technologies and streamlined processes to optimize health care delivery, ensuring that resources are utilized effectively while maintaining high standards of patient care.

For example, the adoption of automated systems has improved the way services are delivered at Providence. We will be implementing an electronic health record (EHR) and automated medication-dispensing systems at this location in an effort to reduce paperwork and minimize errors, allowing health care professionals to focus more on direct patient care.

Programs aimed at staff training and development have also been introduced to ensure that the workforce is adept at using these modern tools, further enhancing productivity and service; quality. Lean management principles and process optimization initiatives have streamlined operations, eliminated redundancies and fostered a culture of continuous improvement.

By investing in labor-saving technologies and efficiency-driven programs, Providence has successfully created a sustainable model that balances cost-effectiveness with exceptional patient care. This strategic approach not only benefits the medical center but also leads to better health outcomes and greater satisfaction for the community it serves.

7. PROGRAM EVALUATION: Future plans for evaluation of the proposed activity to ensure that it fulfills present expectations and benefits.

To ensure the proposed project fulfills its goals and delivers tangible community benefits, Providence has a plan for ongoing evaluation. This will involve regular monitoring of key performance indicators such as patient satisfaction, occupancy rates and health outcomes.

8. ORGANIZATIONAL STRUCTURE: Include an organizational chart, descriptions of major position requirements and board representation; show representation from community economic and ethnic groups.

Please see Exhibit 8 for Behavioral Health Organizational Chart and Exhibit 9 for Major Position Requirements. There will be no new board positions created as the result of this program.

9. STAFF SKILLS: Provide descriptions of major position requirements, appropriate staff-to-patient ratios to maintain quality, and the minimal level of utilization that must be maintained to ensure that staff skills are maintained. Provide a source for staffing standards.

The Providence Youth Behavioral Health Center will be committed to delivering high-quality care through the establishment of stringent staffing standards and operational guidelines. Below are the major position requirements, appropriate staff-to-patient ratios to maintain quality care, and the minimal level of utilization necessary to ensure that staff skills remain proficient. These standards are informed by industry best practices and regulatory requirements to provide the best possible outcomes for our residents.

To ensure comprehensive care for our patient residents, the facility will be staffed by a multidisciplinary team of health care professionals with clearly defined roles. Major positions include:

Position: Registered Nurse (RN)

Description: Responsible for the overall clinical care of residents, including assessments, care planning, administering medications, providing health education and coordinating with other health care providers. RNs must hold a valid nursing license in Alaska and have experience in behavioral health care. RNs will provide 12-hour nursing coverage, including health and wellness education groups, coordination of care for acute medical needs, and continuous monitoring for safety and stabilization.

Staffing Ratios: RNs staffing ratios are described below.

- Day Shift: 1 RN
- Evening Shift: 1 RN

Position: Mental Health Counselor (Master's and Bachelor's Level)

Description: Responsible for providing daily therapeutic and milieu-based support, including facilitating psychoeducational groups, assisting residents with activities of daily living (ADLs), supporting schoolwork, coaching behavioral and social skills (including for youth with autism spectrum disorder (ASD)), conducting Q15 safety checks, and collaborating closely with nursing and clinical staff to maintain a safe, structured environment. Their responsibilities include facilitating coping skills training and participation in individualized treatment interventions. All

milieu staff are trained in trauma-informed care, Crisis Prevention Institute (CPI)/non-violent de-escalation, and crisis response.

Staffing Ratios: Mental health counselors (MHCs) will maintain staffing ratios of 1:5 while residents are awake, and 1:10 while asleep, in addition to the RN as described above. Bachelor's level mental health counselors and master's-level mental health counselors will staff the milieu and provide continuous supervision, support and therapeutic engagement.

- Day Shift: 3 MHCs and 1 RN
- Evening Shift: 3 MHCs and 1 RN
- Night Shift: 2 MHCs

Position: Senior Mental Health Counselor (Master's Level, Licensed)

Description: Senior master's-level mental health counselors are licensed clinicians who will provide diagnostic assessments, individual therapy, family therapy and a daily process group. They ensure treatment plans are updated, clinically appropriate and integrated with the broader interdisciplinary team. This includes licensed clinical social workers (LCSWs), licensed professional counselors (LPCs), and marriage and family therapists (LMFTs). Clinicians utilize evidence-based treatment modalities, develop treatment plans, provide emotional support and crisis intervention, and coordinate with families and community resources to meet the psychosocial needs of residents.

Staffing Ratios:

- Day Shift: 3 Licensed clinicians onsite, Sunday through Thursday, Tuesday through Saturday

Position: Psychiatrist / Advance Nurse Practitioner (MD and ANP)

Description: Responsible for psychiatric evaluation, medication management, ongoing monitoring of psychotropic medications, and providing medical oversight for behavioral health treatment. Providers will meet with residents at least once weekly or as clinically indicated by the provider and needs of the resident. A licensed psychiatrist will provide weekly psychiatric evaluation, medication management and review of treatment plans, and will be available for urgent consultation as needed. The psychiatrist/APRN will also participate in at least once-weekly treatment team meetings and be on call for emergencies, admissions and discharges.

Position: Psychologist

Description: A licensed psychologist will be available for psychological and neurodevelopmental testing when clinically indicated and as ordered by the psychiatrist, as well as support diagnostic clarification and consultative services to the treatment team for residents with complex behavioral or developmental needs.

Position: Dietician / Nutritionist

Description: Provides nutritional assessments, develops individualized dietary plans and collaborates with nursing and clinical staff to support residents with medical, developmental or behavioral nutrition needs.

Position: Occupational Therapy

Description: Occupational therapy services will be available based on treatment plan needs to support sensory regulation, nutrition, feeding concerns, and individualized therapeutic programming.

Position: Activity Therapy Staff

Description: Provide structured therapeutic and recreational programming designed to enhance emotional regulation, social skills, physical wellness and engagement in healthy leisure activities.

Position: Anchorage School District (ASD) Onsite Teacher

Description: Through partnership with the Anchorage School District, an onsite certified teacher will be assigned to the facility to provide academic instruction, support individualized education plans (IEPs), coordinate schoolwork and ensure continuity of educational services for residents during their stay.

Position: Program Manager

Description: The program manager will be onsite daily to oversee operations, staffing and clinical programming.

Staffing: Program manager will be onsite Monday through Friday, and on call 24 hours, 7 days a week.

Position: Milieu Manager

Description: A dedicated milieu manager will provide staff coaching, ensure fidelity to de-escalation and safety protocols, monitor the structure and flow of the milieu, and lead ongoing training in trauma-informed and strength-based practices.

The staffing levels and role descriptions above ensure that all youth receive comprehensive, interdisciplinary care and that staff maintain the competencies necessary to meet the therapeutic, behavioral and safety needs of patients in a Level 5 Residential Psychiatric Treatment Center. Maintaining appropriate staff-to-patient ratios is crucial for ensuring high-quality care and patient safety. Based on guidelines from the Centers for Medicare & Medicaid Services (CMS) and industry standards, the PYBHC will adhere to the following ratios: 1 to 5 ratio while residents are awake and 1 to 10 while residents are asleep.

These ratios ensure that residents receive adequate attention and care throughout the day and night, allowing staff to respond promptly to any changes in patient conditions. Regular utilization assessments are conducted to monitor occupancy rates and adjust staffing levels accordingly to meet resident needs while preventing burnout and ensuring job satisfaction for staff.

By adhering to these staffing standards, the PYBHC will be dedicated to delivering exceptional care, ensuring patient safety and fostering an environment where staff can thrive and develop professionally.

10. ECONOMIES OF SCALE: The minimum and maximum size of facility or unit required to ensure optimum efficiency. If the planned project is significantly smaller or larger, explain the effect and why the size was chosen.

Plans for the PYBHC are designed to accommodate a specified number of residents, with 16 repurposed beds formerly used by the Providence Crisis Recovery Center. Operations will be managed under the broader PCBH management and infrastructure of the Providence Alaska region and system. This decision was determined to achieve several key objectives:

- Meeting demand: The Community Health Needs Assessment and the Need Model indicated a demand for expanded residential treatment services in Alaska. Expanding the care in this service line aligns with researched trends identified in this application and ensures that Alaska can accommodate patient needs within the state.
- Optimizing resource utilization: By utilizing current real estate assets and developing this program under the PCBH umbrella, we have reduced start-up costs for this program and ensured economies of scale to spread overhead of administering this important service line. This helps in maintaining balanced and efficient operations across all service lines.
- Maintaining staff competency and morale: Ensuring that the facility operates within the ideal size range allows staff to remain proficient and engaged in their roles. Adequate occupancy rates are vital for continuous skill application and development, which in turn enhances patient care quality.
- Cost-effectiveness: Operating at an optimum size helps in managing operational costs more effectively. It reduces the risk of underutilization and associated financial inefficiencies while ensuring that the facility remains sustainable and economically viable.

Section VI. Narrative Description of How Project Meets Applicable Review Standards

Describe in this section of the application how the proposed project meets each review standard applicable to all activities, and each specific review standard applicable to the proposed activity. *Some of this information will duplicate information required elsewhere in the application packet; that duplication is intentional.*

General Review Standard #1: The applicant documents need for the project by the population served, or to be served, including, but not limited to, the needs of rural populations in areas having distinct or unique geographic, socioeconomic, cultural, transportation, and other barriers to care.

The Providence Youth Behavioral Health Center (PYBHC) addresses a critical gap in behavioral health services for youth in Alaska. Statewide planning documents, community health assessments, and utilization data consistently highlight long wait times, limited regional access and persistent barriers to care for adolescents requiring intensive psychiatric support. The Behavioral Health Roadmap Project for Alaska Youth²⁰ and the Child and Adolescent Behavioral Healthcare Improvement Project²¹ both identify expansion of residential treatment as a priority to reduce out-of-state placements and improve outcomes for youth with complex needs. By reopening and repurposing existing space, the PYBHC will provide 24-hour, onsite psychiatric care for children and adolescents ages 12–17, ensuring timely access to clinically appropriate services.

Alaska's unique geography and dispersed population create significant challenges for accessing care, particularly for rural communities. Behavioral health services are concentrated in Southcentral Alaska, making Anchorage the primary hub for such care. Data from the Alaska Department of Labor and Workforce Development shows that while the Anchorage/Mat-Su area houses over half of the state's youth population, 53% of residents admitted to Providence's adolescent programs come from outside the Anchorage Bowl, with substantial numbers from Palmer/Wasilla and other rural regions. The PYBHC is positioned to serve youth statewide, leveraging transportation options such as medical transport, public transit and community programs to mitigate geographic barriers.

Socioeconomic and cultural barriers are also addressed through Providence's commitment to serving underserved populations, including low-income families, racial and ethnic minorities and those with disabilities. The program offers translation services, financial assistance and culturally competent care, ensuring that vulnerable groups can access needed services regardless of ability to pay or spoken language. The PYBHC's design includes accessible patient rooms and compliance with architectural standards for disabilities, further reducing barriers for special populations.

In summary, the PYBHC will expand in-state capacity for adolescent psychiatric treatment, reduce reliance on out-of-state placements and provide equitable access to care for Alaska's

²⁰ <https://health.alaska.gov/media/cqfp0vja/bhrm-report.pdf>

²¹ https://alaskamentalthetrust.org/wp-content/uploads/2023/05/AHHA_Report_Final-002.pdf

youth – especially those in rural and underserved communities. This initiative is aligned with state and community health priorities as described in this application.

General Review Standard #2: The applicant demonstrates that the project including the applicant’s long-range development plans, augments and integrates with relevant community, regional, state, and federal health planning, and incorporates or reflects evidence-based planning and service delivery. A demonstration under this standard should show that the applicant has checked with the department regarding any relevant state plan, with appropriate federal agencies for relevant federal plans, and with appropriate communities regarding community or regional plans.

The PYBHC is strategically designed to augment and integrate with relevant community, regional, state and federal health planning efforts. The PYBHC aligns with Alaska’s long-range behavioral health strategies, such as Alaska’s Comprehensive Integrated Mental Health Program Plan (Strengthening the System II 2025–2029), the Healthy Alaskans 2030 State Health Improvement Plan, and the Providence Community Health Needs Assessment (CHNA). These plans collectively emphasize expanding access to youth behavioral health services, reducing reliance on institutional settings, and ensuring care is delivered in the least restrictive environment possible.

Providence has actively engaged with the Alaska Department of Health to ensure the project is consistent with state planning priorities and Certificate of Need methodologies. The application cites planning documents with state agencies and federal guidelines to ensure evidence-based planning and service delivery. The PYBHC’s expansion of adolescent residential treatment directly supports statewide objectives by increasing in-state capacity, reducing out-of-state placements, and integrating trauma-informed, family-centered approaches.

General Review Standard #3: The applicant demonstrates evidence of stakeholder participation in planning for the project and in the design and execution of services.

Stakeholder Feedback Addressing the Closure of the CRC

In late summer 2025, Kevin Brooks, Providence North Division chief executive, and Emily Ford, director of government affairs, met with leaders from the State of Alaska Department of Health, Southcentral Foundation and the Alaska Mental Health Trust Authority. The primary purpose of these meetings was to discuss the closure of the Crisis Recovery Center and the status of the Providence Crisis Stabilization Center. The stakeholder feedback Providence received in these meetings escalated our timeline for how we would transform the CRC space, open the Providence Youth Behavioral Health Center and care for the vulnerable youth the center is meant to serve.

Input Received from Stakeholders and How Their Feedback Influenced the Project’s Design and Operations

After Kevin Brooks and Emily Ford met with stakeholders for initial policy-level meetings, John Hill, interim Providence Alaska chief executive, conducted follow-up conversations with key

state, community and philanthropic partners regarding the proposed CRC, to be renamed the Providence Youth Behavioral Health Center.

These discussions included Commissioner Heidi Hedberg of the Alaska Department of Health; April Kyle, President/CEO of Southcentral Foundation; Mary Wilson, CEO of the Alaska Mental Health Trust Authority; and Gretchen Guess, President and CEO of the Rasmuson Foundation. Conversations focused on regional adolescent behavioral health needs, existing system capacity, workforce challenges, and opportunities for coordination across providers and community stakeholders.

Input from these leaders highlighted persistent gaps in access to timely, age-appropriate residential behavioral health services for youth, the importance of care models that support appropriate levels of care and effective care transitions, and the need for solutions that complement, rather than duplicate, existing community resources. This feedback informed the refinement of the proposed PYBHC service model and reinforced the need for expanded residential treatment capacity for adolescents as part of a coordinated, system-level approach.

General Review Standard #4: The applicant demonstrates that they have assessed alternative methods of providing the proposed services and demonstrates that the proposed services are the most suitable approach.

Recognizing the documented need for behavioral health services both in Anchorage and across the state of Alaska, Providence considered the following alternative options: 1) do nothing; 2) build at a new location; and 3) reimagine the current location on the Providence campus. Ultimately, Providence, in partnership with other community stakeholders, chose option 3 to reopen residential services at its existing facility. These options have been explored in more detail earlier in the application but are summarized here:

Option 1: Status Quo (Do Nothing)

This was not viable, as it would perpetuate unmet needs, increase hospital readmissions, emergency visits, costs, and negatively impact community health.

Option 2: Build a New Residential Facility

While appealing, this option was impractical due to high capital costs, funding challenges, long timelines, and complex ownership structures.

Option 3: Expand Capacity at the Previously Closed Residential Treatment Facility (proposed project)

Providence, in partnership with community stakeholders, opted to transform its previously closed Level 2 Crisis Recovery Center into a Level 5 Residential Psychiatric Treatment Center – the proposed Providence Youth Behavioral Health Center. This approach leverages existing infrastructure, requires minimal renovation and delivers immediate, cost-effective access to intensive 24/7 psychiatric care for youth ages 12–17. It improves efficiencies and directly benefits community health.

General Review Standard #5: The applicant briefly describes the anticipated impact on existing health care systems within the project’s service area that serve the target population in the service area, and the anticipated impact on the statewide health care system.

Since the project will be adding residential treatment behavioral health capacity in response to the demand for these services, we expect it to complement existing services by addressing unmet needs and potentially reducing utilization of higher levels of care and/or out-of-state travel for treatment. Increasing residential treatment capacity can help alleviate the costs associated with keeping a patient in an acute care bed or return visits to the psychiatric emergency department.

As part of the Providence health system in Alaska, the PYBHC will have access to an extensive and integrated health care network throughout the state. Providence Community Behavioral Health offers a wide range of services and maintains strong referral and community partnerships to ensure comprehensive and compassionate care for Alaska residents. As a large system, Providence has established procedures for transferring patients to facilities with more advanced capabilities when required, or alternatively, discharging them to appropriate lower levels of care when clinically appropriate.

General Review Standard #6: The applicant demonstrates that the project’s location is accessible to patients and clients, their immediate and extended families and community members, and to ancillary services. This includes the relocation of existing services or facilities.

The PYBHC will be located on the Providence Alaska Medical Center campus in the U-Med district of Anchorage. This location allows for prime access and collaboration with community members and with ancillary services. Providence is deeply embedded in the local community and collaborates closely with various organizations to address public health needs and improve overall community wellness. These partnerships include collaborations with local nonprofits to support initiatives such as food security, housing, mental health services, public health and substance abuse treatment. As an established behavioral health service line, Providence’s project to expand behavioral health services will increase accessibility to patients across the state.

Service-specific Standard (Residential Psychiatric Treatment Centers) #1: The applicant identifies the probable impact on the cost to local consumers, and the cost to Medicaid and other medical assistance programs operated by the State of Alaska.

The proposed PYBHC is expected to have a neutral or potentially positive impact on the cost of behavioral health services for local consumers and the State of Alaska’s Medicaid and medical assistance programs. The project is designed to repurpose an existing facility, minimizing capital investment and operational overhead. By expanding in-state residential psychiatric treatment capacity, the PYBHC aims to reduce the need for costly out-of-state placements and extended hospital stays, which are typically more expensive for both consumers and Medicaid.

Providence anticipates that the operational efficiencies gained – such as shorter lengths of stay in acute settings and improved transitions to appropriate levels of care – will help optimize resource

utilization and potentially lower overall costs. The application notes that the project will be funded through Providence's operating budget, with no new debt or financial burden anticipated. For Medicaid, the expectation is that costs will be more efficient and lower than alternatives, such as out-of-state travel, inpatient care or psychiatric emergency department visits.

Additional information about financial impact can be found in Table 21 Reimbursement Sources.

Service-specific Standard (Residential Psychiatric Treatment Centers) #2: The applicant demonstrates the immediate and long-term financial feasibility of the project, based on availability of federal or other funding to construct and operate the project.

The PYBHC demonstrates both immediate and long-term financial feasibility for the proposed expansion of residential psychiatric treatment services. The project is structured to minimize capital investment by repurposing an existing facility, with only minor renovations (carpet and paint) required. This approach eliminates the need for significant new construction funding and reduces financial risk.

Immediate Feasibility:

The project will be financed through Providence Health & Services' operating budget, with no reliance on external loans or debt. There are no acquisition costs, and the estimated renovation cost is modest (\$90,000), fully covered by available internal resources. The absence of major equipment purchases and ability to open a facility without construction further support the project's immediate financial viability.

Long-Term Feasibility:

Operational sustainability will be achieved by integrating the PYBHC into Providence's established behavioral health service line, which benefits from the economies of scale and efficient resource utilization. The program is expected to generate sufficient operational revenue from patient utilization, primarily through Medicaid reimbursement, which in our experience operating the Adolescent Residential Treatment Program, is the standard payer for adolescent residential psychiatric treatment in Alaska. Based on this data, most patients will qualify for Medicaid, minimizing the risk of uncompensated care and ensuring predictable revenue streams.

Rather than rely on specific federal grants or external funding sources for construction or ongoing operations, the project's financial model is based on existing funding mechanisms (Medicaid, private insurance, and Providence's operating budget). The program's design aligns with state and federal priorities for behavioral health, which may facilitate future access to grant opportunities or supplemental funding if needed.

Service-specific Standard (Residential Psychiatric Treatment Centers) #3: An RPTC facility must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Providence Community Behavioral Health intends for this facility to be Joint Commission-accredited at the time of opening. All required steps toward accreditation are underway.

Service-specific Standard (Residential Psychiatric Treatment Centers) #4: Projects larger than 29 beds will not be recommended for approval unless

- a. services will be provided in a campus-like, cottage setting, with smaller home
- b. like units with 15 beds per unit or less [see 7 AAC 43.560(b)(4)(A)]; b. there are secure and nonsecure beds in the facility.

Not applicable. The proposed project is a 16-bed addition to Level 5 access.

Service-specific Standard (Residential Psychiatric Treatment Centers) #5: The applicant demonstrates that the project augments the existing community system of care and facilitates transition to lower levels of care, to community-based settings, or to an adult service system at maturity, providing an effective interface with lower levels of care in the same community. In applying this standard, the department will also consider:

- a. whether the project includes a plan for connecting children and families to appropriate levels of care, to engage families in their children’s treatment;
- b. the degree to which the proposed services assist in developing a Comprehensive, Continuous, Integrated System of Care (CCISC) for behavioral health as planned by the department.

The Providence Youth Behavioral Health Center (PYBHC) is designed to strengthen the existing community system of care for youth behavioral health in Alaska. By expanding short-term residential psychiatric treatment capacity, the PYBHC addresses a critical gap in the continuum of mental and behavioral health care, allowing youth to receive intensive care locally and facilitating timely transitions to lower levels of care, community-based settings or adult services (e.g., independent living services) as appropriate. The program includes protocols for coordinating transitional living service systems for youth approaching maturity, ensuring appropriate handoffs and continuity of care. The program highlights skill- and relationship-building to increase successful transitions back into the community. The PYBHC’s multidisciplinary team will work closely with families and community providers to facilitate engagement and successful transitions intended to optimize long-term outcomes.

Effective Interface and Transition Planning:

The PYBHC program is integrated within Providence’s broader behavioral health service line, which spans outpatient and community-based support, with plans to expand in 2026 to crisis stabilization. Upon admission, each youth receives an individualized treatment plan that includes discharge planning from the outset, with a focus on connecting children and families to appropriate follow-up services. Family engagement is a core component, with regular family therapy, education and involvement in care decisions to ensure continuity and support beyond residential treatment.

Comprehensive, Continuous, Integrated System of Care (CCISC):

The PYHBC aligns with Alaska’s CCISC planning goals by providing trauma-informed, family-centered care and collaborating with community partners to ensure seamless transitions. The program’s short-term model is specifically designed to stabilize youth and prepare them for reintegration into outpatient, school-based or community services, reducing reliance on institutional care and supporting the least restrictive environment. Providence’s participation in

statewide planning efforts and adherence to evidence-based practices further support the development of an integrated behavioral health system.

Section VII. Construction Data

A. Please check appropriate boxes:

Please see Exhibit 1: Cost Estimate for Paint and Carpet

- | | | | |
|----------------------|-------------------------------|------------------------------------|--|
| 1. Construction type | <input type="checkbox"/> New | <input type="checkbox"/> Expansion | <input checked="" type="checkbox"/> Renovation
(Paint and carpet only) |
| 2. Basement | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | <input type="checkbox"/> None |

B. Project Development Schedule

Date

- | | |
|--|---|
| 1. Estimated completion of final drawings and specifications | No drawings are required. |
| 2. Estimated construction begun by | CON approval date |
| 3. Estimated construction complete by | Within one month of approval |
| 4. Estimated opening of proposed services | June 2026 or earlier depending on CON approval timeline |

C. Facility site data: Provide the following as attachments (referenced by the subsection and item number):

1. A legal description and area of the proposed site. Is the site now owned by the facility? If not, how secure are the arrangements to acquire the site?

The legal description is Providence-Chester Creek Tract A. The site is owned by Sisters of Providence & Providence Health System.

2. Diagrammatic plan showing:

- a. dimensions and location of structures, easements, rights-of-way or encroachments;**
- b. location of all utility services available to the site; and**
- c. Location of service roads, parking facilities, and walkways within site boundaries.**

Exhibit 10 provides a Floor Plan and Drawings of Project. If additional information is needed, Providence is happy to provide it.

3. Document clearances regarding zone restrictions, fire protection, sewage, and other waste disposal arrangements (under special circumstances, it is acceptable to present evidence of conditional approvals from local government and regulatory agencies).

Providence is happy to provide any required local or city approvals as the project proceeds.

4. An architectural master plan including long-range concept and development of total facility.

Exhibit 10 provides a Floor Plan and Drawings of Project. If additional information is needed, Providence is happy to provide it.

5. Schematic floor plan drawings (or conceptual drawings) of proposed activity, including functional use of various rooms.

Please see Exhibit 10, which provides a Floor Plan and Drawings of Project and the proposed activity.

D. Describe the plan for completing construction and the effect (disruption) construction activities will have on existing services.

The proposed project scope is to replace carpet and paint touch-ups. This activity will be limited to the currently unoccupied space and be completed in advance of opening the facility. There are no expected effects or disruption on existing services.

Section VIII.A. Financial Data – Acquisitions

Not applicable. The proposed project is a repurposing of a previous facility owned and operated by Providence. There are no acquisition costs related to this project.

1. Acquisition type: (Please check applicable boxes)

- Lease Rent Donation Purchase Stock Transaction

2. Cost data **(Omit cents)**

- a. Total acquisition cost* \$
- b. Amount to be financed \$

- c. Difference between items (a) and (b) (list available resources to be used, e.g. available cash, investments, grants, etc.) \$

- d. Anticipated interest rate %, term years.
- e. Total anticipated interest amount \$
- f. Total of (a) and (e) \$
- g. Estimated annual debt service requirements \$

Not applicable. There are no acquisitions related to this project.

3. Describe how you expect to finance the project.

Not applicable. There are no acquisitions related to this project.

Section VIII.B. Financial Data – Construction Only

1. Construction Method (Please check)

- a. Conventional bid Contract management Design and build
 b. Phased Single project Fast Track
X Paint and carpet remodel only

Table 16. Project Construction Costs

2. Construction Cost (New Activity)	Cost
a. Site acquisition (Section VIII.A.2.f)	\$ -
b. Estimated general construction**	\$ 90,000
c. Fixed equipment, not included in a**	\$ -
d. Total construction costs (sum of items a, b, and c)**	\$ 90,000
e. Major movable equipment**	\$ -
f. Other cost:**	
(1) Administration expense	\$ -
(2) Site survey, soils investigation, and materials testing	\$ -
(3) Architects and engineering fees	\$ -
(4) Other consultation fees (preparation of application included)	
(5) Legal fees	\$ -
(6) Land development and landscaping	\$ -
(7) Building permits and utility assessments (including water, sewer, electrical, phones, etc.)	
(8) Additional inspection fees (clerk of the works)	\$ -
(9) Insurance (required during construction period)	\$ -
g. Total project cost (sum of items d, e, f)	\$ 90,000
h. Amount to be financed	\$ -
i. Difference between 2.g and 2.h (list, as Schedule 1, available resources to be used, e.g., available cash, investments, grants funds, community contributions, etc.)	\$ 90,000
j. Anticipated long-term interest rate N/A	\$ -
k. Anticipated interim (construction) interest rate N/A	\$ -
l. Anticipated long-term interest amount	\$ -
m. Anticipated interim interest amount	\$ -
n. Total items g, l, and m	\$ 90,000
o. Estimated annual debt service requirement	\$ -
p. Construction cost per sq. ft. for refresh	\$ 30.00
q. Construction cost per bed	\$ 5,625
r. Project cost per sq. ft. \$6.29	\$ -
s. Project cost per bed	\$ 5,625

Section IX. Financial Data – All Proposed Activities

Provide an accompanying narrative explanation for each of the schedules below if there are any significant trends or significant changes in any item or group of items from year to year.

Note: Indicate whether you are using a calendar year or other fiscal year period.

All schedules will be using a calendar year. Because the site is not yet open, we will not include five prior years for the PYBHC but for reference only will supply historical financials for the PARTP facility.

A. Attach Schedule I - Facility Income Statement

- 1. For the most recent five prior full fiscal or calendar years**
- 2. Projections during construction or implementation period (if applicable)**
- 3. Projection for three years following completion of construction, or implementation of the proposed activity.**

Table 17. Facility Income Statement

The PYBHC is a new facility and thus has no historical income statements. For reference only, we provide the historical income statements for the PARTP facility.

Schedule I. Facility Income Statement - PYBHC					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
Gross Patient Revenue:	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Inpatient Routine					
Inpatient Ancillary					
Outpatient					
Long-Term Care					
Swing Beds					
Other	\$ 2,179,388	\$ 4,862,557	\$ 5,008,434	\$ 5,158,687	\$ 5,313,447
Total Patient Revenue					
Less Deductions					
Charity Care					
Contractual Allowances	\$ 450,800	\$ 1,005,806	\$ 1,035,981	\$ 1,067,060	\$ 1,099,072
Bad Debts					
Total Deductions					
Net Operating Revenues	\$ 1,728,588	\$ 3,856,751	\$ 3,972,453	\$ 4,091,627	\$ 4,214,376
All Other Revenues					
EXPENSES:					
Salaries	\$ 1,085,294	\$ 1,785,779	\$ 1,839,353	\$ 1,894,533	\$ 1,951,369
Benefits	\$ 264,718	\$ 435,576	\$ 448,644	\$ 462,103	\$ 475,966
Supplies	\$ 96,156	\$ 204,092	\$ 204,092	\$ 204,092	\$ 204,092
Utilities	\$ 2,054	\$ 2,054	\$ 2,116	\$ 2,179	\$ 2,244
Property Tax					
Rent					
Lease	\$ 515,016	\$ 530,466	\$ 546,380	\$ 562,771	\$ 579,655
Other Expenses	\$ 611,660	\$ 751,349	\$ 769,842	\$ 788,890	\$ 808,509
Depreciation	\$ 7,997	\$ 15,993	\$ 15,993	\$ 15,993	\$ 15,993
Interest					
Total Expenses	\$ 2,582,894	\$ 3,725,309	\$ 3,826,419	\$ 3,930,561	\$ 4,037,828
Excess (Shortage) of Revenue					
Over Expenditures	\$ (854,307)	\$ 131,441	\$ 146,035	\$ 161,066	\$ 176,548

Schedule I. Facility Income Statement - PARPT

Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
Gross Patient Revenue:	FY 2021	FY 2022	FY 2023	FY 2024	FY2025
Inpatient Routine					
Inpatient Ancillary					
Outpatient					
Long-Term Care					
Swing Beds					
Other	\$ 2,367,824	\$ 2,383,344	\$ 2,814,606	\$ 3,444,443	\$ 3,490,554
Total Patient Revenue					
Less Deductions					
Charity Care					
Contractual Allowances	\$ 544,335	\$ 473,616	\$ 152,093	\$ 684,184	\$ 789,951
Bad Debts					
Total Deductions					
Net Operating Revenues	\$ 1,830,564	\$ 1,940,887	\$ 2,662,513	\$ 2,760,259	\$ 2,709,431
All Other Revenues					
EXPENSES:					
Salaries	\$ 946,552	\$ 953,726	\$ 1,031,625	\$ 1,116,623	\$ 1,165,150
Benefits	\$ 283,966	\$ 286,118	\$ 309,488	\$ 334,987	\$ 349,545
Supplies	\$ 96,208	\$ 111,337	\$ 107,327	\$ 120,354	\$ 108,032
Utilities	\$ 5,389	\$ 5,639	\$ 4,362	\$ 3,827	\$ 5,088
Property Tax					
Rent	\$ -	\$ -	\$ -	\$ -	\$ -
Lease	\$ 98,175	\$ 50,343	\$ 103,540	\$ 107,681	\$ 107,681
Other Expenses	\$ 246,774	\$ 278,414	\$ 243,491	\$ 256,721	\$ 228,737
Depreciation	\$ 21,994	\$ 21,441	\$ 14,612	\$ 5,638	\$ 6,746
Interest					
Total Expenses	\$ 1,699,057	\$ 1,707,017	\$ 1,814,445	\$ 1,945,831	\$ 1,970,979
Excess (Shortage) of Revenue					
Over Expenditures	\$ 131,507	\$ 233,870	\$ 848,068	\$ 814,428	\$ 738,452

Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens

- B. Attach Schedule II - Facility Balance Sheet**
- 1. For the most recent five prior fiscal or calendar years.**
 - 2. Current fiscal or calendar year to date**

Table 18. Facility Balance Sheet

Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
CURRENT ASSETS	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Cash & Cash Equivalent	\$ (1,250,546)	\$ (1,207,465)	\$ (1,049,107)	\$ (875,828)	\$ (687,180)
Net Patient Accounts Receivable					
Other Accounts Receivable					
Inventories					
Prepaid Expenses					
Other	\$ 86,429	\$ 192,838	\$ 198,623	\$ 204,581	\$ 210,719
Total Current Assets	\$ (1,164,116)	\$ (1,014,628)	\$ (850,485)	\$ (671,247)	\$ (476,461)
Property and Equipment					
Land & Improvements					
Building/Fixed Equipment					
Major Movable Equipment					
Accumulated Depreciation					
Net Property & Equipment	\$ 311,864	\$ 295,871	\$ 279,878	\$ 263,885	\$ 247,892
Other Assets					
TOTAL ASSETS	\$ (852,253)	\$ (718,757)	\$ (570,607)	\$ (407,362)	\$ (228,570)
LIABILITIES/FUND BALANCE					
Current Liabilities					
Accounts Payable					
Accrued Expenses					
Accrued Compensation					
Other Accruals					
Total Current Liabilities					
Long Term Liabilities					
Long Term Debt					
Other					
Total Long Term Liabilities					
Fund Balance	\$ (852,253)	\$ (718,757)	\$ (570,607)	\$ (407,362)	\$ (228,570)
Total Liabilities & Fund Balance	\$ (852,253)	\$ (718,757)	\$ (570,607)	\$ (407,362)	\$ (228,570)

The PYBHC is a new facility and thus has no balance sheet statements. For reference only, we provide the historical balance sheet for the PARTP facility.

Schedule II. Facility Balance Sheet - PARTP					
Providence does not have a stand alone Balance Sheet for this clinic but an approximated balance sheet is provided here to meet the CON requirements.					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
CURRENT ASSETS	FY 2021	FY 2022	FY 2023	FY 2024	FY2025
Cash & Cash Equivalent	\$ 131,507	\$ 233,870	\$ 848,068	\$ 814,428	\$ 738,452
Net Patient Accounts Receivable	\$ 366,113	\$ 388,177	\$ 532,503	\$ 552,052	\$ 541,886
Other Accounts Receivable					
Inventories					
Prepaid Expenses					
Other					
Total Current Assets	\$ 497,619	\$ 622,047	\$ 1,380,571	\$ 1,366,480	\$ 1,280,338
Property and Equipment					
Land & Improvements	\$ 112,791	\$ 112,791	\$ 112,791	\$ 112,791	\$ 112,791
Building/Fixed Equipment	\$ 603,759	\$ 603,759	\$ 603,759	\$ 603,759	\$ 603,759
Major Movable Equipment	\$ 314,664	\$ 314,664	\$ 314,664	\$ 314,664	\$ 314,664
Accumulated Depreciation	\$ 268,088	\$ 300,458	\$ 332,829	\$ 412,884	\$ 534,247
Net Property & Equipment	\$ 763,126	\$ 730,756	\$ 698,386	\$ 618,331	\$ 496,968
Other Assets					
TOTAL ASSETS	\$ 994,587	\$ 1,352,803	\$ 2,078,957	\$ 1,984,811	\$ 1,777,306
LIABILITIES/FUND BALANCE					
Current Liabilities					
Accounts Payable	\$ 12,742	\$ 16,584	\$ 13,231	\$ 14,883	\$ 11,124
Accrued Expenses					
Accrued Compensation	\$ 51,272	\$ 51,660	\$ 55,880	\$ 60,484	\$ 63,112
Other Accruals					
Total Current Liabilities	\$ 64,014	\$ 68,244	\$ 69,111	\$ 75,367	\$ 74,236
Long Term Liabilities					
Long Term Debt					
Other					
Total Long Term Liabilities					
Fund Balance	\$ 930,573	\$ 1,284,559	\$ 2,009,846	\$ 1,909,444	\$ 1,703,070
Total Liabilities & Fund Balance	\$ 994,587	\$ 1,352,803	\$ 2,078,957	\$ 1,984,811	\$ 1,777,306
	\$ -	\$ -	\$ -	\$ -	\$ -
Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens					

C. Attach Schedule III - Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts

Provide revenue and expense data FOR EACH SERVICE THAT IS IDENTIFIED AS CHANGING.

- 1. For the most recent five prior full fiscal or calendar years (information may be obtained on total patient load, directly from your respective years' Medicare Cost Reports)**
- 2. Current fiscal or calendar year to date**
- 3. Projection for five years following completion of construction or implementation.**

Table 19. Average Patient Cost Per Day and Revenue Amounts

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts - PYBHC					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Revenues	\$ 1,728,588	\$ 3,856,751	\$ 3,972,453	\$ 4,091,627	\$ 4,214,376
Expenses	\$ 2,582,894	\$ 3,725,309	\$ 3,826,419	\$ 3,930,561	\$ 4,037,828
Patient Days	2,022	4,380	4,380	4,380	4,380
Revenue Per Patient Day	\$ 854.89	\$ 880.54	\$ 906.95	\$ 934.16	\$ 962.19
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue	\$ 1,728,588	\$ 3,856,751	\$ 3,972,453	\$ 4,091,627	\$ 4,214,376
Direct Expense	\$ 2,337,332	\$ 3,281,867	\$ 3,372,333	\$ 3,465,513	\$ 3,561,488
Indirect Expense	\$ 243,508	\$ 441,388	\$ 451,970	\$ 462,869	\$ 474,096
Net Income Projected	\$ (854,307)	\$ 131,441	\$ 146,035	\$ 161,066	\$ 176,548
Rate Computation					
Annual Medicaid Rate					
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					

The PYBHC is a new facility and thus has no historical patient cost per day and revenue amounts. For reference only, we provide the historical patient cost per day and revenue amounts for the PARTP facility.

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts - PARTP					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
	FY 2021	FY 2022	FY 2023	FY 2024	FY2025
Revenues	\$ 1,830,564	\$ 1,940,887	\$ 2,662,513	\$ 2,760,259	\$ 2,709,431
Expenses	\$ 1,699,057	\$ 1,707,017	\$ 1,814,445	\$ 1,945,831	\$ 1,970,979
Patient Days		3,330	3,365	3,536	3,424
Revenue Per Patient Day	#DIV/0!	\$ 582.85	\$ 791.24	\$ 780.62	\$ 791.31
Operating & Capital Budget Summary:					
Gross Revenues					
Deductions from Revenue					
Net Revenue	\$ 1,830,564	\$ 1,940,887	\$ 2,662,513	\$ 2,760,259	\$ 2,709,431
Direct Expense	\$ 1,481,597	\$ 1,489,194	\$ 1,603,424	\$ 1,737,891	\$ 1,755,862
Indirect Expense	\$ 217,461	\$ 217,824	\$ 211,021	\$ 207,940	\$ 215,117
Net Income Projected	\$ 131,507	\$ 233,870	\$ 848,068	\$ 814,428	\$ 738,452
Rate Computation					
Annual Medicaid Rate					
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					
<p>Years 1 and 2 are equivalent to State of Alaska swing-bed rate. Facility Medicaid Rate is figured from Year 3 onward.</p>					

D. Attach Schedule IV – Operating Budget

Current and projected line-item capital and operating budgets for the proposed activity. Describe what alternative plans have been made if deficits occur.

Table 20. Operating Budget

Schedule IV. Operating Budget - PYBHC					
In Providence's current Level V program most revenue is Medicaid. This new program will also be heavily funded with Medicaid but will probably have more revenue from other payors than the current program (PARTP) because the anticipated Length of Stay in the new program will be shorter. Any adolescent stay greater than 30 days qualifies for Medicaid. In this model any increase in commercial revenues is offset by self pay, Medicare and other government payors like Tricare which have a history of not paying for these services.					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
Description:	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Number of Beds	16	16	16	16	16
Days in a year	365	365	365	365	365
Available bed days	5840	5840	5840	5840	5840
Resident bed days	2,022	4,380	4,380	4,380	4,380
Percent growth		117%	0%	0%	0%
Occupancy	35%	75%	75%	75%	75%
Average length of stay					
Patient Bed Days					
Number of Residents	6	12	12	12	12
Daily Room and Board Rate*					
Nursing Revenue					
Nursing Services					
Payer Mix:					
Medicaid	\$ 1,728,588	\$ 3,856,751	\$ 3,972,453	\$ 4,091,627	\$ 4,214,376
Medicare					
Other					
Ancillary Revenue					
Total Revenue	\$ 1,728,588	\$ 3,856,751	\$ 3,972,453	\$ 4,091,627	\$ 4,214,376
Rate Computation					
Annual Medicaid Rate					
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					
Years 1 and 2 are equivalent to State of Alaska swing-bed rate. Facility Medicaid Rate is figured from Year 3 onward.					

The PYBHC is a new facility and thus has no historical operating budget. For reference only, we provide the historical operating budget for the PARTP facility.

Schedule IV. Operating Budget - PARTP					
In Providence's current Level V program most revenue is Medicaid. This new program will also be heavily funded with Medicaid but will probably have more revenue from other payors than the current program (PARTP) because the anticipated Length of Stay in the new program will be shorter. Any adolescent stay greater than 30 days qualifies for Medicaid. In this model any increase in commercial revenues is offset by self pay, Medicare and other government payors like Tricare which have a history of not paying for these services.					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
Description:	FY 2021	FY 2022	FY 2023	FY 2024	FY2025
Number of Beds	10	10	10	10	10
Days in a year	365	365	365	365	365
Available bed days	3650	3650	3650	3650	3650
Resident bed days	-	3,330	3,365	3,536	3,424
Percent growth		#DIV/0!	1%	5%	-3%
Occupancy	0%	91%	92%	97%	94%
Average length of stay					
Patient Bed Days					
Number of Residents	-	9	9	10	9
Daily Room and Board Rate*					
Nursing Revenue					
Nursing Services					
Payer Mix:					
Medicaid	\$ 1,830,564	\$ 1,940,887	\$ 2,662,513	\$ 2,760,259	\$ 2,709,431
Medicare					
Other					
Ancillary Revenue					
Total Revenue	\$ 1,830,564	\$ 1,940,887	\$ 2,662,513	\$ 2,760,259	\$ 2,709,431
Rate Computation					
Annual Medicaid Rate					
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days					
Cost per Patient Day					
Years 1 and 2 are equivalent to State of Alaska swing-bed rate. Facility Medicaid Rate is figured from Year 3 onward.					

E. Attach Schedule V – A. Debt Service Summary, and B. New Project Debt Service Summary

A debt service cash flow schedule over the life of the debt, if applicable, for all long-term debt of the facility. Identify each debt, including the proposed activity, and break out interest, principal, and other costs.

Not applicable. Providence will not incur debt because of this project.

F. Attach Schedule VI - Reimbursement Sources

Showing reimbursement sources for the facility for the previous five full years and projected for three years after implementation.

In Providence's current Level V program, the Providence Adolescent Residential Treatment Program (PARTP), most revenue is Medicaid. The PYBHC will also be heavily funded with Medicaid but will likely have more revenue from other payors than PARTP because the anticipated length of stay for the PYBHC is shorter. Any adolescent stay greater than 30 days qualifies for Medicaid. In this model any increase in commercial revenues is essentially offset by self-pay, Medicare and other government payors like Tricare, which have a history of not paying for these services.

Table 21. Reimbursement Sources

Reimbursement Sources - PYBHC					
	2026	2027	2028	2029	2030
Total					
Gross Patient Charge	2,179,388	4,862,557	5,008,434	5,158,687	5,313,447
Deductions/Charity	450,800	1,005,806	1,035,981	1,067,060	1,099,072
NSR	1,728,588	3,856,751	3,972,453	4,091,627	4,214,376
Medicaid					
Gross Patient Charge	1,852,480	4,133,174	4,257,169	4,384,884	4,516,430
Deductions	383,180	854,935	880,583	907,001	934,211
NSR	1,469,299	3,278,238	3,376,585	3,477,883	3,582,219
Commercial					
Gross Patient Charge	261,527	583,507	601,012	619,042	637,614
Deductions	9,016	20,116	20,720	21,341	21,981
NSR	252,511	563,391	580,292	597,701	615,632
Self Pay/Other Govt					
Gross Patient Charge	65,382	145,877	150,253	154,761	159,403
Charity	58,604	130,755	134,677	138,718	142,879
NSR	6,778	15,122	15,576	16,043	16,524

The PYBHC is a new facility and thus has no historical reimbursement. For reference only, we provide the historical reimbursement for the PARTP facility.

Reimbursement Sources - PARTP					
	FY 2021	FY 2022	FY 2023	FY 2024	FY2025
Total					
Gross Patient Charge	2,367,824	2,383,344	2,814,606	3,444,443	3,490,554
Deductions/Charity	544,335	473,616	152,093	684,184	789,951
NSR	1,823,489	1,909,728	2,662,513	2,760,259	2,700,603
Medicaid					
Gross Patient Charge	2,249,433	2,264,177	2,673,876	3,272,221	3,316,026
Deductions	517,118	449,935	144,488	649,975	750,453
NSR	1,732,315	1,814,242	2,529,387	2,622,246	2,565,573
Commercial					
Gross Patient Charge	118,391	119,167	140,730	172,222	174,528
Deductions	27,217	23,681	7,605	34,209	39,498
NSR	91,174	95,486	133,126	138,013	135,030
Self Pay/Other Govt					
Gross Patient Charge					
Charity	-	0	-	0	-
NSR	-	(0)	-	(0)	-

G. Attach Schedule VII – Depreciation Schedule

Showing a depreciation schedule for all items acquired through the proposed project. Note that the straight-line method must be used. Indicate on the depreciation schedule or separately which major movable equipment is being purchased for the project (see Section VIII B, Item 2e). Also, on a separate page, include a list of all equipment to be purchased through this project and the costs.

Not applicable. The proposed project will include carpet replacement and paint touch-ups. While there are no major fixed or removal equipment for the proposed facility, there are minor IT/IS equipment requirements as detailed in Exhibit 12. The total costs are capitalized.

Exhibit 1

Cost Estimates for Paint and Carpet



PRB CRC Department Fluff & Buff

11/26/2025

This estimate encompasses removal and replacement of carpet floors and installation of new flooring. Patchwork and repaint walls in corridors. Davis will support with removal and re-installation of FF&E items on walls and minor office furniture as needed for scope of work.

Estimated cost \$90,000

A handwritten signature in blue ink, appearing to read "Aaron Edmondson", is written over the printed name.

Aaron Edmondson

Project Manager

Davis Constructors & Engineers

Exhibit 2

Providence Behavioral Health Services

Across the Continuum

Providence Alaska Behavioral Health Service across the continuum

**In development*

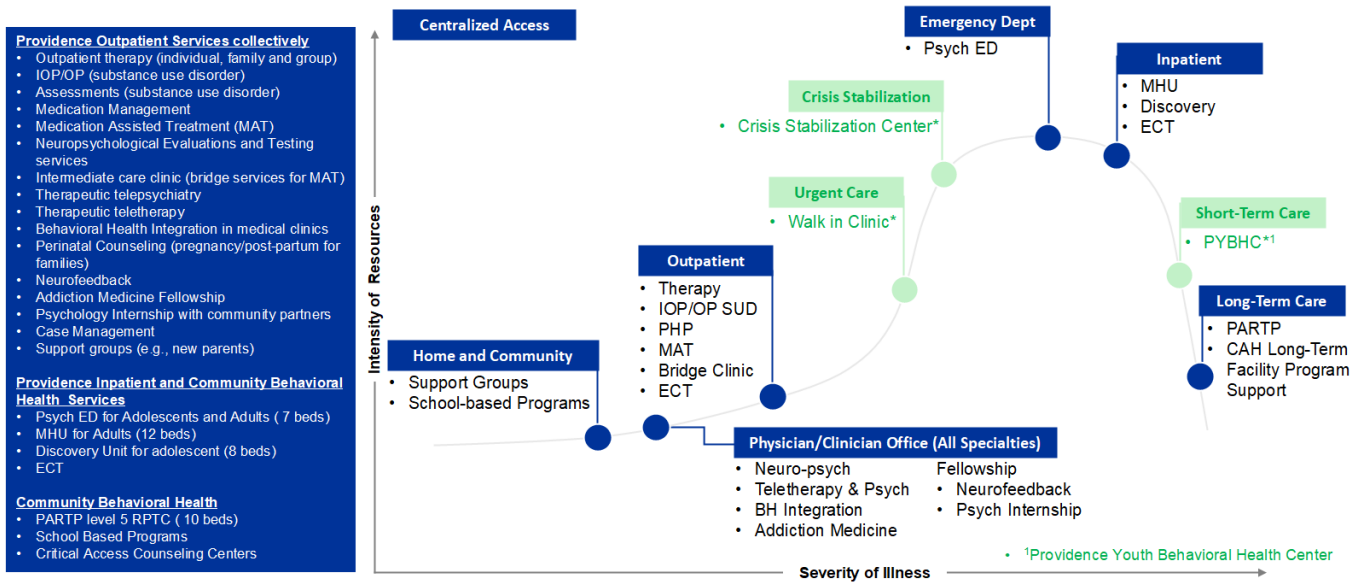


Exhibit 3

PYBHC Handbook



Providence Youth Behavioral Health Center

Patient and Family Handbook

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Welcome – Thank you for trusting us in your care journey

Thank you for choosing Providence Youth Behavioral Health Center (PYBHC) to meet your behavioral healthcare needs.

OUR PROMISE

Know me, care for me, ease my way

OUR VISION

Health for a better world

OUR MISSION

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable

We welcome you to the Providence Youth Behavioral Health Center for your behavioral healthcare needs. Our intent is to provide the highest quality care throughout your stay with us. It is expected that every member of the Providence team focuses everything they do on providing meaningful Trauma-Informed care to all patients and visitors. As such, we strive to live **OUR VALUES** in every sacred encounter!

Compassion – We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional, and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.

Dignity – We value, encourage, and celebrate the gifts of one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.

Justice – We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources, and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

Excellence – We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe, and reliable practices for the care of all.

Integrity – We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.

COMMITMENT To Quality Programming

At the Providence Youth Behavioral Health Center (PYBHC), high-quality programming based on Evidence-Based principles is a priority. The intent of this programming is to offer opportunities to learn effective skills to effectively stabilize BIG emotions during times of challenges, renew hope, and restore a sense of purpose in life and vision for the future.

The journey at PYBHC will be short term (LOS 30-60 days). During the journey, many services are provided:

- Individual Therapy
- Family Therapy
- Group Therapy
- AT/RT
- 24/7 Nursing
- Milieu Management

Some treatment modalities include:

- B-CBT
- CBT
- DBT
- Prosocial skills
- EMDR Resourcing
- REBT

Treatment Providers:

- Psychiatrists
- Masters Therapists
- Nurses
- MH Specialists

The PYBHC program is founded upon various Learning Theory principles, specifically the principle that learning occurs in phases based on how a person processes, understands, adapts, and applies learned information.

PYBHC Four-Phase Learning Process

STABILIZATION – Process of establishing emotional and physical safety so the mind is free to learn new information (rather than remaining stuck in BIG emotions which activates survival responses fight, flight, freeze, and immobilization).

EDUCATION – Process of learning and understanding new information from different perspectives.

ADAPTATION – Process of reflecting upon new information and using ideas based on logic, rationale, and facts to systematically resolve challenges.

GENERALIZATION – Process of seeking opportunities to use new learning in different situations resulting in improved overall well-being.

Important tidbit: For the most part, people progress through the learning process through standardized phases, the amount of time it takes to optimize a learning experience varies greatly based on external and internal protective and risk factors. The Providence Youth Behavioral Health Center is structured in a manner that optimizes skill building and learning within 30-60 days. However, it is important to note that *learning optimization* is individualized based on a person's degree of motivation for change.

INTRODUCTION

Important Facts to Know About Therapy

At Providence Youth Behavioral Health Center (PYBHC), therapy refers to a process that may help patients (and their families) work through big emotions by learning to use effective strategies to self-regulate behaviors and emotions. PYBHC uses principles and strategies commonly paired with Dialectical Behavioral Therapy (DBT), Cognitive Behavior Therapy (CBT), Brief Cognitive Behavior Therapy (B-CBT), and Rational Emotive Behavioral Therapy (REBT).

How Does Therapy Work?

The therapy process at PYBHC helps patients work through BIG emotions (e.g., fear, anger, sadness, anxiety) through:

- engaging in therapeutic activities to enhance insight and self-awareness
- practicing skills to effectively regulate emotions in a safe environment
- transforming irrational, rigid, and extreme thoughts, beliefs, and perceptions into helpful thoughts, beliefs, and perceptions that promote behavioral self-regulation

What does Therapy Help?

Therapy at PYBHC addresses many different challenges and problems such as:

- ❖ Unhealthy anger
- ❖ Moderate to extreme anxiety
- ❖ Deep sadness
- ❖ Defiance of rules & authority
- ❖ Bullying
- ❖ Conduct Problems
- ❖ Adjustment challenges
- ❖ Trauma exposure
- ❖ Self-injurious behaviors (SIB)
- ❖ Suicidal ideation (SI)
- ❖ Attention challenges
- ❖ Mood Swings
- ❖ And many more

The Story of Therapy

Once upon a time, psychologists and researchers developed several types of therapeutic strategies to help people who experience BIG emotions learn new life skills to self-regulate their thoughts, emotions, and behaviors. For example:

- Dr. Marsha Linehan developed Dialectical Behavioral Therapy (DBT)
- Dr. Aaron Beck developed Cognitive Behavioral Therapy (CBT)
- Dr. Albert Ellis developed Rational Emotive Behavioral Therapy (REBT)

Important tidbit: The Providence Youth Behavioral Health Center uses strategies and principles from these theories throughout the Treatment Process.

THE TREATMENT PROCESS

Important Facts to Know About How Therapy Works

The Providence Youth Behavioral Health Center is based on a Four-Phase Learning Process.

Stabilization Phase

- ❖ Develop self-regulation skills
- ❖ Share personal life journeys
- ❖ Identify barriers that keep one stuck in challenges
- ❖ Create a Crisis Plan to help navigate through BIG emotions

Education Phase

- ❖ Enhance understanding of challenges
- ❖ Increase self-awareness
- ❖ Explore thinking patterns that keep one stuck in loop
- ❖ Skill development for meaningful change

Adaptation Phase

- ❖ Actively adapt thoughts & beliefs to increase self-regulation
- ❖ Practice adaptive thinking patterns
- ❖ Seek opportunities to use new skills in other environments
- ❖ Enhance **self-efficacy**

Generalization Phase

- ❖ Strengthen and expand Safety Planning
- ❖ Prepare for discharge and re-integration into the community
- ❖ Strengthening support system
- ❖ Transition from the PYBHC program

PERSONAL BELONGINGS

Important Facts to Know About What to Bring with You

Due to limited space, it is important to bring only essential items for your stay. Please limit outfits to only 5-days supply and undergarments to 7-day supply. Laundry facilities are available. The Providence Youth Behavioral Health Center (PYBHC) provides basic toiletries (e.g., toothbrush/paste, shampoo, conditioner, deodorant, body wash, and lotion), feminine hygiene products (e.g., pads, tampons), and nail clippers. Personal hygiene products may be approved by the treatment team if they meet safety requirements. Below is a partial list of approved personal items that you may consider bringing for your stay.

Short/long sleeved shirts	Toothbrush/paste	Pillow, blanket
Sweaters	Face wash	Approved family photos
Sweatpants (no strings)	Body wash	Coloring books
Leggings	Lotion	Approved markers
Bras	Loofa/sponge	Approved books
Coat	Hair brush	Beads
Under garments	Comb	Approved yarn
Socks	Hair ties	Crochet hook (no needles)
Shoes without laces	Feminine hygiene products	Approved art paints
Tennis Shoes	Make-up (no glass/metal)	
Boots	Approved stuffed animals	

***Items mentioned above (and other personal items) may be limited and even prohibited based on current treatment needs and safety-related concerns.**

Phones and other electronic equipment (non-medical) are not permitted at the PYBHC. Remember: the purpose of your stay is to focus on your treatment and, although some scheduled free time is allowed throughout the day, it is minimized and limited to specific activities.

Important Tidbits: Personal items (e.g., stuffed animals, art supplies, reading material) may be permitted if they meet safety requirements and are deemed clinically appropriate by the treatment team. *See the belongings handout for more details.

PROHIBITED ITEMS

Important Facts to Know About What NOT to Bring with You

Safety is a priority at the Providence Youth Behavioral Health Center (PYBHC). Therefore, specific items are prohibited from entering the facility. The list below is only a partial list and may be updated at the discretion of any staff member.

- | | |
|---|-----------------------|
| Cell phones, tablets, and other non-medical electronic devices | Glass or sharp items |
| Weapons and/or dangerous items of any kind | Toxic substances |
| Substances (e.g., drugs, alcohol, tobacco products, vapes) | Gaming systems |
| Medication except as provided by PYBHC nurse | Pets |
| Make-up inappropriate for the setting and/or activity | Cameras |
| Sexualized clothing (e.g., over-revealing, too tight, suggestive) | Permanent ink markers |
| Thematic clothing (e.g., profanity, sex, violence, racism, etc.) | Perfume products |
| Rollerblades/skateboards | Cologne |
| Glass or sharp items | Matches or lighters |
| | Knitting needles |

*Prohibited Items: Personal music devices with access to movies, internet, social media, or video, audio, picture taking capabilities.

CONTABAND ITEMS

Important Facts to Know About Your Stay and Safety

Contraband is always prohibited at the PYBHC facility (including items brought by family members).

- | | | |
|----------------------|---------------------------|-----------------------------|
| Alcohol, Substances | Strings, ropes, cords | Glass items (e.g., mirrors) |
| Nicotine, Cigarettes | Sharp objects (e.g. pins) | Nail polish remover |
| Caffeine | Razor blades | Outside food |
| Needles | Matches, Lighters | Weapons |
| Cameras | Electronics | Medications |
| Cell phones | Metal objects | Tweezers |

Important Tidbits: Contraband includes any type of volatile substances (e.g., paint, glue, gasoline, etc.) as well as any type of weapon (e.g., gun, knife, explosive device, brass knuckles, glass, sharp objects, num-chicks, bats, etc.).

SAFETY

Important Facts to Know About Safety

Providence takes safety seriously and as such is deemed as a ZERO TOLERANCE zone for aggression. Any type of aggression (e.g., physical aggression, verbal threats, property destruction) are addressed quickly, firmly, and in a manner that is clinically appropriate which may include contacting the Alaska Police Department (APD).

The Providence Youth Behavioral Health Center prohibits unsafe people from entering the facility. People who meet the following criteria may be denied entrance into the PYBHC facility:

- Visitors in possession of any type of weapon, substances that may be deemed harmful and/or illegal, and/or any other type of potentially unsafe items
- Visitors with a history of being abusive and/or threatening
- Visitors under the influence of alcohol or other substances
- Visitors who refuse to comply with rules, directives, and/or safety expectations
- Visitors (including family members, guardians) who are not supportive of the patient's treatment

The following are actions, behaviors, and/or reactions deemed to be unsafe:

Property destruction
Stealing
Sneaking
Racial slurs
Gossiping
Spreading rumors
Cussing, Swearing
Profanity
Sneaking
Name calling, Teasing
Verbal threats
Instigating
Lying, dishonesty
Making fun of people
Calling people names

Important Tidbits: Other behaviors that are prohibited at PYBHC:

- ❖ Keeping secrets that have the potential to be harmful and/or dangerous to others or self
- ❖ Covering for other people who are planning or may be planning to use unsafe behaviors
- ❖ Violating privacy and confidentiality (e.g., mentioning peer's names or issues during phone conversations or with other peers)
- ❖ Sharing personal information (e.g., home addresses, cell phone numbers, contact information)
- ❖ Being involved or pursuing inappropriate relationships and contact with others
- ❖ Borrowing, loaning, sharing, and/or lending personal items or food

EIGHT TIDBITS

Important Facts to Know About Your Stay

CODE OF CONDUCT

Patients are expected to strictly adhere to the Code of Conduct which includes three rules (many expectations associated with each rule):

1. RESPECT SELF
2. RESPECT OTHERS
3. RESPECT PROPERTY

ACTIVE ENGAGEMENT

You are expected to actively engage in all scheduled therapeutic activities.

CLOTHING

You are allowed 5 outfits (7 undergarments).

All clothing:

- In good repair (no holes)
- Loose fitting
- No strings, wires, unsafe items
- Shirts cover midriff, no cleavage
- No see-through
- Dresses must touch knees
- When wearing leggings, shirts must cover the buttocks

PHONE CALLS

Phone calls are limited to scheduled times only unless deemed an emergency by staff.

- Initially restricted to guardians until deemed clinically appropriate by treatment team
- Calls with friends are prohibited

FIRE SAFETY

PYBHC conducts fire drills regularly on each shift. If you hear an alarm, follow staffs' directives immediately.

VISITATION

Visitation is limited to parents/guardians and occurs only during scheduled visitation times to allow patients to focus on treatment.

- Siblings and/or extended family members may be included with pre-approval from the treatment team

PASSES

In general, passes are prohibited throughout your treatment stay.

- Treatment team may approve brief medical passes with parents/guardians prior to discharge if deemed clinically necessary
- Patients on safety precautions are not eligible for any type of pass

SAFETY ROUNDINGS

PYBHC staff are expected to conduct regular safety roundings each day and night. Staff respect privacy and may request verbal confirmation of safety if a patient is in the shower bathroom. However, safety concerns may require visual safety observation which are conducted in a manner that maintains patient dignity and respect

Important Tidbits: All personal items are inventoried at admission and discharge. Items brought during treatment must be inventoried by staff and documented on the patient's belongings sheet.

FIVE BASIC LIFE SKILLS

Important Skills for Effective Re-integration

The Providence Youth Behavioral Health Center (PYBHC) recognizes the importance of building and enhancing critical life skills. The program utilizes various treatment interventions to teach and practice these Life Skills. Patients are expected to complete related treatment assignments daily as well as practice the skills throughout the day.

LIFE SKILLS

Active Listening and Attentive Responding is a skill intended to improve communication and relationships

Meaningful and Effective Problem Solving is a skill intended to improve decision making which significantly improves emotional and behavioral reaction

Anxiety and Stress Reduction requires a variety of skills focused on the Autonomic Nervous System regulation

Critical Thinking involves many skills. The primary focus of WCCC is reducing impulsive responses/reactions and enhancing reflective thinking

Establishing and Maintaining Healthy Boundaries is a safety skill intended to teach people how to treat each other

TREATMENT INTERVENTIONS

Goals Groups are led by Mental Health Specialists in the morning to help patients identify daily goals and in the evening to reflect upon their progress toward achieving their goal throughout the day

Psychoeducation Groups are led by trained Mental Health Specialists intended to increase self-awareness and teach self-regulation skills. They allow patients opportunities to practice new skills in a group setting

Therapeutic Process Groups are led by Masters Level Clinical Therapists and are intended to help patients meet with peers who have similar experiences and safely share life experiences and learn new skills to resolve life challenges

Individual Therapy (Masters Level Therapist)

Family Therapy (Masters Level Therapist)

AT/RT Group Therapy (CTRS)

Medication Management (Psychiatrist)

Important Tidbits: Patients are expected to practice using the Life Skills identified above throughout the treatment journey. Practice promotes skill mastery!

PATIENT RIGHTS

Patients have the Right to the best high-quality care

Patients have a right to:

- ❖ Personal dignity.
- ❖ Be informed about any aspect of your care in terms that you understand.
- ❖ Confidentiality of information gathered during and throughout your treatment.
- ❖ Privacy during your care.
- ❖ Security for yourself and your property.
- ❖ Fully participate in all decisions related to your healthcare including:
 - Advanced Directives and any help you may need in formulating them.
 - Any ethical issues that impact your care.
 - An opportunity to resolve any conflicts about your care.
 - Informed consent about your care including the right to designate a surrogate decision maker.
- ❖ Considerate, respectful care from all staff.
- ❖ Express concerns about any of the services we provide to you, to have these concerns reviewed, and, when possible, resolved.
- ❖ High-quality and compassionate health care.
- ❖ Information about fee schedules and payment policies.
- ❖ Be informed of the organization's rules and regulations concerning your conduct.
- ❖ Appropriate assessment and management of pain.
- ❖ A choice of primary care providers on our team and available qualified specialists.
- ❖ Physical access to the facility for the physically and visually impaired.
- ❖ Effective communication that considers language needs, as well as hearing, speech and visual impairments.

- ❖ Not to be discriminated against on the basis of race, color, national origin, age, disability, sex or any other protected class

CONCERNS?

If you have concerns about the care you or your loved ones are receiving during your stay, then please immediately contact your physician or nursing supervisor.

If your concern is not resolved after speaking with the physician or nursing supervisor, then please contact **Patient Relations**.

You may also contact the following:

Joint Commission at 1 (800) 994-6610

State of Alaska, Residential Licensing at (907) 334-2496

Important Tidbits: For more details about the grievance process, please see the "Providence Patient Rights and Responsibilities" section at the end of this handbook.

PATIENT RESPONSIBILITIES

Patients have **RESPONSIBILITIES** to themselves and others

SAFETY of patients, staff, visitors, and the environment is very important to us and critical to effective treatment. To ensure a safe environment for all to enjoy, patients are expected to comply with Patient Responsibilities.

For a detailed description of all Patient Expectations, see the attachment at the end of this handbook.

- Active participation in all scheduled treatment activities throughout your stay
- Full participation in all decisions related to your health care.
- Collaborate with caregivers to develop treatment plans and make a good faith effort to comply with recommendations made by caregivers responsible for your care.
- Accept responsibility when refusing treatment or not following the caregivers' instructions.
- Showing respect for and toward other patients, staff, and visitors.
- Be considerate of facilities, equipment, and the environment.
- Notify appropriate caregivers if a language barrier exists.
- Provide accurate and complete information about recent complaints and treatments.
- Disclose relevant information to your caregivers.
- Immediately report unexpected changes in condition.
- Inform appropriate caregivers if they do not understand your treatment plan.
- Ensure that the financial obligations for healthcare are fulfilled as promptly as possible.
- Follow rules and regulations affecting patient care and conduct.
- Bring only those personal items which are necessary and in accordance with expectations.
- Send home all items not absolutely necessary before being admitted to the unit.
- Accept full responsibility for articles taken or worn to the unit.
- Provide clothing to be worn and transportation home upon discharge.
- Understand how to continue care after discharging from the hospital.

Important Tidbits: Patients are expected to actively engage and participate in all aspects of their treatment. This includes attending all scheduled therapeutic activities and appointments noted above.

WHAT TO EXPECT

Important Facts to Know About What Happens

Providence Youth Behavioral Health Center (PYBHC) recognizes the importance of structure. Therefore, staff maintain and adhere to a daily schedule outlining therapeutic activities throughout the day.

DAILY PROGRAMMING SCHEDULE (example)				
SCHEDULE (SCHOOL YEAR)			SCHEDULE (SUMMER)	
	Weekday	Weekend	Weekday	Weekend
8:00	Wake up, Breakfast, AM Showers, ADLs		Wake up, Breakfast, AM Showers, ADLs	
9:00	Character Strength Group	Wake up, Breakfast, AM Showers, ADLs	Character Strength Group	Wake up, Breakfast, AM Showers, ADLs
10:00	(Mon) Nutrition Group (Tues/Fri) Trauma Focused Yoga (Wed) Yoga (Thurs) Nurse Health Group	Character Strength Group	(Mon) Nutrition Group (Tues/Fri) Trauma Focused Yoga (Wed) Yoga (Thurs) Nurse Health Group	Character Strength Group
11:00	(Mon) Spiritual Care Group (Tues-Fri) Activity Therapy	(Sat) Activity Therapy (Sun) Community Meeting	(Mon) Spiritual Care Group (Tues-Fri) Activity Therapy	(Sat) Activity Therapy (Sun) Community Meeting
12:00	Lunch	Lunch	Lunch	Lunch
1:00	Day Shift Check Ins	Day Shift Check Ins (Sun) Cleaning Group and Day	Day Shift Check Ins	(Sat & Sun) Day Shift Check Ins (Sun) Cleaning Group and Day
1:30	School		1:30 Activity Therapy	
2:00		2:00 Process Group	2:00 Process Group	2:00 Process Group
2:30				
3:00		3:00 In Room Time/Shift Change/Mini Lesson Assignment in Room	3:00 In Room Time/Shift Change/Mini Lesson Assignment in Room	3:00 In Room Time/Shift Change/Mini Lesson Assignment in Room
3:30	In Room Time/Shift Change/Mini Lesson Assignment in Room			
4:00	Process Group	(Sat) Insight Group (Sun) Psychoeducation Group	Psychoeducation Group	Psychoeducation Group
5:00	Dinner	(Sat) Dinner and Early Chores (Sun) Dinner (Sat) 5:45 Showers, Individual Goals Review, Evening Shift Check In	Dinner	Dinner (Sat) Dinner & early chores
6:00	Psychoeducation Group	(Sat) Cont'd Showers, Individual Goals Review, Evening Shift Check-in (Sun) 6:00 Activity Therapy (Sat) 6:45 Movie Night	Psychoeducation Group	(Sat) PM Showers, Individual Goals Review, Evening Shift Check In (Sun) Activity Therapy
7:00	PM Showers, Individual Goals Review, Evening Shift Check In	(Sat) Cont'd Movie Night (Sun) PM Showers, Individual Goals Review, Evening Shift Check In	PM Showers, Individual Goals Review, Evening Shift Check In	(Sat) Movie Night (Sun) PM Showers, Individual Goals Review, Evening Shift Check In
8:00	Chores 8:15 Snack/Relaxation Group	(Sat) Cont'd Movie Night (Sun) 8:15 Snack/Relaxation Group	Chores 8:15 Snack/Relaxation Group	(Sat) Movie Night (Sun) Chores 8:15 Snack/Relaxation Group
8:30	In Room, Nurse Med Pass, Wind Down	In Room, Nurse Med Pass, Wind Down	In Room, Nurse Med Pass, Wind Down	In Room, Nurse Med Pass, Wind Down
9:30	Lights Out	Lights Out	Lights Out	Lights Out

Patient Rights and Responsibilities



OUR COMMITMENT TO YOU, OUR PATIENT:

At Providence, we believe health is a human right. Every person deserves to live their healthiest life. Our mission calls for us to care for all by honoring the dignity and diversity of each person. We welcome you, at every stage of life, and we are committed to providing care that recognizes and affirms you as a whole person. We strive to create a welcoming, safe and respectful environment for you to celebrate life's most sacred moments and for us to stand by you when times are tough. You can count on us to hear you, understand you and work with you to meet your health goals. More than a place of healing and health, we're committed to eliminating health inequities, including giving everyone equitable access to safe, high-quality, effective care. We will not discriminate, and you can expect care that is free of prejudice. We thank you for entrusting us with your care – it is our greatest responsibility and honor.

AS OUR PATIENT, YOU HAVE THESE RIGHTS:

To respect, dignity, and justice

You have the right to receive considerate, compassionate, confidential and respectful care. You will be treated with dignity, and therefore be free from neglect, exploitation, abuse, harassment, racism, or discrimination. All patients have the right to be free from physical or mental abuse, and corporal punishment. Providence will provide high-quality, inclusive care to all that visit us. We see you as the unique person you are, and we will provide your care in a culturally responsive manner.

We are committed to removing the causes of oppression. We respect and diligently care for all individuals accessing services. We welcome people of all races, ages, creeds, ethnicities, cultures, national origins, citizenship, languages and/or immigration statuses, economic statuses, the source of payment for care, religions, traditions, practices, and ancestries. We honor and respect all marital, domestic partnership, or civil unions, appearances and body sizes, sexes,

sexual orientations and gender identities or expressions. We welcome and provide equitable care for all physical or psychiatric or intellectual disabilities, handicaps or abilities, medical conditions (including HIV/AIDS status, cancer, genetic, substance use and eating disorders), family medical histories, veteran or military statuses, and any characteristic protected by federal, state, or local law.

To a safe environment

You have the right to receive care in a safe setting, to access protective and advocacy services, and to be free from abuse and harassment.

To be free of restraint or seclusion

You have the right to be free from restraint or seclusion. The use of restraint or seclusion for the following reasons is prohibited: based on the patient's race, color,

national origin, age, disability (recognized by anti-discrimination laws), or sex (including pregnancy, sexual orientation, gender identity, and expression), and all other categories protected under the law. Hospital and professional staff members receive education and training (in accordance with statutory and regulatory requirements) on assessment of patients who exhibit behaviors that may inhibit the patient's ability to protect themselves and others from harm or injury.

To your chosen visitors

In accordance with applicable hospital and clinic policies, you have the right to receive visitors of your choice. These visitors include, but are not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. These visitors will not be restricted or otherwise denied visitations privileges because of race, color, national origin, sex, sexual orientation, gender identity or expression, age, or disability. You hold the right to withdraw or deny such consent at any time.

You also have the right to have a family member or representative of your own choice and your own primary care physician notified promptly of inpatient admission to the hospital.

To access medical care responsive to your unique needs

You have the right to access services, treatment or accommodations that are available at our facilities and that are medically necessary. Our goal is to align with your personal health and life goals and take into account all of who you are. In accordance with applicable hospital policies, patients with disabilities have the right to designate at least three support persons, including at least one support person to be present at

all times in the emergency department and/or during a hospital stay.

To discuss and participate in your health care decisions

You have the right to discuss, ask questions about, and make decisions regarding your care. You know yourself best, which is why we listen to your health goals and partner with you to achieve them. You will

have your personal, cultural and spiritual values, preferences and beliefs honored when deciding about treatment. If you desire, your trusted decision maker or others of your choosing may participate in decisions about your care. You also have the right to request the consultation of a specialist, ethicist and/or chaplain. And, to help ensure you understand the care being given or proposed, interpreter services are available at no cost to you.

To have your wishes honored

You have the right to have your treatment decisions respected. If you become unable to speak for yourself in making decisions about your care, we will respect the decisions of the person you named as your power of attorney for health care, health care agent, or trusted decision maker. If your advance directive or other advance care planning document indicates preferences regarding specific treatments, we will

honor your choices within the limitations imposed by your condition. If you do not have an advance directive or similar advance care planning document on file, we will offer to help you in completing one. Providence's focus for care through the end of life is on meeting the needs of patients and their loved ones, alleviating their suffering, and improving the quality of their lives. We will provide access to spiritual care, palliative care and hospice care within a full continuum of care. When appropriate, we will help

coordinate donations of organs and other tissues as in accordance with your directives while providing compassionate end-of-life care.

To informed consent and declination of care

You have the right to be informed by your doctor of your diagnosis, treatment and prognosis in a way that you understand, so that you can make informed decisions regarding your care. To the degree possible,

this should be based on an explanation of your condition and all proposed procedures and treatments, including the possibility of any serious risks or side effects, problems related to recovery and the probability of success. In addition, you have the right to understand the risks and benefits of not having the proposed procedures and treatment. Your right to receive treatment is not conditioned upon having an advanced directive, POLST, or an order withdrawing or withholding life support such as a Do Not Resuscitate order. Patients and designees have the right, to

the greatest extent possible, to participate in decisions concerning their medical care, including any research projects or ethical issues that may arise. This includes the right to decline treatment or leave the hospital, even if advised not to do so by your provider for medical reasons.

To continuity of care

You have a right to receive information that allows you to understand the choices that you have as we assist you in planning for continued health care needs that may exist when you leave our care and facilities. This includes coordinating treatment, evaluations, and if necessary, transferring to another facility.

To adequate pain control

You have the right to have your pain managed while receiving care and services.

To communicate about your care

You are encouraged to learn and ask questions about the treatment you are receiving. If necessary, our staff will obtain an interpreter at no cost to you or provide other means for you to fully understand the care being given to you or proposed. Unless you tell us

not to, we retain the right to notify your established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post-acute care services providers and suppliers of your admission, discharge, or transfer from the hospital. Upon your request, we will notify the family member of your choice of your admission, discharge, or transfer from our hospital.

To your medical records

You have right to receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care in terms you can understand. You have the right to access your medical records. You will receive a separate Notice of Privacy Practices that explains your rights to access your records. You have the right to effective communication and to participate in the development and implementation of your plan of care.

You have the right to participate in ethical questions that arise during your care, including issues of conflict resolution, withholding resuscitative services and forgoing or withdrawing of life-sustaining treatment. In addition, you have the right to sign up for the MyChart patient portal. MyChart provides up-to-date information on appointments, medications, health conditions, labs, studies, after-visit summaries, clinical notes and other information in real time with no unique access request. Please visit Providence.org for more information.

To privacy and confidentiality

You have the right to confidential treatment of all communications and records pertaining to your care and stay. You will receive a separate Notice of Privacy Practices that explains your privacy rights in detail and how we may use and disclose your medical information. You have the right to have personal privacy respected. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. You have the right to know the name of the licensed healthcare practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating the care, the names and professional relationships of physicians and nonphysicians who will see the patient and to be told the reason for the presence of any individual.

To voice complaints about your care and receive a response from us

You have the right to voice concerns or complaints about your care and to receive a response from us, without impacting the quality or delivery of your care.

You may report or contact any of the listed leadership agencies below. Further contact information for complaint and grievance reporting is available at your chosen health care facility or location.

To understand your financial responsibility and options for assistance

As our patient, you can request a cost estimate and you have the right to receive a copy of a clear, understandable itemized bill. Upon request, you can also have charges explained. If you are experiencing financial hardship, please contact our customer service center at 1-866-747-2455. You can find out about payment options or whether you qualify for financial assistance, regardless of insurance coverage. We are committed to working with any of our patients who ask for assistance to pay a medical bill.

To information on care facility policies

If requested, you will receive information about our policies, rules or regulations applicable to your care, including the use of service animals in public spaces within care facilities, based on federal law.

AS A PATIENT, FAMILY MEMBER, OR VISITOR YOU HAVE RESPONSIBILITIES:

Providence is a place of healing, where caregivers, patients, family members and visitors alike should feel welcome, safe, and respected. We ask and expect all people who come through our doors or seek care with us to behave in a manner that honors everyone's dignity, and helps us to provide high-quality, compassionate care. Our staff members are chosen for their skill and expertise and their safety is paramount. Harassment or mistreatment of our staff will not be tolerated. While in our care or visiting someone who is, we expect the following of you:

- Be considerate and respectful of those around you, including to those providing care or receiving it.
- Understand that caregivers will not be reassigned for reasons unrelated to their professional role.
- Refrain from using discriminatory and/or derogatory language or behavior of any kind. It will not be tolerated and may result in your exclusion or removal from the facility.
- Inform your provider about your health priorities, so you can create a plan together.
- Provide your medical history and treatment information accurately and completely.
- Report unexpected changes in your condition, take part in decisions, and ask providers questions about your care.
- Consider your providers' advice and follow the treatment plan that is recommended. This includes notifying your providers if you are unable to keep an appointment or follow medical guidance.
- Provide us with a copy of your medical advance directive, living will and/or the identity and contact information of your designated trusted decision maker, if you have one.
- Work with your caregiver to complete a medical advance directive, if you don't have one.
- Understand your financial responsibilities and options for financial assistance.
- Follow care facility policies.
- Leave all personal belongings at home.

You can file a grievance with us at your providing health facility in person or by mail, fax, or email.

Providence Adolescent Residential Treatment Program

Patient Relations

Email Address: PatientRelationsAK@providence.org

You can also file a complaint with the U.S.

Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available

at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC, 20201

800-368-1019 or 800-537-7697 (TDD).

Complaint forms are available

at <http://www.hhs.gov/ocr/office/file/index.html>.

If a patient or family member wishes to lodge a formal complaint with Alaska Department of Health and Social Services, they may do so by mail, email, fax, phone or in-person:

Alaska Department of Health and Social Services

Health Facilities Licensing & Certification

Attn: Complaint Coordinator

4601 Business Park Blvd., Bldg. K

Anchorage, AK 99503

Phone Number: 907-334-2483

Fax: 907-334-2682

Email Address: DHCS.HFLC@hss.soa.directak.net

The Joint Commission

The public may contact The Joint Commission's Office of Quality and Patient Safety to report any concerns or register complaints about a Joint Commission accredited health care organization.

Report a Patient Safety Concern or File a Complaint

The Joint Commission

Office of Quality and Patient Safety

The Joint Commission

Online Form (NEW Incident):

<https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx>

Online Form (UPDATE or ASK Question on Previous Incident Submitted - Incident Number is Required):

<https://apps.jointcommission.org/QMSInternet/IncidentUpdate.aspx>

Mail to:

Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Exhibit 4

Letters of Support

Dec. 4, 2025

Alaska Department of Health
ATTN: Certificate of Need Program
3601 C St., Suite 978
Anchorage, AK 99503

To Whom It May Concern,

I am writing to strongly urge the opening of the Providence Youth Behavioral Health Center. For many families in Alaska, including my own, the services it will provide have been nothing short of lifesaving.

Just over two years ago, our family was in a state of unimaginable crisis. My teen son was attempting to end his life. He was drinking bleach and trying anything he could think of to harm himself. We were desperate, terrified, and unsure where to turn. At the time, we were working with a therapist who suggested punitive measures for his behavior, even as his depression intensified by the day. We were watching our child slip away and felt powerless to stop it.

One night, after another terrifying suicide attempt, we rushed him to the Emergency Department at Providence. What he encountered there was not a place of healing. My son spent the night in a dark, basement-like section of the adult/child psychiatric ED, wearing purple scrubs while surrounded by adults in extreme distress—people screaming, thrashing, and entirely inappropriate for a child to share space with. It was traumatizing for him and heartbreaking for us. This environment, although the best the system could offer at that moment, only deepened our fear and his trauma.

Everything changed when he was admitted to the Providence Crisis Recovery Center.

The CRC was the first place where our son truly felt safe. It was clean, calm, thoughtfully designed, and staffed by professionals who understood how to help children in crisis. It felt less like a hospital and more like a therapeutic home. Our son stayed there for over a month, and during that time, he received the care, stability, and compassion he desperately needed.

His therapist, Brittany, was instrumental in saving his life. She connected with him in a way no one else had. She was able to break through his defenses, listening without judgment and giving him the tools to begin healing. I am certain that without the CRC and its dedicated staff, our story would have ended very differently. I do not know if I would still have my child today.

Alaska's youth deserve a safe, specialized, and therapeutic environment where they can recover from trauma and mental-health crises. The CRC provided exactly that, a critical resource that bridged the gap between emergency stabilization and long-term care. Its absence leaves a dangerous void in our community's mental-health system, one that places children back in settings that can retraumatize rather than heal.

Transforming the CRC's former space and opening the Providence Youth Behavioral Health Center is not just important; it is essential. Families like mine are depending on it, and countless children's lives may depend on having access to the kind of care it will uniquely provide.

Thank you for considering the urgency and necessity of expanding these life-saving services to our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Phillips".

12/4/25

Jennifer Phillips

Dec. 3, 2025

Alaska Department of Health
ATTN: Certificate of Need Program
3601 C St., Suite 978
Anchorage, AK 99503

Re: Support of Providence Alaska's application for a Certificate of Need for the Providence Youth Behavioral Health Center

To Whom It May Concern,

I am submitting this letter in support of Providence Alaska's application for a Certificate of Need for the Providence Youth Behavioral Health Center (PYBHC). The proposed center will expand much-needed behavioral health services in our state and aligns closely with the Department of Health's vision for young people in Alaska.

Alaska's youth face well-documented barriers to behavioral health care: limited local capacity for intensive services, long wait times, geographic challenges and the disruption that occurs when care must be sought Outside. These obstacles have real consequences, including extended crises, lost school time, strained family systems and avoidable emergency department utilization.

As a Level V Residential Psychiatric Treatment Center, the PYBHC will offer services that help address these gaps, providing adolescents with serious psychiatric disorders with an appropriate place to receive responsive, compassionate treatment in a residential setting. The program will include:

- 24/7 clinical coverage in a safe, therapeutic environment that's close to home;
- Comprehensive psychiatric assessment and individualized treatment planning;
- Integrated educational coordination to prevent academic disruption;
- Robust family engagement with therapy and care planning from admission through discharge; and
- Clear stepdown pathways and coordinated transitions to outpatient and community-based services.

This recovery-oriented, skill-building model is designed for adolescents whose needs cannot be adequately met in outpatient settings. By beginning discharge planning at admission and emphasizing reintegration, the program promotes durable outcomes and reduces the likelihood of future crises.

For these reasons, among many, I respectfully urge the department to approve Providence Alaska's Certificate of Need application for the Providence Youth Behavioral Health Center. This investment

will expand access, improve continuity of care and strengthen the behavioral health safety net for Alaska's youth and families.

I appreciate the opportunity to share this letter. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Donna Logan', with a long horizontal flourish extending to the right.

Donna Logan
Vice Chair
Providence Alaska Region Board

December 4, 2025

Alaska Department of Health
ATTN: Certificate of Need Program
3601 C St., Suite 978
Anchorage, AK 99503

To Whom It May Concern,

We are writing this letter in support of Providence Alaska Medical Center's Certificate of Need application for the Providence Youth Behavioral Health Center.

We can speak to the need of this program from a unique, first-hand perspective. Our son Dylan was seen in the emergency room at Providence Alaska Medical Center on two different occasions in the Spring of 2019 for mental health needs that led to suicidal intentions and actions. He had just turned 15 years old, and was a freshman in high school. He was hospitalized at Providence for several days after his second ER visit, and was treated with great care and compassion during this time. We then had to make an extremely difficult decision for the treatment of our young son. After careful review of the options available in Alaska, we learned there was simply not a place that could provide comprehensive psychiatric assessment and treatment for our child for a period of 30-60 days.

We knew Dylan would need assistance with both his mental health, as well as substance abuse, due to his self-medication. He needed 24/7 therapeutic care in a safe environment, where recovery was the focus and care would be based on current best-practices. This meant we had to coordinate travel and cover the expense to seek care for our child in the Los Angeles area, far from his support of family. This added trauma to our son, as well as our entire family. Imagine traveling to LA, dropping off your 15-year-old child to total strangers and getting back on a plane to return home thousands of miles away, knowing he was now all on his own the face this terrible battle. It was too much. As a result, we traveled back and forth bi-weekly to LA for several months to be with our son, while working to maintain jobs, our home and care for our younger son Drake. Additionally, we extended our time in the area, as we had difficulty creating a step-down plan for Dylan with resources back home. We learned this was to be a critical aspect of his care, which we were left to create on our own, as there was not a partial-hospitalization program in Anchorage at this time.

We're well-aware that most families do not have the resources our did at this time to even consider such care. And in our case, it still was a very large burden emotionally and financially.

We had the opportunity to tour the future facility that can be possible at Providence, and it brought us to tears to understand what a difference this could have made for our own family. To be able to seamlessly transition to a facility that is full of windows, light, and located in Southcentral Alaska would have been ideal. Our family would have been just a few minutes away from our son, knowing he was in the expert care of professionals who know and live in our community. And then all of us would have been supported in his discharge with a program and plan to success. So many barriers lifted, and so much relief provided. It is exactly what is needed for young people in Southcentral Alaska.

Dylan knew the program in LA saved his life at the time, but it remained a period of great trauma for him, from which he never fully recovered. It made him understandably resistant to any other residential mental health treatment as he became a young adult. Tragically, our brilliant son Dylan passed away this spring on March 1, 2025 due to his mental health struggles. It is not dramatic to say our hearts are forever shattered.

We believe our job, in both parenting and honoring Dylan, continues by doing everything we can to improve access to treatment for other young people struggling with mental health. Our family wants this for these worthy teens, as well as their parents and siblings. We desperately need a different outcome for others.

Thank you for the opportunity to share our ardent support for this much-needed project.

Sincerely,

David & Kate Slyker

David & Kate Slyker, proud parents of Dylan and Drake Slyker

5884 Potter Valley Rd, Anchorage, AK 99516

907-440-4791

Exhibit 5

Charity Care and Financial Assistance Policy



Origination 11/2006
 Last Approved 07/2025
 Effective 07/2025
 Last Revised 07/2025
 Next Review 07/2030

Owner Ryan Thompson:
 SVP Chief
 Revenue Cycle
 Officer
 Policy Area Mission Services
 Applicability Providence
 Systemwide

PSJH-MISS-100 Charity Care/Financial Assistance

Executive Sponsor:	Gregory Hoffman, SVP Chief Financial Officer
Policy Owner:	Ryan E. Thompson, SVP Chief Revenue Cycle Officer
Contact Person:	Linda Harvey, Director Patient Financial Services

Scope:

This policy applies to Providence and its Affiliates (collectively known as "Providence")¹ and their caregivers (employees); employees of affiliated organizations.

Yes No Is this policy applicable to Providence Global Center (PGC) caregivers?

This is a governance level policy, vetted by the Executive Council (EC), with a recommendation for approval by the Audit and Compliance Committee of the Board of Directors (ACC), and approved/signed by the appropriate delegate.

Purpose:

To reflect the commitment of Providence to provide medically necessary healthcare services to all individuals regardless of their ability to pay.

Definitions:

Eligible Services: Eligible Services means the emergency or medically necessary services provided by Providence that are eligible for financial assistance. Medically necessary services, for purposes of this policy, include services to prevent, diagnose, or treat an illness, injury, condition, or disease, or the symptoms of an illness, injury, condition, or disease, and that meet accepted standards of medicine. Services that are aesthetic, cosmetic, experimental, investigative, or part of a clinical research program, or services that are for patient or physician convenience, are not considered medically necessary services.

Policy:

Providence makes sure that Eligible Services are available to anyone in the community, even if they cannot

afford to pay. As part of this commitment, Providence will ensure there is a consistent, fair, and non-discriminatory method for providing financial assistance (also referred to as “charity care”) to eligible individuals who cannot afford to pay, in full or part. The determination of financial assistance will be based on applicable state and federal laws and eligibility criteria established by Providence. Charity care does not include bad debt or contractual shortfalls from government programs, but may include self-pay, charges for patients with out-of-network coverage, and coinsurance, deductibles, and co-payment amounts related to insured patients. As part of this commitment, Providence will offer a standard discount of total charges to uninsured patients who do not otherwise qualify for financial assistance for Eligible Services. The uninsured discount will be automatically applied to the account upon initial billing to the uninsured patients.

Requirements:

1. Providence shall develop charity care/financial assistance policies including eligibility criteria, and application and financial counseling processes.
2. The Chief Revenue Cycle Officer shall have delegated authority from the Providence Board to approve and adopt the financial assistance policies of Providence Affiliates, subject to and consistent with this policy.
3. Charity care/financial assistance policies and application procedures shall be made available to the public.
4. The recognition of an individual's need for financial assistance can occur any time from pre-admission review to final collection; however effort should be made to establish eligibility prior to service.
5. The ability of an individual to pay should be determined based on verified financial need.
6. In instances where full charity care is not warranted, Providence may provide alternative payment arrangements.
7. Providence shall develop collection practices consistent with its Mission and Core Values.
8. Each Providence institution should report annually to the System CFO on charity care services and other community benefit services.

The above requirements are administered by Providence Revenue Cycle through defined procedures and processes.

References:

[Section 501\(r\) of the Internal Revenue Code of 1986, as amended](#)

[Applicability:](#)

Approval Signatures

Step Description	Approver	Date
PSJH System Board	Cynthia Johnston: Principal Compliance Consultant	07/2025

PSJH President/CEO	Cynthia Johnston: Principal Compliance Consultant	04/2025
PSJH Executive Council	Cynthia Johnston: Principal Compliance Consultant	04/2025
PSJH Policy Advisory Committee	Cynthia Johnston: Principal Compliance Consultant	04/2025

Applicability

AK - Credena Health, AK - Providence Alaska MC, AK - Providence Kodiak Island MC, AK - Providence Medical Group, AK - Providence Seward MC, AK - Providence St. Elias Specialty Hospital, AK - Providence Valdez MC, CA - Credena Health, CA - Healdsburg Hospital, CA - Petaluma Valley Hospital, CA - Physician Enterprise Northern, CA - Physician Enterprise Southern, CA - Providence Cedars-Sinai Tarzana MC, CA - Providence Holy Cross MC, CA - Providence LCM MC San Pedro, CA - Providence LCM MC Torrance, CA - Providence Mission Hospitals, CA - Providence Queen of the Valley Medical Center, CA - Providence Redwood Memorial Hospital, CA - Providence Saint John's Health Center, CA - Providence Saint Joseph MC, Burbank, CA - Providence Santa Rosa Memorial Hospital, CA - Providence St. Joseph Hospital - Eureka, CA - Providence St. Joseph Hospital Orange, CA - Providence St. Jude Medical Center, CA - Providence St. Mary Medical Ctr Apple Valley, MT - Credena Health, MT - Providence St. Joseph MC, Polson, MT - St. Patrick Hospital, NM - Covenant Hobbs Hospital, OR - Credena Health, OR - Providence Ctr for Medically Fragile Children, OR - Providence Health Oregon Labs, OR - Providence Hood River Memorial Hospital, OR - Providence Medford MC, OR - Providence Medical Group, OR - Providence Medical Group, OR - Providence Milwaukie Hospital, OR - Providence Newberg MC, OR - Providence Portland MC, OR - Providence Seaside Hospital, OR - Providence St. Vincent MC, OR - Providence Willamette Falls MC, PACE, PHCC - Home & Community Care, PHCC - Home Health, PHCC - Home Medical Equipment, PHCC - Hospice, PHCC - Infusion/Pharmacy, PHCC - Palliative Care, PHCC - Skilled Nursing/Assisted Living, Providence, Providence Express Care, Providence Physician Enterprise, Providence Traditional Health Workers, TX - Covenant Children's Hospital, TX - Covenant Health - ACO, TX - Covenant Health Partners, TX - Covenant Hospital Levelland, TX - Covenant Hospital Plainview, TX - Covenant Medical Center, TX - Covenant Medical Group, TX - Covenant Specialty Hospital, TX - Grace Clinic, TX - Grace Surgical Hospital, WA - Credena Health, WA - EWA Providence Medical Group, WA - Kadlec Regional Medical Center, WA - NWR Providence Medical Group, WA - PacMed, WA - PacMed - ASC, WA - Providence Centralia Hospital, WA - Providence DominiCare, WA - Providence Holy Family Hospital, WA - Providence Mt. Carmel Hospital, WA - Providence Regional MC Everett, WA - Providence Sacred Heart Med Ctr & Children's, WA - Providence St. Joseph's Hospital, WA - Providence St. Luke's Rehabilitation Medical, WA - Providence St. Mary MC, WA - Providence St. Peter Hospital, WA - SWR Providence Medical Group, WA - Swedish Medical Center, WA - Swedish Medical Group, WA - USFHP

Standards

No standards are associated with this document

Exhibit 6

Nondiscrimination Policy



Origination 09/2020
 Last Approved 02/2025
 Effective 02/2025
 Last Revised 02/2025
 Next Review 02/2026

Owner Jennifer Bayersdorfer: SVP Chief Quality Officer
 Policy Area Clinical
 Applicability Providence Systemwide
 Departments Posted on Internet, WA-DOH Posted Policy

PSJH-CLIN-1203 Nondiscrimination Policy

Executive Sponsor:	Darryl Elmouchi, MD, Chief Operating Officer
Policy Owner:	Jennifer Bayersdorfer, SVP, Chief Quality Officer
Contact Person:	Shannon Alexander, Clinical Patient Safety & Risk Director
Scope:	<p>This policy applies to Providence and its Affiliatesⁱ (collectively known as "Providence") and their caregivers (employees); employees of affiliated organizations; members of System, community ministry and foundation boards; volunteers; trainees; independent contractors; and others under the direct control of Providence (collectively referred to as workforce members), with respect to their involvement in the provision of health program and/or activities offered by Providence. This policy does not apply to nondiscrimination in employment or in the provision of employee benefits by Providence, or in the provision of coverage through Providence Health Plan (PHP), which are covered by other policies (see end of Reference section below).</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this policy applicable to Providence Global Center (PGC) caregivers?</p> <p>This is a management level policy, reviewed and recommended by the Policy Advisory Committee (PAC) to consider for approval by senior leadership which includes vetting by Executive Council (EC) with final approval by the President, Chief Executive Officer or appropriate delegate.</p>
Purpose:	<p>To establish Providence's System-level policy and procedures prohibiting discrimination against individuals accessing any Health Program and/or Activity (defined below) provided by Providence, designating caregivers responsible for implementation and monitoring of this policy, and establishing the internal grievance procedure for complaints alleging discrimination related to a Providence Health Program or Activity.</p>

In addition to this policy, Providence is committed to nondiscrimination in employment and in the provision of benefits to caregivers of Providence, and in the provision of coverage through PHP. These commitments are more fully outlined in Providence's applicable Human Resources policies and benefit plan documents, or in the applicable PHP policies. This policy is not intended to replace, substitute or modify: (1) Providence's and Affiliates' policies that prohibit discrimination in employment and provide for an internal grievance procedure for employment-related disputes; (2) any grievance procedure set forth in the applicable summary plan description for individuals participating in a Providence benefit plan; or (3) PHP's policies governing nondiscrimination and associated grievance procedures in its health-related insurance activities. For information on the latter policies and grievance procedures, please see the links provided at the end of the Reference section below.

Definitions:

For purposes of applying this policy, the following definitions apply:

1. *Auxiliary aids and services* include:(1) Qualified interpreters on-site or through video remote interpreting (VRI) services, as defined in 28 CFR 35.104 and 36.303(b); note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunication products and systems, text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible electronic and information technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing;(2) Qualified readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs (SAP); large print materials; accessible electronic and information technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision;(3) Acquisition or modification of equipment and devices; and(4) Other similar services and actions.ⁱⁱ
2. *Caregiver*: Refers to all workforce members of Providence.
3. *Disability*: The term "disability" is defined by the federal government in various ways, depending on the context. For the purposes of federal disability nondiscrimination laws (such as the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973 and Section 1557 of the Affordable Care Act, the definition of a person with a disability is typically defined as someone who (1) has a physical or mental impairment that substantially limits one or more "major life activities," (2) has a record of such an impairment, or (3) is regarded as having such an impairment. More information on federal disability non-discrimination laws, visit [DOL's Disability Nondiscrimination Law Advisor](#).
 - **In States Other than Washington**: In Alaska, Montana, New Mexico, Oregon and Texas, "disability" is defined consistent with federal law. In California, an individual with a "disability" is one who (1) has a physical or mental condition that limits, one or more major life activity; (2) has a record of such an condition; or (3) is being regarded as having such an condition.
 - **In Washington**: RCW Ch.49.60.040 (7) states:
 - a. "Disability" means the presence of a sensory, mental, or physical impairment that:
 - i. Is medically cognizable or diagnosable; or

- ii. Exists as a record or history; or
 - iii. Is perceived to exist whether or not it exists in fact.
 - b. A disability exists whether it is temporary or permanent, common or uncommon, mitigated or unmitigated, or whether or not it limits the ability to work generally or work at a particular job or whether or not it limits any other activity within the scope of this chapter.
 - c. For purposes of this definition, "impairment" includes, but is not limited to:
 - i. Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitor-urinary, hemic and lymphatic, skin, and endocrine; or
 - ii. Any mental, developmental, traumatic, or psychological disorder, including but not limited to cognitive limitation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
4. *Discrimination on the Basis of Sex*: Discrimination on the basis of sex includes but is not limited to discrimination on the basis of pregnancy, false pregnancy, termination of pregnancy, or recovery therefrom, childbirth or related medical conditions, gender or sex stereotyping, and gender identity.
5. *Gender Identity* *Gender identity* for some refers to a person's innate, deeply felt psychological sense of gender, which may or may not correspond to the person's body or sex assigned at birth.
 - *Gender identity* is frequently confused with sexual orientation, but the two concepts are different. Sexual orientation refers to how we interact with and are attracted to others, while gender identity refers to how we see ourselves. Just like gender-conforming people, transgender people can be of any sexual orientation.
 - *Transgender* As indicated above, society has traditionally expected persons who were assigned as a particular sex at birth to behave a certain way in relation to their gender: males are expected to behave in a "masculine" way, females in a "feminine" way. *Transgender* is an umbrella term covering anyone whose gender identity or expression does not conform to society's expectations for, or stereotypes about, people assigned a particular sex.
As an umbrella term, the word "transgender" is an adjective that covers a wide spectrum of people whose gender identity differs from their sex assigned at birth. Transgender also includes persons who are *gender non-conforming*. Gender non-conforming people may not consider themselves transgender but have an appearance or gender expression that does not conform to gender stereotypes.
6. *Gender Expression* *Gender expression* refers to how a person represents, or expresses, their gender identity to others -- through appearance, dress, mannerisms, speech patterns, social interactions, and other characteristics and behaviors.
7. *Health Program or Activity*: Means the provision or administration of health-related services, and provision of assistance to individuals in obtaining health-related services or insurance coverage.ⁱⁱⁱ

8. *Limited English Proficiency* : Means an individual whose primary language for communication is not English and who has a limited ability to read, write, speak or understand English.
9. *National Origin*: Includes, but is not limited to, an individual's, or their ancestor's, place of origin (such as country or world region) or an individual's manifestation of the physical, cultural, or linguistic characteristics of a national original group.
10. *Physical or mental impairment*: **Means** (i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; or (ii) Any mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability.
Includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder (ADHD), Human Immunodeficiency Virus (HIV) infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.
11. *Qualified Bilingual/Multilingual Staff*: Qualified bilingual/multilingual staff must demonstrate to the covered entity that they are proficient in English and at least one other spoken language, including any necessary specialized vocabulary, terminology, and phraseology, and are able to effectively, accurately and impartially communicate directly with individuals with limited English proficiency in their primary language. An individual who meets the definition of "qualified bilingual/multilingual staff: does not necessarily qualify to interpret or translate for individuals with limited English proficiency.^{iv}
12. *Qualified Interpreter for an Individual with a Disability*:
 1. Means an interpreter who via a remote interpreting service or an on-site appearance:
 - a. Adheres to generally accepted interpreter ethics principles, including client confidentiality; and
 - b. Is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, terminology and phraseology.
 2. For an individual with a disability, qualified interpreters can include, for example, sign language interpreters, oral trans-literators (individuals who silently rephrase a spoken English message, selecting the words that are most easily speech-readable to an individual who uses speech and speech reading as primary forms of communication), and cued language transliterators (individuals who facilitate communication by converting spoken language into a combination of hand shapes and mouth movements to distinguish phonemes).
13. *Qualified Interpreter or Translator for an Individual with Limited English Proficiency or non-English speaking*: Means an interpreter or translator, who interprets or translates effectively, accurately, and impartially; who via a remote interpreting service or an on-site appearance:
 - Adheres to generally accepted interpreter or translator ethics principles, as applicable, including client confidentiality;
 - In the case of an interpreter has demonstrated proficiency in speaking, and in the case of a translator has demonstrated proficiency in writing, and in both cases,

demonstrates proficiency in understanding both spoken English and at least one other spoken language; and

- In the case of an interpreter is able to interpret, and in the case of a translator is able to translate: effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

14. *Section 1557 Civil Rights Coordinator: or Civil Rights Coordinator:* Means the responsible Providence caregiver(s) designated to coordinate Providence's efforts to comply with this policy in any Providence Health Program or Activity, including the investigation of any grievances filed under this policy, and who are listed by Region/Ministry in the Procedure section below.
15. *Sex stereotypes:* Means stereotypical notions of masculinity or femininity, including expectations of how individuals represent or communicate their gender to others, such as behavior, clothing, hairstyles, activities, voice, mannerisms, or body characteristics.
16. *Ability to Pay:* Is a determination based upon an individual or family's income level in relation to the Federal Poverty Guidelines.

Policy:

Consistent with Providence's Mission and Core Values, it is the policy of Providence to not discriminate against, exclude, or treat differently any individuals accessing any Providence Health Program or Activity on any basis prohibited by local, state or federal laws, including but not limited to on the basis of race, color, religious creed (including religious dress and grooming practices), Conscience (whether based on religious beliefs or moral convictions, in certain circumstances), national origin (including certain language use restrictions), ancestry, Disability, medical condition (including cancer and genetic characteristics), marital status, age, sex (including sex characteristics, intersex traits; sex stereotypes, and pregnancy, childbirth, breastfeeding and related medical conditions, gender, gender identity, gender expression and sexual orientation), genetic information (including family medical history), military/veteran status, ability to pay, or the use of a trained dog guide or service animal by a person with a Disability as those terms are defined under federal and state laws and rules. Discrimination will not be tolerated.

Providence applies all appropriate federal and/or state protections for religious freedom and conscience. It is also Providence's policy to provide free Auxiliary Aids and Services to individuals with Disabilities, or Limited English Proficiency, or non-English speaking who are accessing Providence Health Programs or Activities. Such services may include providing Qualified Bilingual/Multilingual Staff, Qualified Interpreters, and Qualified Translation free of charge as needed or appropriate.

Providence has established applicable grievance procedures for individuals accessing any Providence Health Program or Activity, which provides for prompt and equitable resolution of complaints alleging violations of applicable federal or state laws that prohibit discrimination, including but not limited to Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans With Disabilities Act (ADA), Title VI of the Civil Rights Act of 1964, and Section 1557 of the Affordable Care Act (42 U.S.C. 18116), and its implementing regulations at 45 CFR part 92 (collectively referred to below as "Section 1557"). Any person who believes that someone accessing a Providence Health Program or Activity has been subjected to discrimination on the basis of race, color, religious creed (including religious dress and grooming practices), conscience (whether based on religious beliefs or moral convictions, in certain circumstances), national origin (including certain language use restrictions), ancestry, Disability, medical condition (including cancer and genetic characteristics), marital status, age, sex (including sex characteristics,

intersex traits; sex stereotypes, and pregnancy, childbirth, breastfeeding and related medical conditions, gender, gender identity, gender expression and sexual orientation, genetic information (including family medical history), military/veteran status, ability to pay, or the use of a trained dog guide or service animal by a person with a Disability may file a grievance under this procedure. It is against the law for Providence to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. Human Resources also maintains a policy on this topic.

References:

- [Providence Notice of Nondiscrimination and Communication Assistance Statement](#)
- [PSJH-EIS-903 Web Accessibility Policy](#)
- [Section 1557 of the Affordable Care Act \(42 U.S.C. 18116\)](#)
- [Section 1557 implementing regulations at 45 CFR part 92](#)
- [Title VI of the Civil Rights Act of 1964](#)
- [Title IX of the Education Amendments of 1972](#)
- [The Age Discrimination Act of 1975, subject to the exclusions described in 45 CFR 91.3\(b\)\(1\)](#)
- [Section 504 and 508 of the Rehabilitation Act of 1973](#)
- [Title 42, Chapter 126 Americans with Disabilities Act of 1990, as Amended](#)
- [Cal. Health & Safety Code § 1259](#)
- [RCW Ch. 49.60 Discrimination—Human Rights Commission](#)
- **[28 CFR § 35.104 – Definitions; Nondiscrimination On The Basis Of Disability in State and Local Government Services](#)**
- [Washington State Disability <https://app.leg.wa.gov/RCW/default.aspx?cite=49.60.040>](#)
- [Plan Letter \(APL\) 22-002 Department of Health Care Services](#)
- [Poverty Guidelines | ASPE \(hhs.gov\) <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>](#)

For Human Resources policies applicable to caregivers, or questions about caregiver benefits, and applicable grievance procedures, please contact your local Human Resources department or see: HRforCaregivers.org.

For PHP's policies applicable to nondiscrimination in the provision of health-related coverage and grievance procedures, see: <https://healthplans.providence.org/nondiscrimination-statement>.

Applicability:

ⁱFor purposes of this policy, "Affiliates" is defined as any not-for-profit or non-profit entity that is wholly owned or controlled by Providence St. Joseph Health (PSJH), Providence Health & Services, St. Joseph Health System, Western HealthConnect, Kadlec, Covenant Health Network, Grace Health System, Providence Global Center*, NorCal HealthConnect, or is a not-for-profit or non-profit entity majority owned or controlled by PSJH or its Affiliates and bears the Providence, Swedish Health Services, St. Joseph Health, Covenant Health, Grace Health System, Kadlec, or Pacific Medical Centers names (includes Medical Groups, Home and Community Care, etc.). *Policies and/or procedures may vary for our international affiliates due to regulatory differences.

ⁱⁱ<https://www.govinfo.gov/content/pkg/CFR-2017-title45-vol1/xml/CFR-2017-title45-vol1-part92.xml>

iii For nondiscrimination and grievance policies related to PSJH's provision of health-related insurance or other benefits, to PSJH caregivers or through Providence Health Plan, please see the applicable links at the end of the References section below.

iv Nondiscrimination in Health Programs and Activities, page 31390 Retrieved 7/31/2019 from https://www.federalregister.gov/documents/2016/05/18/2016-11458/nondiscrimination-in-health-programs-and-activities?utm_campaign=subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov

Appendix A:

Vital Documents as required per California APL 22-002:

1. Notices of Nondiscrimination and Communication Assistance
2. Notices of eligibility criteria for services
3. Informed consent documents
4. Intake forms that have clinical consequences
5. Discharge instructions
6. Complaint forms
7. Notices of Privacy Practices
8. Patient Rights and Responsibilities

Attachments

[Nondiscrimination Investigation and Review PROCEDURE.12.2021.pdf](#)

Approval Signatures

Step Description	Approver	Date
Policy Owner	Jennifer Bayersdorfer: SVP Chief Quality Officer	02/2025

Applicability

AK - Credena Health, AK - Providence Alaska MC, AK - Providence Kodiak Island MC, AK - Providence Medical Group, AK - Providence Seward MC, AK - Providence St. Elias Specialty Hospital, AK - Providence Valdez MC, CA - Credena Health, CA - Healdsburg Hospital, CA - Petaluma Valley Hospital, CA - Physician Enterprise Northern, CA - Physician Enterprise Southern, CA - Providence Cedars-Sinai Tarzana MC, CA - Providence Holy Cross MC, CA - Providence LCM MC San Pedro, CA - Providence LCM MC Torrance, CA - Providence Mission Hospitals, CA - Providence Queen of the Valley Medical Center, CA - Providence Redwood Memorial Hospital, CA - Providence Saint John's Health Center, CA - Providence Saint Joseph MC, Burbank, CA - Providence Santa Rosa Memorial Hospital, CA - Providence St. Joseph Hospital - Eureka, CA - Providence St. Joseph Hospital Orange, CA - Providence St. Jude Medical Center, CA - Providence St. Mary Medical Ctr Apple Valley, MT - Credena Health,

MT - Providence St. Joseph MC, Polson, MT - St. Patrick Hospital, NM - Covenant Hobbs Hospital, OR - Credena Health, OR - Providence Ctr for Medically Fragile Children, OR - Providence Health Oregon Labs, OR - Providence Hood River Memorial Hospital, OR - Providence Medford MC, OR - Providence Medical Group, OR - Providence Medical Group, OR - Providence Milwaukie Hospital, OR - Providence Newberg MC, OR - Providence Portland MC, OR - Providence Seaside Hospital, OR - Providence St. Vincent MC, OR - Providence Willamette Falls MC, PACE, PHCC - Home & Community Care, PHCC - Home Health, PHCC - Home Medical Equipment, PHCC - Hospice, PHCC - Infusion/Pharmacy, PHCC - Palliative Care, PHCC - Skilled Nursing/Assisted Living, Providence, Providence Express Care, Providence Physician Enterprise, Providence Traditional Health Workers, TX - Covenant Children's Hospital, TX - Covenant Health - ACO, TX - Covenant Health Partners, TX - Covenant Hospital Levelland, TX - Covenant Hospital Plainview, TX - Covenant Medical Center, TX - Covenant Medical Group, TX - Covenant Specialty Hospital, TX - Grace Clinic, TX - Grace Surgical Hospital, WA - Credena Health, WA - EWA Providence Medical Group, WA - Kadlec Regional Medical Center, WA - NWR Providence Medical Group, WA - PacMed, WA - PacMed - ASC, WA - Providence Centralia Hospital, WA - Providence DominiCare, WA - Providence Holy Family Hospital, WA - Providence Mt. Carmel Hospital, WA - Providence Regional MC Everett, WA - Providence Sacred Heart Med Ctr & Children's, WA - Providence St. Joseph's Hospital, WA - Providence St. Luke's Rehabilitation Medical, WA - Providence St. Mary MC, WA - Providence St. Peter Hospital, WA - SWR Providence Medical Group, WA - Swedish Medical Center, WA - Swedish Medical Group, WA - USFHP

Standards

No standards are associated with this document

Exhibit 7

Patient Rights and Responsibilities



Origination 05/2022
 Last Approved 05/2022
 Effective 05/2022
 Last Revised 05/2022
 Next Review 05/2027

Owner Sylvain Trepanier:
 Chief Nursing Officer - Providence
 Policy Area Clinical
 Applicability Providence Systemwide

PSJH-CLIN-1206 System-wide Patient Rights and Responsibilities Policy

Executive Sponsor:	Darryl Elmouchi, MD, Chief Operating Officer
Policy Owner:	Syl Trepanier, SVP, Chief Nursing Officer
Contact Person:	Jennifer Bayersdorfer, SVP, Chief Quality Officer

Scope:

This policy applies to the not-for-profit, non-profit entities of Providence and its Affiliates [\[i\]](#) (collectively known as “Providence”) and their workforce members (caregivers, volunteers, trainees, interns, apprentices, students), independent contractors, vendors and all other individuals working at the ministry, whether they are paid by or under the direct control of the facility; employees of affiliated organizations (collectively, “workforce members”). Where an organization is not wholly or majority owned, exceptions may apply.

Yes No Is this policy applicable to Providence Global Center (PGC) caregivers?

This is a management level policy reviewed and recommended by the Policy Advisory Committee (PAC) to consider for approval by senior leadership which includes vetting by Executive Council with final approval by the President, Chief Executive Officer or appropriate delegate.

Purpose:

To align Providence around a single, updated system-wide version of the Patient Rights and Responsibilities (“PRR”) document that affirms our commitment to equity, and define an owner at the system level. The updated PRR centers the experience of our patients and caregivers, using person-centric and inclusive language and is in compliance with all accrediting body, state and federal requirements. The PRR is aligned with Providence’s mission, vision, and values, and will be an

organization standard, living document that will be updated by system Population Health, Health Equity and/or Clinical Operations leaders henceforth.

Policy:

This System-wide Patient Rights and Responsibilities policy will replace all current versions system wide. The document will be reviewed and updated annually. Policy owners, identified above, will review the document annually to ensure ongoing commitment to equity, as well as the use of person-centered and inclusive language.

In effort to ensure PRR standardization across Providence, edits, additions or removals of core content are not allowed at the regional, state, or ministry level. Any and all changes or updates will be reviewed and approved at the system level.

Prior to posting or distributing, regions, service areas or ministries will be required to update the PRR template with information on whom to contact to file a complaint or grievance locally, as well as a phone number and address for lodging a grievance with the State agency.

The PRR must be accessible and able to be distributed to patients in all areas of service, and prominently displayed in each acute and ambulatory service area, where federal and/or state law require.

Requirements:

Region, Service Area or Ministry leaders will be responsible for identifying and updating the PRR template with appropriate grievance contacts including state, region or ministry level contact information, as well as contact information for filing a complaint or grievance with the state agency.

Updates to this information will be reviewed annually and on an as needed basis by state, region or ministry level leadership.

This document must be offered, distributed, and explained understandably to patients who seek care and/or services within our system and must be displayed in each acute and ambulatory service area, where federal and/or state law require

References:

For specific region versions of the Patient Rights flyer, go to the [Providence Patient Rights Sharepoint Page](#) and refer to PRR Print on Demand to print flyer or Web2Print to order printed flyers.

English and translated versions for acute care hospital are available on this sharepoint site. For ambulatory versions please visit Web2Print.

[Print on Demand](#)

[PSJH-CLIN-1211 Patient Biased Conduct](#)

Applicability:

[i] For purposes of this policy, "Affiliates" is defined as any not-for-profit or non-profit entity that is wholly

owned or controlled by Providence St. Joseph Health (PSJH), Providence Health & Services, St. Joseph Health System, Western HealthConnect, Kadlec, Covenant Health Network, Grace Health System, Providence Global Center, NorCal HealthConnect, or is a not-for-profit or non-profit entity majority owned or controlled by PSJH or its Affiliates and bears the Providence, Swedish Health Services, St. Joseph Health, Covenant Health, Grace Health System, Kadlec, or Pacific Medical Centers names (includes Medical Groups, Home and Community Care, etc.).

Attachments

- [📎 Patient Rights + Responsibilities_Alaska Generic Version.pdf](#)
- [📎 Patient Rights + Responsibilities_ASC Generic Version.pdf](#)
- [📎 Patient Rights + Responsibilities_Providence System Generic Version.pdf](#)
- [📎 Patient Rights Responsibilities_Oregon Generic Version.pdf](#)

Approval Signatures



Step Description	Approver	Date
PSJH President/CEO	Cynthia Johnston: Sr Compliance Spec PSJH	05/2022
PSJH Executive Council	Cynthia Johnston: Sr Compliance Spec PSJH	05/2022
PSJH Policy Advisory Committee	Cynthia Johnston: Sr Compliance Spec PSJH	05/2022

Applicability

AK - Credena Health, AK - Providence Alaska MC, AK - Providence Kodiak Island MC, AK - Providence Medical Group, AK - Providence Seward MC, AK - Providence St. Elias Specialty Hospital, AK - Providence Valdez MC, CA - Credena Health, CA - Healdsburg Hospital, CA - Petaluma Valley Hospital, CA - Physician Enterprise Northern, CA - Physician Enterprise Southern, CA - Providence Cedars-Sinai Tarzana MC, CA - Providence Holy Cross MC, CA - Providence LCM MC San Pedro, CA - Providence LCM MC Torrance, CA - Providence Mission Hospitals, CA - Providence Queen of the Valley Medical Center, CA - Providence Redwood Memorial Hospital, CA - Providence Saint John's Health Center, CA - Providence Saint Joseph MC, Burbank, CA - Providence Santa Rosa Memorial Hospital, CA - Providence St. Joseph Hospital - Eureka, CA - Providence St. Joseph Hospital Orange, CA - Providence St. Jude Medical Center, CA -

Providence St. Mary Medical Ctr Apple Valley, MT - Credena Health, MT - Providence St. Joseph MC, Polson, MT - St. Patrick Hospital, NM - Covenant Hobbs Hospital, OR - Credena Health, OR - Providence Ctr for Medically Fragile Children, OR - Providence Health Oregon Labs, OR - Providence Hood River Memorial Hospital, OR - Providence Medford MC, OR - Providence Medical Group, OR - Providence Medical Group, OR - Providence Milwaukie Hospital, OR - Providence Newberg MC, OR - Providence Portland MC, OR - Providence Seaside Hospital, OR - Providence St. Vincent MC, OR - Providence Willamette Falls MC, PACE, PHCC - Home & Community Care, PHCC - Home Health, PHCC - Home Medical Equipment, PHCC - Hospice, PHCC - Infusion/Pharmacy, PHCC - Palliative Care, PHCC - Skilled Nursing/Assisted Living, Providence, Providence Express Care, Providence Physician Enterprise, Providence Traditional Health Workers, TX - Covenant Children's Hospital, TX - Covenant Health - ACO, TX - Covenant Health Partners, TX - Covenant Hospital Levelland, TX - Covenant Hospital Plainview, TX - Covenant Medical Center, TX - Covenant Medical Group, TX - Covenant Specialty Hospital, TX - Grace Clinic, TX - Grace Surgical Hospital, WA - Credena Health, WA - EWA Providence Medical Group, WA - Kadlec Regional Medical Center, WA - NWR Providence Medical Group, WA - PacMed, WA - PacMed - ASC, WA - Providence Centralia Hospital, WA - Providence DominiCare, WA - Providence Holy Family Hospital, WA - Providence Mt. Carmel Hospital, WA - Providence Regional MC Everett, WA - Providence Sacred Heart Med Ctr & Children's, WA - Providence St. Joseph's Hospital, WA - Providence St. Luke's Rehabilitation Medical, WA - Providence St. Mary MC, WA - Providence St. Peter Hospital, WA - SWR Providence Medical Group, WA - Swedish Medical Center, WA - Swedish Medical Group, WA - USFHP

Standards

Standard Body: §.70707.a

Chapter: ARTICLE 7. ADMINISTRATION

Standard Body: NPG.01.01.01 EP01

Chapter: National Performance Goals (NPG)

Standard Body: NPG.01.01.01 EP02

Chapter: National Performance Goals (NPG)

Standard Body: NPG.01.01.01 EP03

Chapter: National Performance Goals (NPG)

Exhibit 8

Behavioral Health Organizational Chart

Providence Behavioral Health Service-line

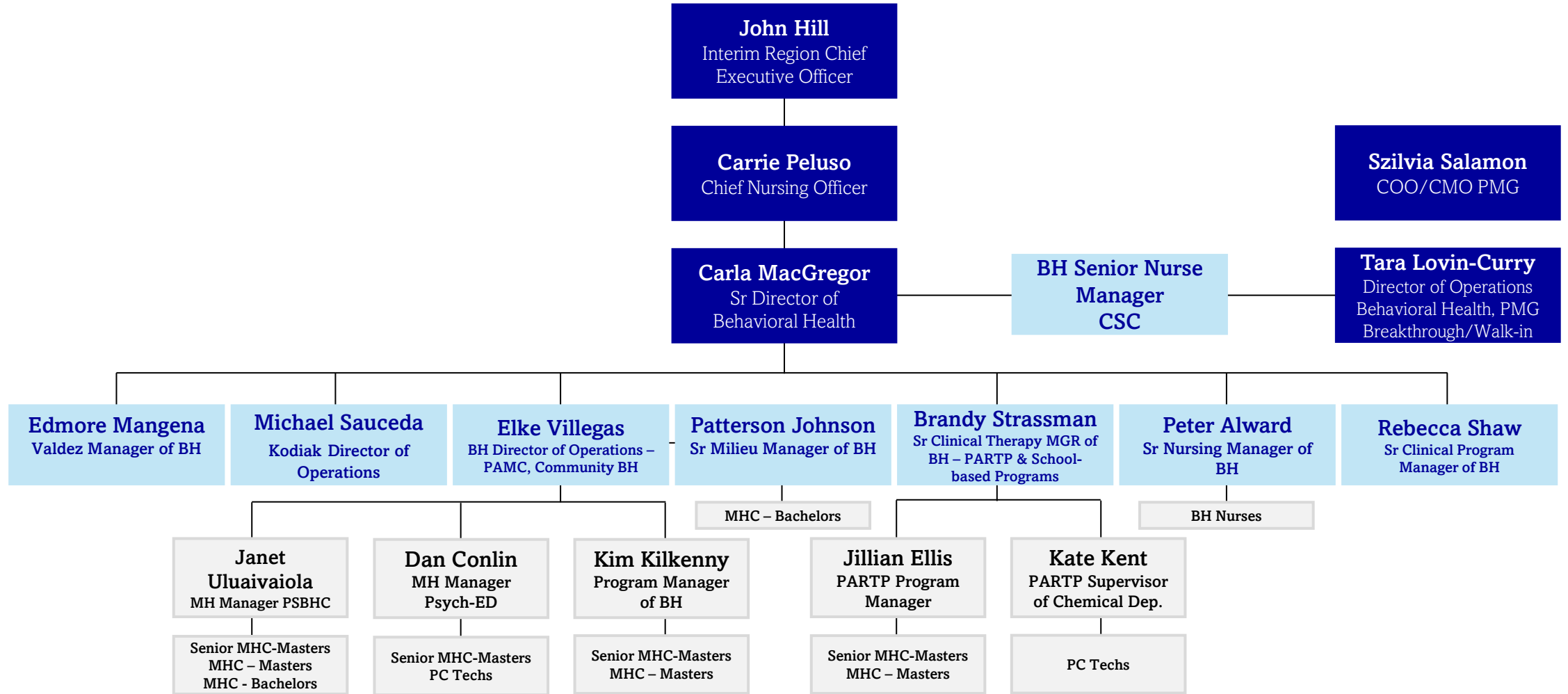


Exhibit 9
Major Position Requirements

JOB INFORMATION

Primary JDID:	10272_27116
Job Title:	Mental Health Counselor Bachelors
Job Content Title:	Mental Health Specialist
FLSA:	Non-Exempt
Original Creation Date:	10/1/1996 12:00:00 AM

ORGANIZATIONAL INFORMATION

Region:	ALASKA
Employer:	1009 - Providence Crisis Recovery Center
Department:	1009 AK BH PARTP - 10010586
Reports To:	Clinical Director
Supervises:	None Required

MISSION, VALUES, VISION and PROMISE

The Mission:	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Values:	Compassion, Dignity, Justice, Excellence and Integrity
Our Vision:	Health for a Better World
Our Promise:	"Know me, care for me, ease my way."

GENERAL SUMMARY

The Mental Health Specialist works with other members of MHS staff to provide clerical and admitting support, student care through assisting the nursing and clinical staff in unit functions, including documentation, physical care, and therapeutic interventions with students.

ESSENTIAL FUNCTIONS

The job duties listed are essential functions of the position. However, other duties may be assigned, and may also be considered essential functions of the position.

The caregiver must be sufficiently fluent in the English language to satisfactorily perform the essential functions of the position. The degree of fluency required will vary depending upon the nature of the position.

Caregivers are expected to honor the Mission, Values, Vision and Promise and adhere to the Code of Conduct, policies and standards of their organization.

For direct patient care roles: Performs and maintains currency of essential competencies as required by specific area of hire and populations served.

- **STUDENT CARE:** Continuously monitoring all students. Providing structure and safety by setting limits and developing therapeutic rapport with the students. Making ongoing observation of students' behavior and assisting in crisis management. Works under the guidance of Clinical Supervisor or Therapist.
- **GROUP & INDIVIDUAL CARE:** Co-facilitates group therapy as well as addresses treatment issues identified on the treatment plan. Facilitates and participates in recreational outings and creative activities. Provides one on one interventions that support the treatment plan.
- **MILIEU MANAGEMENT:** Provides input to treatment team regarding identification of clinical problems for individual students. Assists in problem solving and management of the milieu. Participates in team approach to student care. Establishes positive working relationships and role models healthy communication skills.
- **CLERICAL SKILLS:** May be requested to order and maintain office supplies for the unit. Answers phones, screens visitors, enters orders in the computer, schedules appointments at the direction of a Clinical Supervisor or Therapist. Knowledge of word processing and data entry.
- **DOCUMENTATION:** Documents assessments, interventions, and activities related to student's treatment plan. Participates in continuous quality improvement process when requested.

- **FAMILY INTERVENTION/EDUCATION:** Actively solicits parents and family members to become part of the treatment process. Orienting students and their families to unit rules, activities and procedures. Provides students and parents with information about community and hospital resources. Reviews with students and student's family the plan of care including goals, objectives, and discharge plans.
- Completes Competency Plan for assigned job and department.

EDUCATION

Required/Preferred	Education Level	Major/Area of Study	And/Or
Required	Bachelor's Degree	B.A. or B.S. degree Psychology, Social Work or related field	
Required	Coursework/Training	Complete First Aid course within 60 days of hire which will be tracked by the department.	

EXPERIENCE

Required/Preferred	Minimum Experience	Details
No Requirement		

JOB SPECIFIC KNOWLEDGE, SKILLS and ABILITIES

- Requires knowledge of mental health issues, both theory and practice; crisis intervention techniques; assessment techniques; and understanding of family system dynamics.
- Requires strong interpersonal communication skills, group work skills, and knowledge of age appropriate developmental issues for adolescents and their families.

LICENSES and CERTIFICATIONS

No Requirement

JOB INFORMATION

Primary JDID:	10273_28241
Job Title:	Mental Health Counselor Masters
Job Content Title:	Mental Health Therapist I
FLSA:	Non-Exempt
Original Creation Date:	5/1/2006 12:00:00 AM

ORGANIZATIONAL INFORMATION

Region:	ALASKA
Employer:	1009 - Providence Crisis Recovery Center
Department:	1009 AK BH CRC AK - 10000112; 1009 AK BH PARTP - 10010586
Reports To:	Clinical Supervisor CRC
Supervises:	None Required

MISSION, VALUES, VISION and PROMISE

The Mission:	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Values:	Compassion, Dignity, Justice, Excellence and Integrity
Our Vision:	Health for a Better World
Our Promise:	"Know me, care for me, ease my way."

GENERAL SUMMARY

Responsible for supporting all aspects of the clinical programming for the Crisis Recovery Center. Provides direct client care services in all assigned areas that includes assessment, treatment planning, individual therapy, family therapy, group therapy, and milieu therapy. Plans and provides client, family, peer and community education and coordinates services with other health care professionals including interaction with physicians or ARNP responsible for the care of the client.

ESSENTIAL FUNCTIONS

The job duties listed are essential functions of the position. However, other duties may be assigned, and may also be considered essential functions of the position.

The caregiver must be sufficiently fluent in the English language to satisfactorily perform the essential functions of the position. The degree of fluency required will vary depending upon the nature of the position.

Caregivers are expected to honor the Mission, Values, Vision and Promise and adhere to the Code of Conduct, policies and standards of their organization.

For direct patient care roles: Performs and maintains currency of essential competencies as required by specific area of hire and populations served.

- **Client Care:** Performs all clinical duties of a therapist. Demonstrates the ability to collect and analyze data from various sources including soliciting information from client and family to determine their needs and expectations. Conducts mental health and/or substance use evaluations and appropriately assigns DSM/ICD diagnosis. Responsible for screening referrals and making collaborative decisions about admissions.
- **Interventions:** Perform specialized/diagnoses specific interventions which are skilled, creative, purposeful, trauma informed and evidence based. Facilitate individual, group, and family therapy services. Conducts ongoing assessments of client status including mental health status evaluation, suicide and violence risk assessment, identification of risk level, directs safety interventions, and facilitates safety planning. Actively assists in the management of the treatment milieu. Actively utilizes de-escalation techniques to manage crisis situations.
- **Treatment Planning:** Develops and implements treatment plan. Establishes functional goals that are specific, measurable, attainable, realistic, contextually relevant and timely. These goals will incorporate the client's and/or family needs. Demonstrates the ability to make appropriate and specialized recommendations and/or

referrals to facilitate a smooth transition to the next level of care. Provides continuous monitoring of treatment goals and progress and update treatment plan at regular intervals.

- **Information Management:** Documents all required elements using succinct, skilled in appropriate terminology according to program and professional standards, and proficient in Electronic Health Record (EHR) system. Utilizes critical thinking and supports data analysis to promote improved functional outcomes. Demonstrates the ability to clearly document the need for the appropriate level of care. The billing is completed correctly, in a timely manner using proper billing codes in a timely manner.
- **Communication/Collaboration:** Demonstrates the ability to effectively utilize healthy evidenced based communication strategies and promote team functioning while monitoring clinical processes quality of care. Contributes to collaborative efforts through problem solving, sharing information and contributing with other caregivers in the design and implementation of client centered care. Provides support and clinical guidance to other caregivers.
- **Time Management:** Organizes and prioritizes the daily schedule in the time allotted to ensure all requirements of the day are completed in a timely manner. Supports the behavioral health service line and other departments as required by the leadership team. Promotes stewardship through appropriate resource management.
- **Quality Improvement:** Accurately uses appropriate software and EHR to facilitate data collection and improvement processes. Participates in continuous quality improvement initiatives. Maintains a working knowledge of the program's policies and procedures and regulatory requirements.
- **Program/Professional Development:** Assists with program development processes. Actively pursues professional development opportunities and completes education necessary to obtain and maintain professional licensure. Completes competency for assigned role.
- Must attend a minimum of 80% of scheduled staff meetings or as required by the Clinic Director. Responsible for all meeting content regardless of attendance.
- Completes Competency Plan for assigned job and department.

EDUCATION

Required/Preferred	Education Level	Major/Area of Study	And/Or
Required	Master's Degree	Master's degree in Psychology, Counseling Psychology, Social Work or health related field	

EXPERIENCE

Required/Preferred	Minimum Experience	Details
Preferred	2 years	Clinical experience

JOB SPECIFIC KNOWLEDGE, SKILLS and ABILITIES

- Proficiency with Information Technology; such as Electronic Health Records (HER), communications systems, computers and equipment necessary to perform essential functions of the position.
- Ability to use PC for clinical data entry (keyboard proficient), email, and EHR. Must be able to use general office equipment (i.e. telephones, voice-mail, fax machines, photocopying, etc.) proficiently.
- Knowledge of principles and practices of psychotherapy, psychological assessment and diagnosis or assessment and diagnosis procedures appropriate to field if other than psychology; characteristics of mental and emotional disturbances as identified in the Diagnostic and Statistical Manual IV (DSM-IV).
- Proven ability to work with diverse community groups; with a focus on providing cultural competent services, knowledge of diverse values and belief systems, ability to provide culturally appropriate and individualized treatment services.
- Understands and implements trauma informed care.
- Ability to provide age and developmentally appropriate, evidenced based clinical interventions.
- Must be able to work independently, prioritize and organize work, and manage time effectively.
- Knowledge and compliance with organizational and professional Code of Ethics.
- Able to effectively utilize clinical supervision.
- Able to communicate effectively in verbally and in writing.
- Practices in accordance with High Reliability initiatives.

LICENSES and CERTIFICATIONS

Preferred upon hire: Licensed Professional Counselor (LPC), Licensed Psychological Associate (LPA), or Clinical Social Worker License (LCSW)

JOB INFORMATION

Primary JDID: 10278_30692
Job Title: Psychiatric Technician
Job Content Title: Mental Health Technician
FLSA: Non-Exempt
Original Creation Date: 5/1/2005 12:00:00 AM

ORGANIZATIONAL INFORMATION

Region: ALASKA
Employer: 1009 - Providence Crisis Recovery Center
Department: 1009 AK BH CRC AK - 10000112; 1009 AK BH PARTP - 10010586; 1009 ADMINISTRATION AK - 10011392
Reports To: Director/Senior Leader in Department

MISSION, VALUES, VISION and PROMISE

The Mission: As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Values: Compassion, Dignity, Justice, Excellence and Integrity
Our Vision: Health for a Better World
Our Promise: "Know me, care for me, ease my way."

GENERAL SUMMARY

The Psychiatric Technician provides personal care services and general therapeutic procedures to behavioral health patients under the direction of Registered Nurse or designated licensed staff.

ESSENTIAL FUNCTIONS

The job duties listed are essential functions of the position. However, other duties may be assigned, and may also be considered essential functions of the position.

The caregiver must be sufficiently fluent in the English language to satisfactorily perform the essential functions of the position. The degree of fluency required will vary depending upon the nature of the position.

Caregivers are expected to honor the Mission, Values, Vision and Promise and adhere to the Code of Conduct, policies and standards of their organization.

For direct patient care roles: Performs and maintains currency of essential competencies as required by specific area of hire and populations served.

- Participates in patient care using unit and unit policies and procedures and works within the scope of practice.
- Reports all significant behavioral and physical issues to licensed personnel.
- Demonstrates consistent ability to communicate effectively with patients, families and other work team members.
- Perform basic computer-related tasks. Access to interagency computer database.

EDUCATION

Required/Preferred	Education Level	Major/Area of Study	And/Or
Required	H.S. Diploma or GED	General	

EXPERIENCE

Required/Preferred	Minimum Experience	Details
No Requirement		

JOB SPECIFIC KNOWLEDGE, SKILLS and ABILITIES

- None required.

LICENSES and CERTIFICATIONS

Preferred upon hire: Nursing Assistant Certification

JOB INFORMATION

Primary JDID:	10303_28242
Job Title:	Senior Mental Health Counselor Masters
Job Content Title:	Mental Health Therapist II
FLSA:	Non-Exempt
Original Creation Date:	5/1/2006 12:00:00 AM

ORGANIZATIONAL INFORMATION

Region:	ALASKA
Employer:	1009 - Providence Crisis Recovery Center
Department:	1009 AK BH CRC AK - 10000112; 1009 AK BH PARTP - 10010586
Reports To:	Director CRC
Supervises:	None Required

MISSION, VALUES, VISION and PROMISE

The Mission:	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
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Our Vision:	Health for a Better World
Our Promise:	"Know me, care for me, ease my way."

GENERAL SUMMARY

Responsible for supporting all aspects of the clinical programming for the Crisis Recovery Center. Provides direct client care services in all assigned areas that includes assessment, treatment planning, individual therapy, family therapy, group therapy, and milieu therapy. Assists leadership in the development and maintenance of standards of practice, development of quality services and new programs. The Mental Health Therapist (II) is a resource for other clinicians, and demonstrates advanced clinical skill. Other professional roles include but are not limited to consultation, education, critical inquiry and direction/mentoring of personnel. Plans and provides client, family, peer and community education and coordinates services with other health care professionals including interaction with physicians or ARNP responsible for the care of the client. The Mental Health Therapist (II) follows an individualized performance development plan to maintain current knowledge and be competent in specialty areas, support program goals. Promote program goals and objectives while modeling philosophy and values.

ESSENTIAL FUNCTIONS

The job duties listed are essential functions of the position. However, other duties may be assigned, and may also be considered essential functions of the position.

The caregiver must be sufficiently fluent in the English language to satisfactorily perform the essential functions of the position. The degree of fluency required will vary depending upon the nature of the position.

Caregivers are expected to honor the Mission, Values, Vision and Promise and adhere to the Code of Conduct, policies and standards of their organization.

For direct patient care roles: Performs and maintains currency of essential competencies as required by specific area of hire and populations served.

- **Client Care:** Performs all clinical duties of a therapist. Demonstrates the ability to collect and analyze data from various sources including soliciting information from client and family to determine their needs and expectations. Conducts mental health and/or substance use evaluations and appropriately assigns DSM/ICD diagnosis. Responsible for screening referrals and making collaborative decisions about admissions. Trains and mentors other therapists, lead case review and group supervision and supports the clinical supervisor.
- **Interventions:** Perform specialized/diagnoses specific interventions which are skilled, creative, purposeful, trauma informed and evidence based. Facilitate individual, group, and family therapy services. Conducts ongoing assessments of client status including mental health status evaluation, suicide and violence risk assessment, identification of risk level, directs safety interventions, and facilitates safety planning. Directs the the management of the treatment milieu, takes the lead in managing and de-escalating crisis situations.

- **Treatment Planning:** Develops and implements treatment plan and trains and mentors other therapist in treatment planning process. Establishes functional goals that are specific, measurable, attainable, realistic, contextually relevant and timely. These goals will incorporate the client's and/or family needs. Demonstrates the ability to make appropriate and specialized recommendations and/or referrals to facilitate a smooth transition to the next level of care. Provides continuous monitoring of treatment goals and progress and update treatment plan at regular intervals.
- **Information Management:** Documents all required elements using succinct, skilled in appropriate terminology according to program and professional standards, and proficient in Electronic Health Record (EHR) system. Utilizes critical thinking and supports data analysis to promote improved functional outcomes. Demonstrates the ability to clearly document the need for the appropriate level of care. The billing is completed correctly, in a timely manner using proper billing codes in a timely manner.
- **Communication/Collaboration:** Demonstrates the ability to effectively utilize healthy evidenced based communication strategies and promote team functioning while monitoring clinical processes quality of care. Contributes to collaborative efforts through problem solving, sharing information and contributing with other caregivers in the design and implementation of client centered care. Takes a lead role in training new caregivers and providing ongoing support and mentorship.
- **Time Management:** Organizes and prioritizes the daily schedule in the time allotted to ensure all requirements of the day are completed in a timely manner. Supports the behavioral health service line and other departments as required by the leadership team. Promotes stewardship through appropriate resource management. Assists with departmental daily clinical staffing/scheduling issues as needed.
- **Quality Improvement:** Accurately uses appropriate software and EHR to facilitate data collection and improvement processes. Participates in continuous quality improvement initiatives. Maintains a working knowledge of the program's policies and procedures and regulatory requirements. Perform technical and/or clinical audits as required. Collects, processes and reports on functional outcomes measures
- **Clinical Orientation:** Directs/monitors/ interns, mentors Mental Health Specialists, and Mental Health Therapist I staff. Assists with development and revisions of orientation/annual competencies.
- **Clinical Coordination:** Performs assigned duties and responsibilities of the following:
 - Educate/validate orientation and/or annual competencies.
 - Assists with annual clinical performance review of Mental Health Specialists, and Mental Health Therapist I staff.
 - Assists with managing departmental education files and coordinates a departmental in-service schedule across the continuum as appropriate.
- Must attend a minimum of 80% of scheduled staff meetings or as required by the Clinic Director. Responsible for all meeting content regardless of attendance.
- Completes Competency Plan for assigned job and department.

EDUCATION

Required/Preferred	Education Level	Major/Area of Study	And/Or
Required	Master's Degree	Master's degree in Psychology, Counseling Psychology, Social Work or health related field	

EXPERIENCE

Required/Preferred	Minimum Experience	Details
Required	5 years	Clinical experience

JOB SPECIFIC KNOWLEDGE, SKILLS and ABILITIES

- Proficiency with Information Technology; such as Electronic Health Records (HER), communications systems, computers and equipment necessary to perform essential functions of the position.
- Ability to use PC for clinical data entry (keyboard proficient), email, and EHR. Must be able to use general office equipment (i.e. telephones, voice-mail, fax machines, photocopying, etc.) proficiently.
- Knowledge of principles and practices of psychotherapy, psychological assessment and diagnosis or assessment and diagnosis procedures appropriate to field if other than psychology; characteristics of mental and emotional disturbances as identified in the Diagnostic and Statistical Manual IV (DSM-IV).
- Proven ability to work with diverse community groups; with a focus on providing cultural competent services, knowledge of diverse values and belief systems, ability to provide culturally appropriate and individualized treatment services
- Understands and implements trauma informed care.

JOB SPECIFIC KNOWLEDGE, SKILLS and ABILITIES

- Ability to provide age and developmentally appropriate, evidenced based clinical interventions.
- Must be able to work independently, prioritize and organize work, and manage time effectively.
- Knowledge and compliance with organizational and professional Code of Ethics.
- Able to effectively utilize clinical supervision and able to provide clinical supervision to interns and Mental Health Therapist I staff.
- Practices in accordance with High Reliability initiatives.

LICENSES and CERTIFICATIONS

Required upon hire: Alaska Masters Social Worker License (Vendor Managed) Or
Required upon hire: Alaska Clinical Social Worker License (Vendor Managed) Or
Required upon hire: Alaska Professional Counselor License (Vendor Managed) Or
Required upon hire: Alaska Marriage and Family Therapist License (Vendor Managed) Or
Required upon hire: Alaska Psychologist License (Vendor Managed)

JOB INFORMATION

Primary JDID:	10314_34917
Job Title:	Senior Manager Behavioral Health
Job Content Title:	Senior Clinical Manager - Therapy
FLSA:	Exempt
Original Creation Date:	5/22/2024 12:00:00 AM

ORGANIZATIONAL INFORMATION

Region:	ALASKA
Employer:	1004 - Providence Health System Alaska; 1009 - Providence Crisis Recovery Center
Department:	1004 PHSA ADMIN 2 - 10000060; 1009 ADMINISTRATION AK - 10011392
Reports To:	Senior Behavioral Health Leadership
Supervises:	Department staff

Key Relationships:

Medical Directors, Nursing Directors, Clinical Managers

MISSION, VALUES, VISION and PROMISE

The Mission:	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Values:	Compassion, Dignity, Justice, Excellence and Integrity
Our Vision:	Health for a Better World
Our Promise:	"Know me, care for me, ease my way."

GENERAL SUMMARY

As the Subject Matter Expert (SME) within the Providence Behavioral Health Network, the Senior Manager Behavioral Health is responsible for the overall day-to-day operations and management pertaining to Clinical Therapy staffing, Clinical Therapy staff competency, Clinical Therapy evidence-based program implementation, and patient mental health safety.

Through supervision, role modeling, and consistent and regular one-on-one and group training, the Senior Manager Behavioral Health is responsible for establishing and maintaining a safe therapeutic environment (absent of abuse, neglect, exploitation, and any other harm to a patient as well as aggression toward staff) that fosters and promotes therapeutic growth and development for patients and professional growth and development for clinical therapy staff.

ESSENTIAL FUNCTIONS

The job duties listed are essential functions of the position. However, other duties may be assigned, and may also be considered essential functions of the position.

The caregiver must be sufficiently fluent in the English language to satisfactorily perform the essential functions of the position. The degree of fluency required will vary depending upon the nature of the position.

Caregivers are expected to honor the Mission, Values, Vision and Promise and adhere to the Code of Conduct, policies and standards of their organization.

For direct patient care roles: Performs and maintains currency of essential competencies as required by specific area of hire and populations served.

- The Senior Manager Behavioral Health is responsible for the overall operations and management of Clinical Therapy services within the Providence Behavioral Health Network, including but not limited to:

- **Hiring and Training Staff:**
 - Uses effective interviewing skills in accordance with applicable Federal laws to identify potential candidates for hire who have applicable skills, abilities, and attitudes consistent with the Providence mission, vision, and promise as well as program-specific needs.
 - Ensures that all new hire employees receive and complete all orientation and new-hire training requirements and demonstrate competency in applicable areas prior to providing unsupervised clinical therapy tasks, interventions, and other clinical-related patient care.
 - Maintains and implements an adequate ongoing training plan to ensure opportunities for Clinical Therapy staff growth and development and in full compliance with licensing/credentialing requirements. Creates, maintains, and consistently implements a skill-based monitoring and supervising process to ensure Clinical Staff develop and maintain effective and evidence-based therapeutic intervention skills and strategies that help patients achieve their identified goals and promote and foster a safe therapeutic environment
- **Clinical Therapy Management:**
 - Creates, maintains, and consistently implements regularly scheduled supervision with unit-specific Clinical Therapy staff to provide opportunities for de-briefing, individualized training, counseling, and promoting Clinical Therapy staff progress toward professional goals.
 - Closely monitors, trains, and counsels Clinical Therapy Staff to ensure all intervention strategies are evidence-based and in full compliance with protocol, programming expectations, therapeutic needs, and State and Federal Licensing/Credentialing regulations.
 - Appropriately utilizes teachable moments to instruct, teach, and correct Clinical Therapy intervention errors used by Clinical Therapy Staff.
 - Ensures Clinical Therapy Staff maintain and follow program-specific schedules for IT, FT, and GT.
 - Ensures Clinical Therapy Staffing remains within established Therapist/patient ratios.
 - Ensures that Clinical Therapy Staff consistently and appropriately create and implement special programming for patients with special needs outside of regular established programming standards.
 - Ensures that all Clinical Therapy Staff remain credentialed as applicable and in accordance with all State and Federal Regulations and Credentialing Standards.
 - Ensures Clinical Therapy notes, treatment plans, assessments, safety plans, and discharge plans are completed in a timely manner and are in compliance per protocol and program expectations as well as develops and implements corrective action plans for staff non-compliance issues.
- **Auditing, Compliance, and Reporting:**
 - Ensures daily, weekly, and monthly compliance audits are conducted (i.e., thorough completion of documentation in a timely manner per protocol and in full compliance with State/Federal regulations and credentialing standards) and corrective actions are developed, implemented, monitored/modified, and completed in a timely manner.
 - Collects and analyzes Clinical Therapy-related data (e.g., documentation compliance, patient satisfaction, Clinical Staff Competencies, Clinical Staff training, etc.) as well as creates, implements, and modifies corrective action plans to effectively resolve concerns and improve overall Clinical Therapy Service delivery and patient satisfaction.
 - Ensures full compliance with creating and submitting all applicable audit reports in compliance with established protocol.

EDUCATION

Required/Preferred	Education Level	Major/Area of Study	And/Or
Required	Master's Degree	In a Clinical Field	

EXPERIENCE

Required/Preferred	Minimum Experience	Details
Required	10 or more years	Supervisor Experience
Required	10 or more years	clinical experience working in Behavioral Health Setting
Required		Experience with Electronic Medical Records

JOB SPECIFIC KNOWLEDGE, SKILLS and ABILITIES

- Knowledgeable about evidence-based interventions and other clinical strategies critical and necessary to the effective and safe delivery of Clinical Therapy Treatment for youth and adults.

JOB SPECIFIC KNOWLEDGE, SKILLS and ABILITIES

- Knowledgeable about safety-related matters and concerns commonly associated with behavioral health Clinical Therapy Services as well as effective corrective actions to quickly resolve current safety and/or clinical therapy issues as well as reduce the risk for future safety and/or clinical therapy concerns.
- Skills and abilities to effectively oversee, manage, and supervisor overall Clinical Therapy-related day-to-day operations within the Providence Behavioral Health Network pertaining to Clinical Therapy staffing, Clinical Therapy staff competency, Clinical Therapy evidence-based program implementation, and patient mental health safety.
- Skills and abilities to effectively train and efficiently monitor Clinical Therapy Staff to ensure consistent and safe implementation of evidence-based interventions and other therapeutic services.
- Skills and abilities to not only effectively and efficiently develop and implement corrective action plans but also identify teachable moment opportunities to quickly address staff non-compliance issues and/or incorrect use of intervention strategies.
- Skills and abilities to work collaboratively with Program Managers/Supervisors.
- Skills and abilities to quickly develop strong rapport with Clinical Therapy and floor staff.
- Skills and abilities to consistently use effective communication with staff.
- Skills and abilities to collect and analyze meaningful data, develop applicable recommendations and goals for improvements based on data findings, and implement appropriate actions to achieve identified goals.
- Skills and abilities to write thorough reports, submit in a timely manner, and follow-up with identified changes/modifications as are deemed appropriate by Senior Leadership.
- Skills and abilities to promote and foster a positive work culture within the Providence Behavioral Health Network and among ancillary programs.

SPECIAL EQUIPMENT

- Computer, voice mail, cell phone and other such technological tools.

LICENSES and CERTIFICATIONS

Required upon hire: Alaska Clinical Social Worker License (Vendor Managed) Or
Required upon hire: Alaska Professional Counselor License (Vendor Managed) Or
Required upon hire: Alaska Marriage and Family Therapist License (Vendor Managed) Or
Required upon hire: Alaska Psychologist License (Vendor Managed)

JOB INFORMATION

Primary JDID:	10315_5383
Job Title:	Manager Behavioral Health
Job Content Title:	Manager Behavioral Health Services
FLSA:	Exempt
Original Creation Date:	9/1/2012 12:00:00 AM

ORGANIZATIONAL INFORMATION

Region:	ALASKA
Employer:	1009 - Providence Crisis Recovery Center; 1017 - Providence Alaska Medical Center
Department:	1009 AK BH CRC AK - 10000112; 1009 AK BH SCHOOL CLIN - 10010579; 1009 AK BH PARTP - 10010586; 1017 AK PAMC PSYCH 4W - 10000229; 1017 AK PAMC PSYCH ED - 10000237; 1017 AK PAMC BREAKTHROUGH - 10000243
Reports To:	Director Behavioral Health Services
Supervises:	Assigned caregivers

MISSION, VALUES, VISION and PROMISE

The Mission:	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Values:	Compassion, Dignity, Justice, Excellence and Integrity
Our Vision:	Health for a Better World
Our Promise:	"Know me, care for me, ease my way."

GENERAL SUMMARY

Coordinates team in delivery of patient care in a compassionate and ethical manner according to recognized standards and care model. Develops the clinical program and ensures the safety and daily management of assigned behavioral health units and/or operations. Exercises independent judgment with 24-hr accountability for clinical and operational issues for assigned units/operations. May be assigned to special projects consistent with strategic, fiscal, and operational goals/targets. Assists with business plans, fiscal accountability, and clinical and resource utilization. Fosters change and teamwork.

ESSENTIAL FUNCTIONS

The job duties listed are essential functions of the position. However, other duties may be assigned, and may also be considered essential functions of the position.

The caregiver must be sufficiently fluent in the English language to satisfactorily perform the essential functions of the position. The degree of fluency required will vary depending upon the nature of the position.

Caregivers are expected to honor the Mission, Values, Vision and Promise and adhere to the Code of Conduct, policies and standards of their organization.

For direct patient care roles: Performs and maintains currency of essential competencies as required by specific area of hire and populations served.

- **RESOURCE UTILIZATION:** Considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of care and other services. Utilizes staffing management principles to assure adequate supply of all necessary staff to perform systems of care. Manages daily staffing issues in conjunction with designated resources, analyzing available data sources, and making decisions based on this data. Makes adjustments in daily schedules according to changes in staffing needs, due to census or acuity. Responsible for daily performance against budget targets. Develops, implements, evaluates and modifies programs and services needed to meet patient care and staff development needs. Manages department payroll activities. Responsible for managing the day-to-day department level operational budget and in conjunction with others, assists in the development of annual operating and capital budgets. Coordinates with the behavioral health service line to evaluate gaps in services, share resources and develop processes to

assure smooth transitions of care along the continuum. Exercises independent judgment to implement plans for operations in areas of responsibility.

- **LEADERSHIP:** Provides visionary leadership in the professional practice setting and the profession. Uses leadership principles to anticipate and influence change. Determines resources and actions needed to accomplish objectives. Sets priorities and manages time effectively. Identifies potential problems/opportunities and plans contingent action. Collaborates with the director, management team and informal leaders in these efforts. Encourages innovative efforts in others. Seeks creative methods to resolve conflicts. Promotes inter-disciplinary care of the patient and is responsible for developing clinical programming, clinical supervision and trauma informed care. Keeps Director informed of clinical issues, staffing issues, feedback from community providers and risk management concerns. Acts on behalf of Director in his/her absence, attending meetings and making decisions as appropriate and necessary. Serves on work groups / committees as assigned.
- **QUALITY OF PRACTICE:** Establishes clear clinical practice expectations based on professional standards for areas of responsibility. Able to provide clinical care at an expert level and is a role model for staff in the clinical setting. Leads area of responsibility in developing, modifying and implementing patient/customer care standards, policies, procedures and protocols. Develops clinical programming to ensure trauma informed evidence based practice is implemented. Role models customer service standards of the Providence Health System in Alaska. Responds to customer requests and complaints promptly and with courtesy. Fosters a supportive environment and works towards service recovery when necessary. Facilitates the development and implementation of department quality improvement plan which address clinical, operational, and business objectives which incorporate appropriate aspects of the PHSA quality strategic plan.
- **COLLABORATION:** Partners with internal service lines to ensure integration of behavioral health in all other areas of clinical care. Provides consultation with other leaders to share best practice and uses independent judgment to assign work to team members and to responsibly direct team members. Creates supporting systems that enable staff to jointly plan and deliver care. Role models collaboration and partnership with the care team. Schedules regular meetings with direct report staff to assure communication; utilizes various methods to communicate with staff. Collaborates with staff, physicians, local mental health care providers, and all appropriate departments to promote optimal care and customer service.
- **COMPLIANCE:** Develops quality improvement plans, monitors data and develops process improvement plans. Supports the implementation of organization policies and procedures in compliance with state, federal and other regulatory guidelines to help ensure that high quality, cost-effective customer services meet or surpass accreditation standards. Maintains confidentiality of all information related to customers, employees, medical staff, and as appropriate, Providence Alaska Medical Center and the Providence Health System. Keeps current with advances in practice and technology, sharing knowledge with the staff on a regular basis. Stays informed of current regulatory standards. Assures adequate preparation for, and participates in, regulatory compliance surveys and audits.
- **EDUCATION/PROFESSIONAL PRACTICE EVALUATION:** Assumes responsibility for obtaining information and expanding job knowledge and competency that reflects current practice. Role models personal development and education. Evaluates own practice in relation to professional practice standards and guidelines, relevant statutes, rules and regulations. Coordinate education events that impact referral sources and meet the needs of the community. Responsible to develop and coordinate, with assistance of the director, clinical educator, and/or clinical nurse specialist, department competencies, educational programs, new employee orientation, and annual skills labs.
- **ETHICS:** Integrates ethical provisions in all areas of practice. Follow the "Ethical and Religious Directives for Catholic Health Care Services" developed by the United States Conference of Catholic Bishops.
- **RESEARCH:** Integrates research findings into practice. Stays informed of current evidence-based protocols and standards for the management and care of customers in the area of responsibility. Assists in the development, implementation and modification of programs and services needed to meet customer care and staff development needs. Actively explore and identify new program development opportunities based on research.
- **ADVOCACY:** Develops relationships with external stakeholders and advocates for rights of customers, serving on internal & external committees or boards designed for system improvement and advocacy. Form positive service relationships with local public safety and non-profit organizations. Builds relationships with the behavioral health stakeholders and the community through direct contacts. Identify stake holder needs and provide solution oriented actions while finding creative ways to overcome obstacles.
- **HUMAN RESOURCE STEWARDSHIP:** Directs and administers assigned positions and functions to ensure high quality, cost-effective care services which meet or surpass accreditation standards. Uses appropriate interpersonal skills to guide others to accomplish objectives, facilitates teamwork, participation and cooperation. Delegates work so subordinates have the necessary direction, authority and skills to complete assignments. Assures timely performance evaluations that reflect validated competence, safety, and quality standards of practice. Develops and promotes talents of the team and succession planning. Counsels staff appropriately and is competent in conflict management. Supports workforce development through building relationships with academic institutions and exploring opportunities/strategies for workforce recruitment and retention. Interviews, hires, and evaluates performance.
- Implement care/services that recognize age/diversity specific needs/issues of customers served.
- Completes initial and annual Competency Plan for assigned job and department.

EDUCATION

Required/Preferred	Education Level	Major/Area of Study	And/Or
Required	Master's Degree	Behavioral health, social work or counseling, or related field.	

EXPERIENCE

Required/Preferred	Minimum Experience	Details
Required	5 years	Behavioral health or social services experience.
Required	3 years	Management/supervisory experience.

JOB SPECIFIC KNOWLEDGE, SKILLS and ABILITIES

- Must have effective skills in management and leadership.
- Demonstrated verbal and written communication skills.

LICENSES and CERTIFICATIONS

Required upon hire: Alaska Clinical Social Worker License (Vendor Managed) Or
Required upon hire: Alaska Professional Counselor License (Vendor Managed) Or
Required upon hire: Alaska Marriage and Family Therapist License (Vendor Managed) Or
Required upon hire: Alaska Psychologist License (Vendor Managed)

JOB INFORMATION

Primary JDID:	10318_32011
Job Title:	Supervisor Chemical Dependency
Job Content Title:	Supervisor Operations
FLSA:	Exempt
Original Creation Date:	5/3/2023 6:42:42 PM

ORGANIZATIONAL INFORMATION

Region:	ALASKA
Employer:	1009 - Providence Crisis Recovery Center
Department:	1009 AK BH CRC AK - 10000112; 1009 AK BH OIP - 10005290; 1009 AK BH SCHOOL CLIN - 10010579; 1009 AK BH PARTP - 10010586; 1009 ADMINISTRATION AK - 10011392
Reports To:	Senior Manager of Clinical Operations
Supervises:	Mental Health Specialist and/or Peer Support

MISSION, VALUES, VISION and PROMISE

The Mission:	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Values:	Compassion, Dignity, Justice, Excellence and Integrity
Our Vision:	Health for a Better World
Our Promise:	"Know me, care for me, ease my way."

GENERAL SUMMARY

Responsible for assisting in the daily operations of the Crisis Stabilization Center. Leads program's performance that reflects safety, quality, and productivity standards. Actively and collaboratively participates in setting standards and decision-making that results in meeting system and program goals. Oversees safety and environment of care activities in specialized trauma-informed environment. Adopts and promotes evidence-based best practices. Coordinates team to deliver patient care in a compassionate and ethical manner according to recognized standards and staffing care models. Exercises independent judgment with shared 24-hour accountability for clinical and operational issues of assigned area(s). Facilitates change and promotes teamwork, constructive communication and conflict resolution.

ESSENTIAL FUNCTIONS

The job duties listed are essential functions of the position. However, other duties may be assigned, and may also be considered essential functions of the position.

The caregiver must be sufficiently fluent in the English language to satisfactorily perform the essential functions of the position. The degree of fluency required will vary depending upon the nature of the position.

Caregivers are expected to honor the Mission, Values, Vision and Promise and adhere to the Code of Conduct, policies and standards of their organization.

For direct patient care roles: Performs and maintains currency of essential competencies as required by specific area of hire and populations served.

- **PROGRAM OPERATIONS:** Oversees program operations and ensures all staff have appropriate and necessary training and equipment to provide services in a specialized trauma informed environment. Manages the environment of care, emergency management, patient safety programs. Monitors systems to ensure safety and functionality. Assists with EPIC implementation/changes for onboarding and core staff.
- **HUMAN RESOURCE STEWARDSHIP:** Assists in the recruitment, hiring, training and supervising staff. Oversees new hire orientation process and training. Uses timely and appropriate interpersonal skills to guide others to accomplish objectives. Delegates work and assures that staff have the necessary skills, direction, authority, equipment, space, and supplies to complete assignments. Assists in timely performance evaluations that reflect validated competence and safety/quality standards of practice. Counsels staff

appropriately and teaches effective communication skills and conflict management. Assists in expanding services and exploring patient and community needs.

- **SAFETY, QUALITY, AND CONTINUOUS IMPROVEMENT:** Role models, rounds, assists with audits, and facilitates teamwork to meet/exceed safety, quality, and environmental standards. Assists with Performance Improvement (PI) program. Provides oversight of Unusual Occurrence Reporting process. Assists with identifying gaps, barriers, and develops action plans that will meet goals. Regularly communicates concurrent metrics and action plans that support targets. Oversees Caring Reliably program, participates in monthly leadership meetings, initiates and monitors all Caring Reliably tasks and initiatives.
- **REGULATORY STANDARDS COMPLIANCE:** Assists in all functions to ensure quality and cost-effective patient care and services that meets/surpasses accreditation standards. Maintains and guides the implementation of organization policies and procedures in compliance with State, Federal and other regulatory guidelines. Assures on-going education and adequate preparation for, and participation in, regulatory compliance surveys by The Joint Commission and the State of Alaska.
- **PATIENT CARE:** Assists with direct care needs of guests and supports the overall function of the therapeutic milieu.
- **PRIVACY, COMPLIANCE AND MEDICAL RECORDS CUSTODIAN:** Manages inquiry or needs related to medical records, releases of information, record destruction, and responds to subpoenas in accordance with federal and state guidelines and Providence Health and Services record retention guidelines.
- **SERVICE EXCELLENCE:** Collaborates with staff, physicians and all appropriate departments to promote optimal care and customer service on unit. Models and mentors Providence standards of service excellence. Enlists input, concerns, and ideas for enhancing service excellence. Provides timely follow-up and conveys results with those affected. Monitors and intervenes with performance standards to assure goals and expectations met/exceeded. Reviews with staff on continuous basis and at staff meetings.
- **LEADERSHIP:** Uses clinical expertise, leadership and management principles to provide, anticipate, and influence change that advances excellence in standards of safety, care and operations. Determines resources and actions needed to accomplish objectives. Sets priorities and manages time effectively. Takes courses and attends conferences that support strategic goals. Identifies potential problems/opportunities. Encourages innovative efforts in others. Seeks creative methods to resolve conflicts.
- **TEAMWORK, EDUCATION, AND COMMUNICATION:** Role models collaboration and partnership with physicians, staff, patients, families and other departments. Assigns work and responsibly directs staff. Creates supporting systems that enable staff to jointly plan and deliver care. Meets regularly with staff members to provide supervision and supportive leadership.
- Shares on-call responsibility with leadership to make sure that leadership coverage needs are met.
- Completes initial and annual Competency Plan for assigned job and department.
- Performs other duties as assigned.

EDUCATION

Required/Preferred	Education Level	Major/Area of Study	And/Or
Required	Bachelor's Degree	Social work, psychology, or related field	
Preferred	Master's Degree	Social work, psychology, or related field	

EXPERIENCE

Required/Preferred	Minimum Experience	Details
Required	3 years	Candidates with a Master's Degree must have appropriate experience providing mental health treatment in a trauma informed setting.
Required	5 years	Candidates with a Bachelor's Degree must have appropriate experience providing mental health treatment in a trauma informed setting.

JOB SPECIFIC KNOWLEDGE, SKILLS and ABILITIES

- Must have skills in providing mental health treatment to adults
- Must have Knowledge of mental health diagnosis, assessment tools, and treatment modalities.
- Must have demonstrated ability to bring diverse groups together to work collaboratively.
- Must have excellent communication and conflict resolution skills.

JOB SPECIFIC KNOWLEDGE, SKILLS and ABILITIES

- Knowledge of the Joint Commission standards and requirements.

LICENSES and CERTIFICATIONS

No Requirement

JOB INFORMATION

Primary JDID:	12122_4829
Job Title:	Acute Care RN
Job Content Title:	Crisis Recovery Registered Nurse (RN)
FLSA:	Non-Exempt
Original Creation Date:	5/1/2006 12:00:00 AM

ORGANIZATIONAL INFORMATION

Region:	ALASKA
Employer:	1009 - Providence Crisis Recovery Center
Department:	1009 AK BH CRC AK - 10000112; 1009 AK BH PARTP - 10010586
Reports To:	Clinic Director, Advanced Nurse Practitioner

Key Relationships:

Leadership/Management Team: Nursing, medical and ancillary students, and colleagues. Medical Staff.

MISSION, VALUES, VISION and PROMISE

The Mission:	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Values:	Compassion, Dignity, Justice, Excellence and Integrity
Our Vision:	Health for a Better World
Our Promise:	"Know me, care for me, ease my way."

GENERAL SUMMARY

Accountable for the delivery of quality care to patients and families, according to the individualized needs of the patient and following the nursing process in accordance with the Nurse Practice Act. RN must be competent to elicit and analyze patient information and health history with an understanding of the cognitive, physical, emotional/psychosocial, spiritual, and chronological maturation process. Coordinates patient care activities with other members of the health care team in a collegial relationship to promote patients' successful management of symptoms related to ongoing medical conditions. Responsible for the supervision, compliance tracking, documentation, assessment of side effects, vital signs, physical assessments and medication education for patients. Prepares medisets as ordered by the prescribing health care provider. Provides daily medication monitoring for patients. Conducts psychoeducation groups regarding medication management. Accepts and promotes professional development as an integral part of nursing practice.

ESSENTIAL FUNCTIONS

The job duties listed are essential functions of the position. However, other duties may be assigned, and may also be considered essential functions of the position.

The caregiver must be sufficiently fluent in the English language to satisfactorily perform the essential functions of the position. The degree of fluency required will vary depending upon the nature of the position.

Caregivers are expected to honor the Mission, Values, Vision and Promise and adhere to the Code of Conduct, policies and standards of their organization.

For direct patient care roles: Performs and maintains currency of essential competencies as required by specific area of hire and populations served.

- Provides a comprehensive patient assessment and evaluation. Develops and implements an individualized plan of care which reflects the standard of care, based on best practice, evidence-based medicine, and successful illness self-management practices.

- Provides and documents necessary patient/family education in support of the interdisciplinary treatment plan.
- Develops the discharge plan of care with team, patient and family.
- Performs procedures and treatments according to accepted department/unit standards and the Nurse Practice Act.
- Monitors patient condition, notes changes in status, utilizes judgment and takes appropriate action.
- Recognizes and responds immediately and appropriately to potential emergency situations that arise.
- Demonstrates leadership skills in a clinical setting for delivery of patient care. Through assessment identifies concerns, takes appropriate action to involve colleagues and management to promote resolution.
- Utilizes therapeutic communication. Demonstrates adaptive/timely communication based on individual patient/family needs.
- Promotes comfort measures based on experience, external resources, and interdisciplinary collaboration.
- Supports improvements in practice setting. Participates in departmental activities that improve patient care and process systems. Assist others in transitioning and applying knowledge to the clinical and operational setting.
- Promotes and role models collaborative practice and relationships with other health care professionals by focusing on patient needs, status, and outcomes.
- Actively engages in communication, feedback, and conflict resolution. Takes a leadership role in building and maintaining an environment that fosters open communication, patient and family-centered care, and collegial relationships.
- Must attend a minimum of 80% of scheduled staff meetings or as required by the Clinic Director. Responsible for all meeting content regardless of attendance.
- Completes initial and annual Competency Plan for assigned job and department. Competencies may include mandatory unit required competencies, and BLS, ACLS, PALS, NRP, as designated.

EDUCATION

Required/Preferred	Education Level	Major/Area of Study	And/Or
Required		Graduation from an accredited nursing program.	

EXPERIENCE

Required/Preferred	Minimum Experience	Details
Required	1 year	Nursing experience.

JOB SPECIFIC KNOWLEDGE, SKILLS and ABILITIES

- Schedule varies to meet department needs.
- Able to prioritize multiple tasks, and work with a variety of health unit teams.

LICENSES and CERTIFICATIONS

Required upon hire: Alaska Registered Nurse License (Vendor Managed)

Required upon hire: National Provider BLS - American Heart Association (Vendor Managed)

Exhibit 10

Floor Plan and Drawings of Project



Exhibit 11

Valuation of Building

Valuation of Building

Providence Region Bldg: 3760 Piper St, Anchorage, AK

Assumptions		Source/Rationale
Suite Size:	14,306 SF	Providence (see Exhibit 10 Facility Floor Plan)
Building Useful Life:	40 years	2023 Estimated Useful Lives of Depreciable Hospital Assets
Remaining Useful Life:	21 years	Existing age of bulding = 19 years (40-19 = 21 years)
FMV Rental Rate (Subject Property):	\$36/SF/Year	Real Estate Market Analysis (See Below)
Discount Rate	7.0%	Providence Cost of Capital (Internal Calculation; Aligns with Prime Rate)

Market Analysis

Space Type	Typical Range (Annual Full Service)	Notes
Medical Office (General Anchorage)	\$27-\$36/SF/YR	Broad market range based on current listings.
U Med District Medical / Research	\$30-\$35/SF/YR	Higher demand, low vacancy, hospital adjacency.
Premium Class A Medical	\$35-\$39+/SF/YR	Some listings reach nearly \$40/SF/YR. [showcase.com]

Validated by Marc Dunne Commercial Real Estate, Anchorage

LEASE PAYMENTS

A) Lease Payments - Life of Asset (40 years) TOTAL \$ 22,145,835

Year 1	\$ 293,706	Year 11	\$ 394,717	Year 21	\$ 530,466	Year 31	\$ 712,903
Year 2	\$ 302,518	Year 12	\$ 406,558	Year 22	\$ 546,380	Year 32	\$ 734,290
Year 3	\$ 311,593	Year 13	\$ 418,755	Year 23	\$ 562,772	Year 33	\$ 756,318
Year 4	\$ 320,941	Year 14	\$ 431,318	Year 24	\$ 579,655	Year 34	\$ 779,008
Year 5	\$ 330,569	Year 15	\$ 444,257	Year 25	\$ 597,045	Year 35	\$ 802,378
Year 6	\$ 340,486	Year 16	\$ 457,585	Year 26	\$ 614,956	Year 36	\$ 826,449
Year 7	\$ 350,701	Year 17	\$ 471,313	Year 27	\$ 633,405	Year 37	\$ 851,243
Year 8	\$ 361,222	Year 18	\$ 485,452	Year 28	\$ 652,407	Year 38	\$ 876,780
Year 9	\$ 372,059	Year 19	\$ 500,016	Year 29	\$ 671,979	Year 39	\$ 903,084
Year 10	\$ 383,220	Year 20	\$ 515,016	Year 30	\$ 692,138	Year 40	\$ 930,176

B) Lease Payments - Existing Age (19 years) TOTAL \$ 7,376,986

Year 1	\$ 293,706	Year 11	\$ 394,717
Year 2	\$ 302,518	Year 12	\$ 406,558
Year 3	\$ 311,593	Year 13	\$ 418,755
Year 4	\$ 320,941	Year 14	\$ 431,318
Year 5	\$ 330,569	Year 15	\$ 444,257
Year 6	\$ 340,486	Year 16	\$ 457,585
Year 7	\$ 350,701	Year 17	\$ 471,313
Year 8	\$ 361,222	Year 18	\$ 485,452
Year 9	\$ 372,059	Year 19	\$ 500,016
Year 10	\$ 383,220		

C) Remaining Lease Payments (21 years) \$ 14,768,849 (\$22,145,835 - \$7,376,986 = \$14,768,849)

2026	\$ 515,016	2036	\$ 692,138	2046	\$ 930,176
2027	\$ 530,466	2037	\$ 712,903		
2028	\$ 546,380	2038	\$ 734,290		
2029	\$ 562,772	2039	\$ 756,318		
2030	\$ 579,655	2040	\$ 779,008		
2031	\$ 597,045	2041	\$ 802,378		
2032	\$ 614,956	2042	\$ 826,449		
2033	\$ 633,405	2043	\$ 851,243		
2034	\$ 652,407	2044	\$ 876,780		
2035	\$ 671,979	2045	\$ 903,084		

NPV Valuation

Discount Rate	7%
NPV of Remaining Lease Payments	\$ 7,090,670

Exhibit 12

Capital Expenses

Activity	Purpose	Total
BioMed Installation Labor	Exam Room - BioMed Install	\$159
EUS Go-Live Support	Add'l Cost for Go-Live EUS ATE Support by Cargiver	\$2,380
EUS Go-Live Support	Base Cost for Go-Live EUS ATE Support	\$635
Manager Support	Manager Labor for CTS	\$1,904
Nuvolo Management System	Installation Labor	\$397
Temp/NIST Monitoring Tags	Field Services Labor	\$238
End User Devices - Full Package	Business Continuity Access Package - Labor	\$450
End User Devices - Full Package	Exam Room Package - Labor	\$450
End User Devices - Full Package	Medical Assistant/Nurse Stations - Labor	\$3,600
End User Devices - Full Package	Physician Workstation Package - Labor	\$900
Network Closet(s)/WAPs - Tier 3 Clinic	Labor - Smart Hands	\$3,173
New Employee Kronos Licensing	Kronos	\$380
New Employee Oracle Licensing	Oracle	\$1,290
REH Implementation for new dept	REH Implementation	\$5,552
Camera Surveillance - New System	EBAT PM Labor	\$390
Camera Surveillance - New System	EBAT SE Labor	\$1,904
Camera Surveillance - New System	NVR (up to 50 cameras) - Hardware & Labor	\$52,000
Camera Surveillance - New System	Security Camera - Hardware, License & Labor	\$23,790
Camera Surveillance - New System	Vendor Installation	\$2,275
Emergency Management*	Capital - Software	\$14,000
Nurse Duress	Nurse Duress Hardware - Prov	\$22,500
Nurse Duress	Nurse Duress Hardware - Prov Equipment	\$1,200
Nurse Duress	Nurse Duress Hardware - Vendor	\$2,150
Nurse Duress	Nurse Duress Hardware - Vendor Equipment	\$570
Nurse Duress	Nurse Duress Labor - CTS	\$1,586
Nurse Duress	Nurse Duress Labor - EBAT PM	\$5,949
Nurse Duress	Nurse Duress Labor - SE/SO	\$1,190
Nurse Duress	Nurse Duress Software	\$2,070
Project Management	AT PM - capital	\$3,120
Temp/NIST Monitoring Tags	EBAT PM Internal Labor to install tags	\$79
Temp/NIST Monitoring Tags	EBAT SE/SO Internal Labor to install tags	\$63
Temp/NIST Monitoring Tags	External Vendor Labor - Travel	\$1,000
Temp/NIST Monitoring Tags	External Vendor Labor to install NIST tags	\$250
Temp/NIST Monitoring Tags	Temp or Ambient NIST Tags - Hardware	\$660
End User Devices - Full Package	Business Continuity Access Package	\$2,300
End User Devices - Full Package	Exam Room Package	\$2,400
End User Devices - Full Package	Medical Assistant/Nurse Station Package	\$14,000
End User Devices - Full Package	Physician Workstation Package	\$3,900
MATE PM	Labor - ESI Project Manager	\$19,037
Network Closet(s)/WAPs - Tier 3 Clinic	ATS/UPS/VG/Cables Etc	\$15,000
Network Closet(s)/WAPs - Tier 3 Clinic	Labor - Network Engineer	\$3,173
Network Closet(s)/WAPs - Tier 3 Clinic	Labor - Network PM	\$6,346
Network Closet(s)/WAPs - Tier 3 Clinic	Labor - Telecom PM	\$6,346
Network Closet(s)/WAPs - Tier 3 Clinic	Switches	\$20,000
Network Closet(s)/WAPs - Tier 3 Clinic	Wireless Access Points	\$4,800
Telecom System Programming	Vendor Cost to Program Telecom System	\$10,000
Construction Program Management	Integration Coordination (total mths @ 45%)	\$3,807
Project Contingency	Contingency Capital	\$50,497
Total		\$319,860