

Good Samaritan Medical Center

A STEWARD FAMILY HOSPITAL



June 18, 2021

Via E-Mail

Sherman Lohnes, Esq., Director
Division of Health Care Facility Licensure and Certification
Massachusetts Department of Public Health
67 Forest Street
Marlborough, MA 01752

Re: Steward Good Samaritan Medical Center, Inc. – Response to Essential Services Finding

Dear Attorney Lohnes:

We write on behalf of Steward Good Samaritan Medical Center, Inc. (“the Hospital”) in response to the Department of Public Health’s (the “Department”) Essential Services Finding letter, dated June 3, 2021, concerning the closure of Norcap Lodge (“Norcap”). In compliance with the regulatory requirements at 105 CMR 130.122, the Hospital offers the following plan to maintain access to substance use disorder (“SUD”) treatment services currently offered at Norcap, along with the additional information requested in the Department’s Finding letter.

Part 1

(1) Information on utilization of the services prior to proposed closure.

The historical and current utilization of Norcap’s inpatient and outpatient services is provided in the tables below:

Inpatient Detoxification				
	2018	2019	2020	2021 through May
Patient Days	12,097	11,284	8,203	3,035
Average Daily Census	33.1	30.9	22.4	20.1

Intensive Outpatient Therapy				
	2018	2019	2021	2021 through May
Sessions	3,055	2,747	2,116	775
Average Daily Census	14.8	13.8	12.7	12.1

(2) Information on the location and service capacity of alternative delivery sites. Include an explanation of the basis for the Hospital's determination that the alternative delivery sites do or do not have the capacity (necessary space, resources, etc.) to handle the increased patient volume at the identified sites. To support that assertion, please provide the following specific details:

There are a number of alternative delivery sites that have the capacity to treat patients seeking SUD treatment services. The number of licensed Level 3.7 and Level 4.0 beds increased by 360 beds from January 1, 2018 to May 1, 2019. As a result of this increased capacity, Norcap volume decreased, as evidenced by a decreased average daily census ("ADC") over this same time period. The Hospital has identified several alternative sites where patients may access SUD services, including the new facility at Morton Hospital, the opening of which will coincide with the closure of Norcap. The new Morton Hospital SUD unit will be a 32-bed Level 4.0 medically managed inpatient unit, which will serve patients with Level 3.7 and Level 4.0 needs, and also will provide a range of outpatient SUD services, including an intensive outpatient program and an opioid treatment program, to ensure a continuum of treatment. Importantly, access to SUD treatment will continue to be available to patients of the Steward Health Care Network ACO at St. Elizabeth's Medical Center and Morton Hospital following the closure of Norcap.

(a) Current utilization at these alternative sites.

The Hospital has identified the following alternative delivery sites, all of which are within 30 miles of Norcap. The Hospital sought to obtain current occupancy rates for each alternative site to the extent it was made available. As demonstrated in the table below, occupancy rates vary widely across the alternative sites. However, none of the alternative sites for which data was available is currently operating at full capacity.

Alternative Site	Proximity to Norcap (miles)	Level	Other Services	Occupancy Rate as of 6/15/21
Andrew House - Boston	26.7	3.7	Clinical Stabilization Service (CSS)	89%
Andrew House - Stoughton	8.9	3.7	Transitional Stabilization Services (TSS), residential, Outpatient	82%
Arbour Hospital - Boston	19.5	3.7 / Dual Diagnosis	Partial Hospitalization Program (PHP)	Unknown
Arbour Fuller Hospital - Attleboro	11.2	3.7 / Dual Diagnosis	Partial Hospitalization Program (PHP)	Unknown
Bedrock Recovery Center - Canton	11.9	3.7	CSS, PHP, Opioid Treatment Program (OPT)	67%

Boston Treatment Center - Boston	21.4	3.7		63%
BourneWood Hospital Detox - Newton	17.8	3.7 / Dual Diagnosis	Partial Hospitalization Program (PHP), Intensive Outpatient Treatment (IOP)	91%
Dimock Detox - Roxbury	20.1	3.7	CSS, Residential, Outpatient	85%
Faulkner Hospital Addiction Recovery - Boston	23.7	4.0	OTP, PHP, Outpatient (Early Recovery)	Unknown
Gavin Foundation - Quincy ATS	24.6	3.7	CSS	Unknown
High Point Treatment Centers - Brockton	12	3.7	CSS, Outpatient	67%
HRI - Brookline	21.6	3.7 / Dual Diagnosis	PHP, IOP	Unknown
MCAT (dba Evoke Wellness) - Cohasset	24.1	3.7	CSS, Residential	65%
McLean Hospital - Belmont	23.9	3.7	Residential, PHP, Outpatient	86%
Morton Hospital - Taunton	14.7	4.0 (pending)	Pending	N/A – not yet operational
New England Recovery Center - Westborough	23.8	3.7		61%
St. Elizabeth SECAP - Brighton	21.1	4.0	Outpatient	57%
SSTAR - Fall River	24.5	3.7	CSS, PHP, IOP	90%* (Operating at half capacity due to COVID-19)

Information obtained from MA Substance Use Helpline & SAMHSA Treatment Locator. Occupancy information obtained directly from providers.

(b) Type of services available at the alternative sites.

Norcap is a Level 3.7 inpatient facility that also provides an intensive outpatient program. The alternative sites offer Level 3.7 and/or Level 4.0 detoxification services, in addition to other services including clinical stabilization services, transitional stabilization services, partial hospitalization programs, opioid treatment programs, and intensive outpatient programs. In addition, Morton Hospital will provide Level 4.0 detoxification services, an intensive outpatient program, and an opioid treatment program.

(c) Type of medical diagnoses accepted.

By way of background for comparison to the alternative sites, Norcap accepts medical diagnoses of alcohol, benzodiazepine, and opioid detoxification. The following table indicates the types of medical diagnoses accepted at the alternative sites.

Alternative Site	Level	Medical Diagnoses Accepted
Andrew House - Boston	3.7	alcohol, benzodiazepine, opioid detoxification
Andrew House - Stoughton	3.7	alcohol, benzodiazepine, opioid detoxification
Arbour Hospital - Boston	3.7 / Dual Diagnosis	alcohol, benzodiazepine, opioid detoxification
Arbour Fuller Hospital - Attleboro	3.7 / Dual Diagnosis	alcohol, benzodiazepine, opioid detoxification
Bedrock Recovery Center - Canton	3.7	alcohol, benzodiazepine, opioid detoxification
Boston Treatment Center - Boston	3.7	alcohol, benzodiazepine, opioid detoxification
Bournewood Hospital Detox - Newton	3.7 / Dual Diagnosis	alcohol, benzodiazepine, opioid detoxification
Dimock Detox - Roxbury	3.7	alcohol, opioid detoxification
Faulkner Hospital Addiction Recovery - Boston	4.0	alcohol, benzodiazepine, opioid detoxification
Gavin Foundation - Quincy ATS	3.7	alcohol, benzodiazepine, opioid detoxification
High Point Treatment Centers - Brockton	3.7	alcohol, benzodiazepine, opioid detoxification
HRI - Brookline	3.7 / Dual Diagnosis	alcohol, benzodiazepine, opioid detoxification
MCAT (dba Evoke Wellness) - Cohasset	3.7	alcohol, benzodiazepine, opioid detoxification
McLean Hospital - Belmont	3.7	alcohol, benzodiazepine, opioid detoxification
Morton Hospital - Taunton	4.0 (pending)	Pending
New England Recovery Center - Westborough	3.7	alcohol, benzodiazepine, opioid detoxification
St. Elizabeth SECAP - Brighton	4.0	alcohol, benzodiazepine, opioid detoxification
SSTAR - Fall River	3.7	alcohol, benzodiazepine, opioid detoxification

Information obtained from Massachusetts Substance Use Helpline & SAMHSA Treatment Locator

(d) Adequacy of space and resources at the alternative sites.

In accordance with the table in (2)(c) above regarding current utilization at the identified alternative sites, the number of available beds ranged from 1-21 beds. The Hospital identified 18 alternative sites that can collectively accommodate the ADC of 20 patients per day at Norcap. Following the closure of Norcap, each alternative site may experience an increase in volume of approximately one patient per day. Taken together, for the alternative sites for which data was available, as of June 15, 2021, there were 93 available beds – nearly five times the current ADC at Norcap. Even considering the pre-pandemic ADC of 30.9 at Norcap in 2019, the number of available beds at alternative sites represents more than 3 times this volume. This available capacity at the alternative sites in relation to

Norcap's ADC indicates that there is adequate space and resources at the alternative sites to accommodate the current volume of patients that present to Norcap, and even the historical volume at Norcap pre-COVID-19. Moreover, as the new 32-bed Level 4.0 SUD unit at Morton Hospital will open concurrently with Norcap's closure, the Hospital does not anticipate that the closure of Norcap will have a significant impact on the space and resources at the alternative delivery sites.

(3) Travel times to alternative service delivery sites, for both peak and non-peak travel times, and an explanation as to the source for this information or what these estimates are based on.

The travel times to alternative delivery sites as calculated on Google Maps for peak and non-peak travel is provided in the table below.

Alternative Site	Travel time Norcap to Alternative Site (Non-Peak Time: 10AM)	Travel time Norcap to Alternative Site (Peak Time: 5PM)
Andrew House - Boston	40	55
Andrew House - Stoughton	30	40
Arbour Hospital - Boston	45	60
Arbour Fuller Hospital - Attleboro	12	22
Bedrock Recovery Center - Canton	27	31
Boston Treatment Center - Boston	30	50
Bournewood Hospital Detox - Newton	37	37
Dimock Detox - Roxbury	48	55
Faulkner Hospital Addiction Recovery – Boston	35	50
Gavin Quincy ATS	30	45
High Point - Brockton	35	40
HRI - Brookline	40	55
MCAT (dba Evoke Wellness) - Cohasset	40	60
McLean Hospital - Belmont	40	50
Morton Hospital - Taunton	24	35
New England Recovery Center – Westborough	30	40
St. Elizabeth SECAP - Brighton	45	60
SSTAR – Fall River	35	45

(4) An assessment of transportation needs post discontinuance and a plan for meeting those needs.

Norcap will ensure that all inpatients have a plan for the continuation of services that is appropriate considering the patient's acuity and will arrange for transfer of inpatients that require continued inpatient services. Norcap will arrange for transportation services that meet the needs of each patient using: private ambulance or chair service; program transportation; or privately arranged transportation. Moreover, many of the alternative sites are accessible by public transit, providing access for outpatients.

(5) A protocol that details mechanisms to maintain continuity of care for current patients of the discontinued service.

All current Norcap patients will receive written notification of the planned discontinuation of services 30 days prior to the closure of Norcap. Norcap will develop a written referral plan in collaboration with each patient that includes a plan for continuing the patient's treatment, including referrals for continued treatment, if appropriate.

Norcap will continue to provide each patient with an individualized plan of care based on individual treatment goals that includes discharge planning to further SUD services. NORCAP has cultivated and maintained relationships with numerous community providers across the SUD continuum of care, including outpatient counseling services, Office Based Opioid Treatment (OBOT) and Office Based Addiction Treatment (OBAT) Services, Clinical Stabilization Services (CSS), Transitional Stabilization Services (TSS), Partial Hospitalization Programs, long-term residential programs and the Massachusetts Alliance for Sober House (MASH) sober houses.

Norcap will work with all patients who are actively receiving inpatient or outpatient services at the time of Norcap's closure to develop an individualized transition plan for the patient to transfer to the appropriate next or same level of care prior to the date of closure. This individualized plan will include the option for patients to be transferred to the new Morton Hospital Level 4.0 unit or an accepting facility of the patient's choice.

Each patient's transition plan will be completed one week prior to the discontinuation of services at Norcap, and all referrals for the continuation of services will be completed by this date.

(6) A protocol that describes how patients in the Hospital's service area will access the services at alternative delivery sites. The protocol should specifically address the following:

(a) The process that will be employed to effectively refer patients to other facilities or providers.

The 32-bed Level 4.0 SUD unit at Morton Hospital will open concurrent with Norcap's closure to ensure that there is continued access to services. Level 4.0 SUD services provide the most intensive level of care, which includes 24/7 nursing care and daily physician care in a hospital setting. This level of care is appropriate for individuals with a SUD and a co-occurring medical condition that presents risk for more severe withdrawal symptoms. Community hospitals will refer patients from the emergency department to the new service at Morton Hospital. Patients who arrive at the Hospital requesting detox services will be referred to the Morton Hospital unit for admission. If the patient chooses not to pursue treatment at the Morton unit, the Hospital will facilitate the transfer of patients to an

accepting facility of the patient's choice. Recovery coaches in the Hospital's emergency department will assist patients with placement into the appropriate SUD level of care. Self-referral information will be marketed throughout the local communities to ensure access to treatment is available.

(b) The impact that this may have on the current occupancy rates at alternative delivery sites.

The Hospital does not anticipate that closing Norcap will measurably impact occupancy rates at the alternative sites. The closure of Norcap will coincide with the opening of a new 32-bed Level 4.0 service at Morton Hospital in Taunton, located approximately 17 miles from Norcap. The new unit at Morton is centrally located in the town of Taunton with easy access to major highways and public transportation. The average daily census over the last 6 months at Norcap has been 20.1. Given the 32-bed capacity at Morton Hospital, in addition to the number of alternative sites in the service area, the closure of Norcap will not have an overall negative impact on alternative delivery sites.

(c) The ability of the alternative delivery sites to meet the needs of these patients.

All of the alternative delivery sites listed in the prior tables are licensed by BSAS to provide a range of inpatient and outpatient SUD services and either meet or exceed the level of care currently provided at Norcap. Accordingly, all alternative sites are able to meet the needs of patients that historically have received services at Norcap.

(d) Other alternatives if medical needs cannot be accommodated at the proposed alternative sites.

If medical needs cannot be accommodated at the proposed alternative sites, there are several SUD treatment facilities across the Commonwealth with the resources to provide SUD services. As of May 2019, there were 1,206 Level 3.7 and Level 4.0 beds in Massachusetts, and the total number of beds has continued to increase.

Part 2

In addition to the regulatory elements listed above, and in light of the Department's review of testimony on the proposed closure, your plan must also address the following:

- (1) Timing of Closure:** In your letter of notice dated November 23, 2020, you indicate that "...discontinuance of the Services at Norcap is anticipated to coincide with the opening of SUD services at Morton pursuant to DoN approval for the proposed project." Based on testimony submitted to the Department and presented at the hearing on May 20, 2021, concern was expressed regarding the timing of anticipated filings, construction and the approval of replacement services. The plan which you are required to submit must include specific steps and an anticipated timeline for the opening of replacement services, and whether the Hospital will commit to maintaining current services until replacement services have opened.

The Hospital is committed to coordinating the closure of Norcap to coincide with the opening of a 32-bed Level 4.0 SUD unit at Morton Hospital ("MorCap"). At this time, the exact closure date of Norcap and opening of MorCap is not yet finalized because Morton Hospital is in the process of obtaining the required regulatory approvals to open; however, the anticipated date is mid- to late September.

- (2) Ongoing Access to Level 3 Substance Use Disorder Services:** Based on testimony submitted to the Department, concern was expressed that while Morton Hospital will be the future site of Level 4 substance use disorder services, it was unclear as to where those in need of Level 3 substance use disorder services would go for care. The plan which you are required to submit must address the availability of Level 3 substance use disorder services following the proposed closure of Norcap Lodge.

The ADC at Norcap has been declining since 2019, with an average ADC of 20.1 over the last 6 months. As a Level 4.0 SUD facility, MorCap also will be able to treat individuals that require Level 3.7 services. Accordingly, Morton Hospital will have the ability to accommodate these individuals if another alternative site does not have capacity. The Hospital's response to question #3 above provides a list of alternative sites that can treat patients in need of Level 3.7 care. Of these alternative sites, all are within 30 miles of Norcap. Based on both the pre-pandemic and more recent ADC at Norcap, the number of alternative delivery sites and the new MorCap unit, will have sufficient capacity of Level 3 beds following the closure of Norcap.

- (3) **Utilization of Services:** Based on testimony presented at the hearing on May 20, 2021 hearing, concern was expressed regarding statements made on behalf of the Hospital that there has been a decline in census from 80% to 52% over the last year, and how much of that was due to lower use of hospital services overall due to COVID-19 concerns. The plan which you are required to submit must include information on utilization of the services prior to proposed closure by month for calendar years 2018 and 2019, and the Hospital's assessment for the utilization of services following the end of the COVID-19 State of Emergency.

Norcap's monthly utilization for 2018 and 2019 is detailed in the table below:

Norcap Acute Treatment Service Historical Utilization			
Month	Patient Days	ADC	Occupancy
Jan-18	1,138	36.7	85%
Feb-18	969	34.6	80%
Mar-18	917	29.6	69%
Apr-18	958	31.9	74%
May-18	974	31.4	73%
June-18	938	31.3	73%
July-18	986	31.8	74%
Aug-18	1,061	34.2	80%
Sep-18	1,081	36.0	84%
Oct-18	1,117	36.0	84%
Nov-18	1,010	33.7	78%
Dec-18	948	30.6	71%
Jan-19	1,058	34.1	79%
Feb-19	918	32.8	76%
Mar-19	862	27.8	65%
Apr-19	902	30.1	70%
May-19	975	31.5	73%
June-19	949	31.6	74%
July-19	984	31.7	74%
Aug-19	1,059	34.2	79%
Sep-19	929	31.0	72%
Oct-19	1,014	32.7	76%
Nov-19	851	28.4	66%
Dec-19	783	25.3	59%

As evidenced by the above utilization data, Norcap's declining utilization began in early 2018 and continues through the present. Accordingly, while the COVID-19 pandemic did have an effect on overall utilization, it was not the primary factor associated with decreased inpatient volume at Norcap, as the downward occupancy and ADC trend began before the onset of the pandemic. Even if utilization rises to the pre-pandemic volumes of 2018 and 2019, the alternative sites and MorCap have sufficient capacity to accommodate this volume of patients.

- (4) Engagement with Community Groups: Based on testimony submitted to the Department and presented at the May 20, 2021 hearing, concern was expressed as to how the Hospital will ensure there is transparency and accountability, and communication with the local community, including elected officials, emergency medical services providers, and community members. The plan which you are required to submit must address how the Hospital will continue to provide information on an ongoing basis to the community to ensure they are aware of the impact of the discontinuance of these services, and how the Hospital will obtain community input on the development and implementation of its plan to ensure access in the future.**

The Hospital has shared its plans for the closure of Norcap with various interested parties since the closure announcement in October 2020, including state and local officials, Hospital staff, labor unions, the Hospital's Patient and Family Advisory Committee ("PFAC"), and the Hospital's Board. Norcap participates in community organized and sponsored recovery coalitions that support community efforts to address addictions, particularly opioid addiction. Some examples of these coalitions include: The Greater Attleboro Recovery Network Drop-In, EB Hope Drop-In (Plymouth County Outreach), the Taunton Opens Doors to Recovery Drop-In, Shatterproof, and The Friends of Norcap. The Hospital will provide updates on its closure plan to the groups referenced above, as well as elected officials, in monthly community forums.

We thank you for your attention to this matter. Please do not hesitate to contact me or Andrew S. Levine, Esq. at (781) 898-4379 if you have any questions or require additional information.

Sincerely,



Marisela Marrero, M.D.
President
Good Samaritan Medical Center

cc: M. Callahan, Esq., DPH

Sherman Lohnes, Esq., Director
Division of Health Care Facility Licensure and Certification
Massachusetts Department of Public Health
June 18, 2021
Page 11

D. Calvert, BSAS
S. Carlson, DPH
S. Davis, DPH
R. Kaye, Esq., DPH
E. Kelley, DPH
N. Hibble, Esq., Steward
A. Levine, Esq.
W. Mackie, DPH
B. McLaughlin, Esq., BSAS
R. Rodman, DPH
M. Smith-Mady, Esq.