

State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner	Petitioner
Full Legal Name	Positive Directions	}
Doing Business As	Positive Directions, The Center for Prevention and Recovery	
Name of Parent Corporation	Same	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	420 Post Road West Westport, CT 06880	
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP	
Contact Person at Facility, including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Nicole Merlo-White, LME-T Clinician	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail

Nicolemerlo-
White
Positive Directions
420 Post Rd West
Westport, CT
06880

Contact Person's Telephone Number

(203) 227-7644
x129

Contact Person's Fax Number

(203) 227-0037

Contact Person's e-mail Address

nmerlo-white@
positivedirections.
org

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: CHEFA Funded (no cost behavioral health counseling provided at Hales Court, Westport, CT)
- b. Estimated Total Project Cost: \$ 16,500.00
- c. Location of proposal, identifying Street Address, Town and Zip Code:
Hales Court located at Hales Court Westport CT 06880 - computer room within Community Room
- d. List each town this project is intended to serve:
Westport, CT
- e. Estimated starting date for the project: Immediate

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Martha S. Haubuth

Project Title: Executive Director

I, Martha S. Haubuth, Executive Director - CEO
(Name) (Position - CEO or CFO)

of Positive Directions being duly sworn, depose and state that the
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my knowledge.

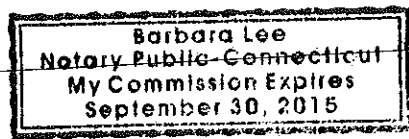
[Signature]
Signature

10/7/14
Date

Subscribed and sworn to before me on October 7, 2014

Barbara Lee
Notary Public/Commissioner of Superior Court

My commission expires: _____



POSITIVE DIRECTIONS Description of Services

Services currently provided

Positive Directions, established in 1971 provides evidence-supported clinical treatment and community prevention programs and curriculums that build resiliency and life skills in adolescents, adults and families in Fairfield County. We are known as an innovative agency, designing and testing new programmatic concepts and working collaboratively with community groups, town and school departments and other social service agencies to provide access to behavioral health counseling services for low-income families.

Treatment staff at Positive Directions is comprised of Bob Vietro MS, LADC, NCGC Clinical Director, Cathy Utz LMFT and Nicole Merlo-White LMFT. We employ evidenced-based treatment protocols which include case-appropriate variations of cognitive behavioral therapy (CBT) and dialectic behavioral therapy (DBT-focused). Case management and outcomes for clients with clinically diagnosed disorders are reviewed by the agency's clinical director and staff at weekly meetings and reviewed by state funding and licensing agencies. Client satisfaction surveys have been uniformly satisfactory or better. Counseling staff are also required to comply with licensing requirements and participate in provider workshops and conferences to keep current with research-supported treatment protocols and outcomes.

Based on established treatment protocols clients are typically seen once a week and have telephone access to counselors between sessions. Treatment duration varies by case (acuity or severity and client responsiveness). During our most recent fiscal year ending June 1014 we provided 1039 sessions for 125 unduplicated people.

We are licensed by Connecticut Department of Health as both a *Psychiatric Outpatient Clinic for Adults* and a *Facility for the Care and Treatment of Substance Abusive or Dependent Persons*. Both licensed expire September 30, 2015. We also hold a license from the Connecticut Department of Children and Families as an *Outpatient Psychiatric Clinic for Children*.

Proposed Services and DPH Licensure.

In order to optimize access to treatment services for the target population Hales Court, a Housing Authority neighborhood in Westport we are seeking DPH Psychiatric Outpatient Clinic and Treatment of Substance Abusive or Dependent Persons licensing in order to provide onsite counseling services in the Hales Court community room.

We have received a \$16,500 grant from the Connecticut Health and Education Facilities Authority (CHEFA) to provide no cost behavioral health counseling to residents at Hales Court, a 78 unit low income rental complex operated by the Westport Housing Authority. Services will be provided in collaboration with the Housing Authority, the Westport Department of Human Services and Homes With Hope, a Westport nonprofit that provides homeless shelters and supported housing units, several of which are located at Hales Court. The Department of Human Services and Homes With Hope will make referrals to the program. After meeting with local staff from our collaborating agencies we determined that most of the target population lacks viable transportation to our counseling offices and would be best served by on-site counseling in the computer room within the community room at Hales Court.

Current Population Served and Target Population to be Served

Positive Directions currently serves individuals, families and communities in Fairfield County. Our offices are in Westport.

Our proposed target population to be served is individuals, children and families who reside at Hales Court and lack viable private or public transportation and would be better served by onsite counseling in the computer room within Hales Court community room.

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. SA-0140

Facility for the Care or Treatment of Substance Abusive
or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Positive Directions-The Center for Prevention and Recovery, Inc. of Westport, CT, d/b/a Positive Directions-The Center for Prevention and Recovery, Inc. is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Positive Directions-The Center for Prevention and Recovery, Inc. is located at 420 Post Rd West, Westport, CT 06880 with:

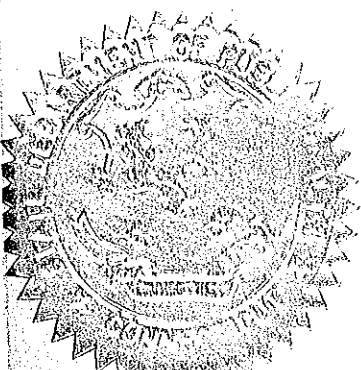
Martha Hauhuth as Executive Director.

The service classification(s) and if applicable, the residential capacities are as follows:

Outpatient Treatment

This license expires September 30, 2015 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2013. RENEWAL



Jewel Mullen, MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0373

Psychiatric Outpatient Clinic for Adults

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

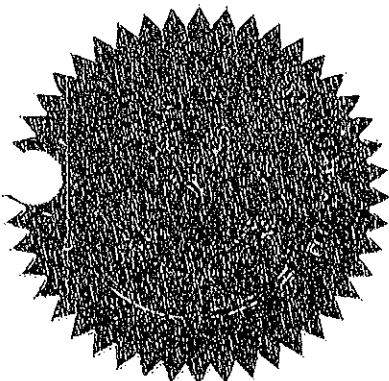
Positive Directions-The Center for Prevention and Recovery, Inc. of Westport, CT, d/b/a Positive Directions-The Center for Prevention and Recovery, Inc. is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Positive Directions-The Center for Prevention and Recovery, Inc. is located at 420 Post Road West, Westport, CT 06880 with:

Martha Hauhuth as Executive Director,
Martha Hauhuth as Director.

This license expires **September 30, 2015** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2011. RENEWAL



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

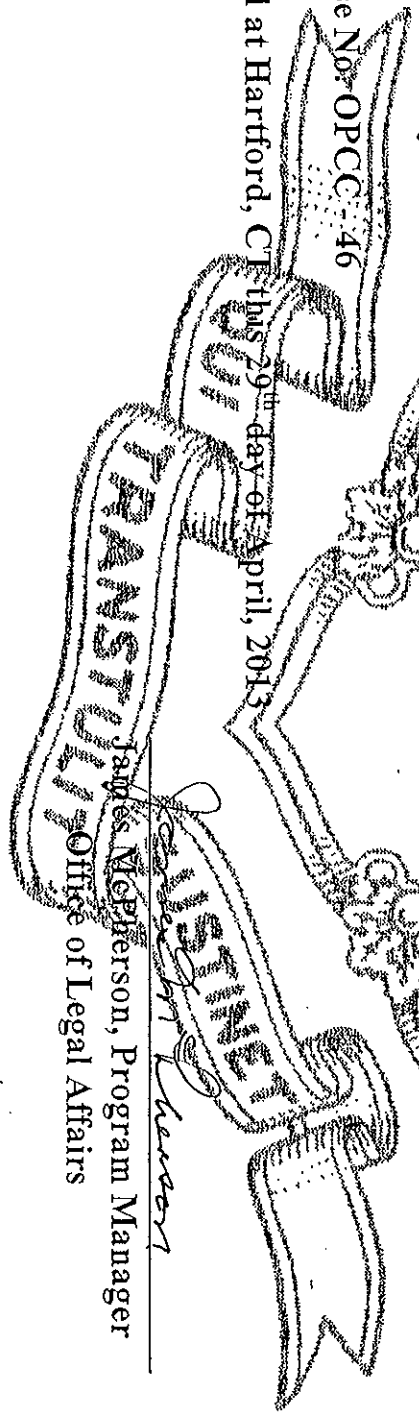
STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

This is to certify that, in accordance with the provisions of 17a-20 of the General Statutes of the State of Connecticut, as amended, POSITIVE DIRECTIONS THE CENTER FOR PREVENTION AND RECOVERY, located at 420 Post Road West in the town of Westport, CT is hereby licensed as an OUTPATIENT PSYCHIATRIC CLINIC FOR CHILDREN to provide OUTPATIENT PSYCHIATRIC CLINIC SERVICES to children at the location listed below*.

This license is issued effective April 1, 2013 for a period of TWENTY-FOUR MONTHS upon compliance with all regulations of the Department of Children and Families and may be revoked for cause at any time.

License No. OPCC-46

Signed at Hartford, CT this 29th day of April, 2013



James McPherson
James McPherson, Program Manager
Office of Legal Affairs

* 420 Post Road West Westport, CT.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

October 23, 2014

VIA FACSIMILE ONLY

Nicole Merlo-White
Positive Directions
420 Post Road West
Westport, CT 06880

RE: Certificate of Need Determination Report Number 14-31958-DTR
Establishment of Behavioral Health Clinic

Dear Ms. Merlo-White:

On October 15, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Positive Directions ("Petitioner") with respect to the establishment of a behavioral health clinic in Westport, Connecticut.

The Petitioner provides evidence-based behavioral health treatments to adolescents, adults and families in Fairfield County. The Petitioner is licensed by the Connecticut Department of Public Health as a Psychiatric Outpatient Clinic for Adults and a Facility for the Care and Treatment of Substance Abusive or Dependent Persons. The Petitioner is also licensed by the State of Connecticut Department of Children and Families as an Outpatient Psychiatric Clinic for Children. The Petitioner has received a grant from the Connecticut Health and Education Facilities Authority to provide no-cost behavioral health counseling to residents at Hales Court, a 78 unit low income rental complex operated by the Westport Housing Authority. As a result, the Petitioner seeks to establish a behavioral health clinic at Hales Court.

Connecticut General Statutes § 19a-638(b)(13) provides an exception to the CON requirements for any "program licensed or funded by the Department of Children and Families..." Since the Petitioner is licensed by the State of Connecticut Department of Children and Families, OHCA hereby determines that a **CON is not required** for the proposal.

Sincerely,

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

* * * COMMUNICATION RESULT REPORT (OCT. 23. 2014 10:35AM) * * *

FAX HEADER:

TRANSMITTED/STORED : OCT. 23. 2014 10:34AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

705 MEMORY TX

912032270037

OK

2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: NICOLE MERLO-WHITE
FAX: 203 227-0037
AGENCY: POSITIVE DIRECTIONS
FROM: OHCA
DATE: 10/23/14 Time: _____
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
Determination for Report Number 14-31958 regarding establishment of behavioral health clinic.

PLEASE PHONE Barbara K. Olejarcz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134