

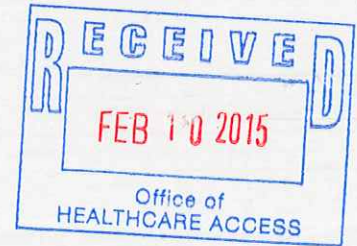


Central Naugatuck Valley

HELP, Inc.

900 Watertown Avenue, Waterbury, CT 06708 Phone/Fax 203-756-8984

February 5, 2015



Mr. Paolo Fiducia
Office of Health Care Access
410 Capitol Avenue, MS #13HCA
Hartford, CT 06134

Dear Paolo:

In anticipation of our offering outpatient substance abuse and psychiatric services in a new location, please find the enclosed Form 2020.

Please let me know if there is any additional information that you require. You can reach me at (203)756-8984 ext. 105.

Your assistance with this matter is greatly appreciated!

Sincerely,

Elizabeth Grice
Human Resources Administrator

Waterbury

- Rev. E. M. Dempsey Drug Services - (203) 756-8984
- Rogers House - (203) 756-4029
- Glenlunan - (203) 754-5276
- Renato Network - (203) 754-0322

Danbury

- Trivisano Network - (203) 794-1975

Torrington

- Watkins Network - (860) 482-7242
- Wynnewood Residential Services - (860) 482-1319



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	Central Naugatuck Valley Help, Inc.	
Doing Business As	Central Naugatuck Valley Help, Inc.	
Name of Parent Corporation	Central Naugatuck Valley Help, Inc.	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	900 Watertown Avenue Waterbury, CT 06708	
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.	Roberta Murtagh Executive Director	

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Central Naugatuck Valley, Help Inc.

Project Title: Renato Network Outpatient Program

I, Roberta Murtagh
(Name)

Executive Director
(Position – CEO or CFO)

of CNV Help, Inc. 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.

Roberta Murtagh
Signature

2/5/15
Date

Subscribed and sworn to before me on February 5, 2015

Elizabeth D Grice

Notary Public/Commissioner of Superior Court

ELIZABETH D. GRICE
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 2015

My commission expires: _____

Renato Network

Program Services

Located in Waterbury CT, the Renato Network will seek licensure as an Outpatient Facility for the care or treatment of Substance Abusive or Dependent Persons, as well as licensure for Psychiatric Outpatient Clinic for Adults. The program will offer psychiatric outpatient services for adults, outpatient treatment for substance abusive or dependent persons, and re-entry services to men and women following incarceration. The program will consist of three main components: behavioral health, social reunification, and employment services. Behavioral health services will include individual counseling, gender-specific group counseling for substance abuse, anger management group counseling, and mental health services. Social reunification services will include family counseling, domestic violence group for men, and a domestic violence education group for women. Employment services consist of a variety of workshops and individual sessions aimed to teach clients job search strategies, application and resume writing skills, interview techniques, and job retention practices. In addition, the program has developed a large bank of local employers willing to hire our clients for competitive employment.

The Renato Network will provide comprehensive psychiatric evaluations, medication management and intensive outpatient co-occurring services on-site to ensure that each individual client's needs are met to the fullest extent. Offering a complete spectrum of care will allow the Renato Network to appropriately work with each individual, based on his or her changing needs.

As mentioned, a comprehensive psychiatric evaluation will be provided by the Renato Network. An APRN will conduct evaluations on-site for those clients needing mental health services. The APRN will continue to meet regularly with those clients to provide individual psychotherapy with medication management. In addition, clients with co-occurring disorders will continue to meet weekly with their assigned therapist. The APRN and the staff will work together to offer a cohesive treatment plan for each client, while also increasing client engagement.

Individual sessions will utilize motivational interviewing and cognitive-behavioral techniques to address issues that have led to substance use, to manage mental health needs, and to embark on a path of recovery. Individualized Recovery Plans (IRP) will be developed during individual sessions, providing a step-by-step guide for clients to accomplish recovery goals. IRPs will draw upon assets and areas of need identified during a thorough bio-psycho-social assessment at the initiation of one's treatment.

In order to meet the diverse needs of our clients, the Renato Network will also provide an IOP (Intensive Outpatient Program), utilizing an evidenced-based curriculum. Each three hour session of the intensive outpatient program will incorporate instruction, therapy, and skill-building. Employing the use of motivational interviewing and cognitive-behavioral therapy,

therapists will explore topics of mental illness, substance abuse, relapse prevention, medication management, coping and relaxation skills, and community and social supports. The intensive outpatient program is designed to enhance individual recoveries through empowerment and education.

The Renato Network will also offer gender specific group counseling to clients struggling with current or past substance abuse issues, trauma issues, relapse prevention issues, anger management issues, and domestic violence issues. The group counseling sessions use evidence-based curriculums, incorporating the use of twelve step philosophies, motivational interviewing and cognitive-behavioral therapies.

The Renato Network is committed to providing all-encompassing treatment for individuals reintegrating into the community. Family counseling is an essential tool in that process. Led by one's primary counselor or therapist, family counseling will be available to any client in order to involve close family members and others who are supports in his or her recovery process. Family counseling sessions will be encouraged in order for the client to rebuild family relationships, to increase natural supports and to educate family members.

The mission of Central Naugatuck Valley Help Inc. is *to integrate people in recovery into their communities and improve the quality of their lives through mental health and substance abuse treatment. We focus on residential and non-residential therapy, support and skill development.* In order to focus on this mission the Renato Network will offer a wide array of services to the clients we serve.

Greer, Leslie

From: Hansted, Kevin
Sent: Wednesday, February 11, 2015 9:01 AM
To: Greer, Leslie
Cc: Martone, Kim
Subject: FW: Determination 15-31977-DTR

Leslie, please add the below to the record.

Thank you,

Kevin T. Hansted
Staff Attorney
Department of Public Health
Office of Health Care Access
410 Capitol Ave., MS #13HCA
P.O. Box 340308
Hartford, CT 06134
Phone: 860-418-7044

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

From: Roberta Murtagh [mailto:rmurtagh@cnvhelp.org]
Sent: Wednesday, February 11, 2015 8:57 AM
To: Hansted, Kevin
Subject: RE: Determination 15-31977-DTR

Hello,

Yes, the individuals served receive counseling related to reintegration (from incarceration) into the community. Employment workshops are provided twice a week. Linkages to employment, education and vocational programs are provided, as well.

Thank you,

Roberta

Roberta Murtagh, MBA, CAC
Executive Director
C.N.V. Help, Inc.
900 Watertown Avenue
Waterbury, CT 06708
P: (203) 756-8984 x103
F: (203) 756-8984

CONFIDENTIALITY NOTICE: This communication, including any attachments, is for the exclusive use of addressee and may contain proprietary, confidential or privileged information. Also, the confidentiality of the information contained in this e-mail, including any attachments, may be protected by Federal and Connecticut State Laws. If you are not the intended recipient, any use,

copying, disclosure, dissemination or distribution is Strictly prohibited. If you are not the intended recipient, please notify the sender immediately by return email and delete this communication and destroy all copies. Thank you for your cooperation.

From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Wednesday, February 11, 2015 7:15 AM
To: Roberta Murtagh
Subject: RE: Determination 15-31977-DTR

Thank you. Can you specify the ancillary services for me?

Kevin T. Hansted
Staff Attorney
Department of Public Health
Office of Health Care Access
410 Capitol Ave., MS #13HCA
P.O. Box 340308
Hartford, CT 06134
Phone: 860-418-7044

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

From: Roberta Murtagh [<mailto:rmurtagh@cnvhelp.org>]
Sent: Tuesday, February 10, 2015 5:34 PM
To: Hansted, Kevin
Subject: RE: Determination 15-31977-DTR

Dear Mr. Hansted,

Thank you for responding so quickly! The Renato Network has a contract with the Department of Correction for ancillary services. The agency anticipates additional contracts with the state once services are expanded. Please don't hesitate to call or email if you have further questions.

Sincerely,

Roberta Murtagh, MBA, CAC
Executive Director
C.N.V. Help, Inc.
900 Watertown Avenue
Waterbury, CT 06708
P: (203) 756-8984 x103
F: (203) 756-8984

CONFIDENTIALITY NOTICE: This communication, including any attachments, is for the exclusive use of addressee and may contain proprietary, confidential or privileged information. Also, the confidentiality of the information contained in this e-mail, including any attachments, may be protected by Federal and Connecticut State Laws. If you are not the intended recipient, any use, copying, disclosure, dissemination or distribution is Strictly prohibited. If you are not the intended recipient, please notify the sender immediately by return email and delete this communication and destroy all copies. Thank you for your cooperation.

From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]

Sent: Tuesday, February 10, 2015 2:53 PM

To: rmurtagh@cnvhelp.org

Subject: Determination 15-31977-DTR

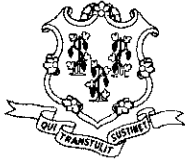
Dear Ms. Murtagh,

I am in receipt of your Determination request regarding the Renato Network Outpatient Program. Please let me know if the Program will have a contract with, or be certified or licensed to provide a service for, a state agency or department.

Thank you,

Kevin T. Hansted
Staff Attorney
Department of Public Health
Office of Health Care Access
410 Capitol Ave., MS #13HCA
P.O. Box 340308
Hartford, CT 06134
Phone: 860-418-7044

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.



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

February 11, 2015

Roberta Murtagh
Executive Director
Central Naugatuck Valley Help, Inc.
900 Watertown Avenue
Waterbury, CT 06708

RE: Certificate of Need Determination Report Number 15-31977-DTR
Establishment of a New Health Care Facility

Dear Ms. Murtagh:

On February 10, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Central Naugatuck Valley Help, Inc. ("Petitioner") with respect to the establishment of the Renato Network Outpatient Program ("Renato Network") in Waterbury, Connecticut.

The Petitioner is a nonprofit facility seeking licensure as an Outpatient Facility for the care or treatment of Substance Abusive or Dependent Persons, as well as licensure as a Psychiatric Outpatient Clinic for Adults. The licensed facility, the Renato Network, will offer psychiatric outpatient services for adults, outpatient treatment for substance abusive or dependent persons, and re-entry services to men and women following incarceration. The Renato Network currently has a contract with the State of Connecticut Department of Corrections to provide, among other services, counseling related to reintegration from incarceration back into the community.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(1), a certificate of need is required for the "establishment of a new health care facility". Conn. Gen. Stat. § 19a-630(10) defines a health care facility as "... (G) mental health facilities...". However, Conn. Gen. Stat. § 19a-638(b)(14) provides an exception for "any nonprofit facility, institution or provider that has a contract with... a state agency..." The Petitioner has a contract to provide services to the State of Connecticut Department of Corrections. Therefore, a **CON is not required** for the Petitioner's 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 (FEB. 11. 2015 12:40PM) * * *

FAX HEADER:

TRANSMITTED/STORED : FEB. 11. 2015 12:39PM

FILE MODE	OPTION	ADDRESS	RESULT	PAGE
908	MEMORY TX	912037568985	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: ROBERTA MURTAGH

FAX: 203 756-8985

AGENCY: CENTRAL NAUGATUCK VALLEY HELP, INC.

FROM: OHCA

DATE: 2/11/15 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
 Certificate of Need Determination Report Number 15-31977-DTR regarding the establishment of a New Health Care Facility.

PLEASE PHONE Barbara K. Olejarsz 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