



So every child believes in tomorrow

Beth Bombara
Chair, Board of Directors

Galo A. Rodriguez, MPH
President and CEO

**The Village for
Families & Children**

1680 Albany Avenue
Hartford, CT 06105

331 Wethersfield Avenue
Hartford, CT 06114

105 Spring Street
Hartford, CT 06105

860-236-4511
860-231-8449 *fax*

www.thevillage.org

Director of the Office of Health Care Access
410 Capitol Ave.
MS#13HCA PO BOX 340308
Hartford, CT 06134-0308

January 4, 2016

Dear Director of the Office of Health Care Access,

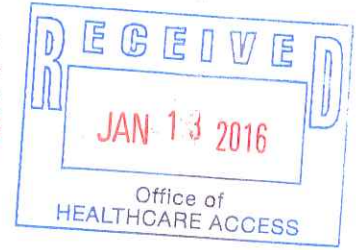
Enclosed for submission to your department is a completed Certificate of Need Determination Form for our proposed licensed bed capacity increase at the Eagle House Sub Acute, Psychiatric Residential Treatment Facility located at The Village at 1680 Albany Ave, Hartford, CT.

We are proposing maintaining all current DCF licensure for PRTF services and expanding those for an additional two beds. This would be the maximum allowable bed capacity and therefore, our last licensed bed increase. Included in this package is a copy of the current DCF license.

Should you need further information or have any questions please contact either the Program Director, Christopher Dutton at 860-297-0598 x3442 or Melissa White, Associate Vice President of Programs at 860-236-4511 x3703.

Sincerely,

Alicia M. Marotto
Director of Compliance
860-236-4511 x3704



STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

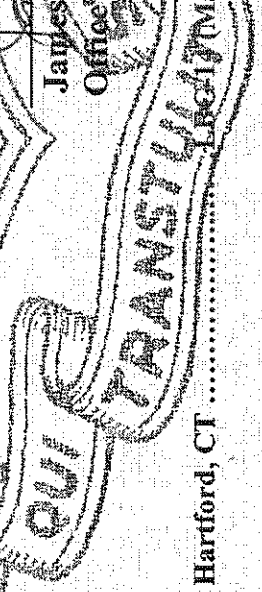
This is to certify, that, in accordance with the provisions of Sections 17a-145 and 17a-151 of the General Statutes of the State of Connecticut, as amended, **THE VILLAGE FOR FAMILIES AND CHILDREN**, located at 1680 Albany Avenue, in the City of Hartford, is hereby licensed as a **CHILD CARE FACILITY** to provide **RESIDENTIAL TREATMENT** services to children at the locations listed below * for the licensed bed capacity (LBC) and gender listed beside each location.

This license is issued effective August 1, 2014 for a period of **TWENTY FOUR MONTHS** and is conditional upon compliance with all regulations of the Department of Children and Families and may be revoked for cause at any time.

Signed at Hartford, CT the 7 day of August 2014.
License No. CCF14

James McPherson
James McPherson, Program Manager
Office of Legal Affairs

* 1680 Albany Avenue, Hartford, CT LBC:17 (Males / Females ages 6 to 13th birthday)





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	Eagle House Sub Acute, Psychiatric Residential Treatment Facility (PRTF)	
Doing Business As	The Village/The Village for Families and Children	
Name of Parent Corporation	The Village/The Village for Families and Children	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1680 Albany Avenue, Hartford CT 06105	
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.	Chris Dutton, LCSW	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1680 Albany Avenue, Hartford CT 06105	
Contact Person's Telephone Number	(860) 297-0598 ext 3442	
Contact Person's Fax Number	(860) 231-8449	
Contact Person's e-mail Address	cdutton@thevilla ge.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: increase census from 14 to 16 residents
- b. Estimated Total Project Cost: \$_115,000_(includes room renovations and 3 full time direct care staff positions)
- c. Location of proposal, identifying Street Address, Town and Zip Code: existing location, Brainard Building, 1680 Albany Avenue, Hartford CT 06105
- d. List each town this project is intended to serve:
Throughout the state of Connecticut
- e. Estimated starting date for the project: as soon as possible, 1/2016

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.

The purpose of the *Eagle House Sub-acute Residential Treatment Program (Eagle House)* is to improve the adaptive functioning of children to the degree that their clinical needs can be met through outpatient and/or community interventions. Eagle House's mission is to facilitate each child's return to home life by strengthening his or her ability to function in the community and by preparing the child's biological family/foster family to meet the child's needs. The goals of the program are to (1) bridge the gap between acute inpatient hospitalization, or other acute placement situation, and home based/other clinical services, (2) develop and strengthen the child and family's internal resources, and (3) prepare the child for return to the community through permanency planning, through advocacy for academic needs, and by strengthening the family and increasing community supports. The average length of treatment is 4-6 months.

The *Eagle House* provides a comprehensive therapeutic milieu experience for children ages 6 – 13 years old who are struggling significantly to maintain safety, often with a history of trauma, multiple disruptions and aggression. Programming is offered 7 days per week/24 hours per day. The program is intended for children who do not require inpatient hospitalization for treatment of their mental health needs. Rather, the program provides treatment for children who would benefit from additional emotional/behavioral stabilization before being placed in a home setting.

The Eagle House Program integrates individual and group treatment, family therapy, parent training, psychological consultation, psychiatric services, nursing services, and activity/milieu programming, including recreational, educational, and cultural activities. Many of the activities focus on skill acquisition, so that when children are discharged from the program, their therapeutic gains will persist and generalize to other settings. A team approach - involving Clinical, Child Development Specialist, Psychiatric, Educational and Nursing Staff -- is utilized to coordinate all aspects of a child's treatment day.

The program's philosophy is relationally based, utilizing interpersonal interactions and relationships as a means of therapeutic change. Eagle House provides a structured, group care setting for children working on individual issues while preparing for reunification with biological family, foster family, or adoptive family. Children are provided with a safe, structured, predictable environment in which they can build positive relationships with staff and peers and develop relationship skills, which can effect behavioral change. Children and families work together with the Eagle House staff to improve communication, enhance relationships and work towards functioning outside of the setting and in the community. The milieu is designed to be nurturing, supportive and encouraging. When children establish trusting relationships with adults, they can confront their challenges, take risks, and work through problem areas. Children are encouraged by staff to look at their own behavior and functioning, as to develop increased self awareness and make good choices. Families are supported and encouraged as an integral part of the treatment team. Constant communication regarding children's strengths and areas for improvement occur, with support and encouragement to make positive changes.

The program consists of structured activities throughout the day and evening. Therapy (family, group, and individual) is provided throughout the treatment week. All families are required to participate in parent or family therapy. Children receive both group and individual therapy. The therapy groups are either talking groups with a psychodynamic focus or psycho-educational (talking/activity) groups. Within the milieu, the Child Development Staff uses a strengths based, relational approach, which incorporates positive reinforcement, time-outs, life space interventions, and logical consequences for behavior.

The majority of the children's activities take place within the context of the treatment milieu. All program staff have the responsibility of developing and maintaining a safe, structured, therapeutic environment.

Children receive educational services (5.1 hours per day, 5 days per week) by two certified special education teachers and Child Development Specialists (serving as aides). An Individualized Educational Plan (IEP) is developed and educational assessments are done on an as needed basis. Every attempt is made to secure the child's previous school records. Psychological testing is also done when deemed necessary in the diagnostic process. Child Development Specialists(CDS) and Educational personnel involve clients in structured activities

on-grounds and in the community, and in socio-recreational activities as appropriate to the child's needs. Child Development Specialists and Educational staff also provide daily educational, social and therapeutic programming according to the child's IEP and clinical treatment plan.

Children's meals are prepared daily, on-grounds by a food services/catering company, with consultation from a Nutritionist. Psychiatric services and 24 hour nursing care is also provided.

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

The services described above would be those provided to the additional census of 2.

3. Identify the current population served and the target population to be served.

Eagle House serves children ages 6-13 years old. The vast majority of children come from backgrounds involving some type of abuse, neglect, or domestic violence. The children are typically behaviorally disordered, affectively disordered, conduct disordered, and/or trauma reactive. The children must present with at least one DSM 5 Axis I diagnosis. The program is not suited for children with acute psychotic symptoms or severe mental retardation. Eagle House is often a step down from an inpatient psychiatric hospitalization and, in some cases, as a diversion from an inpatient psychiatric hospitalization.

The target population would be the same as the population currently served.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Eagle House Sub Acute Psychiatric Residential Treatment Facility

Project Title: increase census from 14 to 16 clients

I, Galo Rodriguez, CEO
(Name) (Position – CEO or CFO)

of The Village for Families and Children, being duly sworn, depose and state that the
(Organization Name)

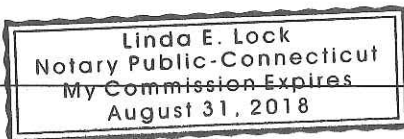
information provided in this CON Determination form is true and accurate to the best of my
knowledge.

[Signature] 12/30/15
Signature Date

Subscribed and sworn to before me on December 30, 2015

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: [Stamp]



Olejarz, Barbara

From: Hansted, Kevin
Sent: Thursday, January 21, 2016 7:09 AM
To: Olejarz, Barbara
Cc: Martone, Kim; Greer, Leslie
Subject: FW: OHCA Determination Report # 16-32061-DTR

Barbara, please add the below to the record.

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
Email: kevin.hansted@ct.gov



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: Dutton, Christopher [mailto:CDutton@thevillage.org]
Sent: Wednesday, January 20, 2016 5:22 PM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Subject: RE: OHCA Determination Report # 16-32061-DTR

Hello Mr. Hansted –

The program in question – the Eagle House Sub-Acute PRTF – is licensed by the State of CT DCF. Our referrals are managed by insurance companies, and our admissions are funded by those insurance companies – both State and commercial.

As a larger agency with many programs, the Village does have some contracts and services related to the State of CT DCF. These programs are not directly related to the PRTF.

Thank you,

Christopher Dutton, LCSW | Eagle House Sub-Acute Program Director
The Village for Families & Children | 1680 Albany Avenue | Hartford, CT 06105
860-236-4511 ext 3442 | cell: 860-692-4217 | fax: 860-523-0346 | cdutton@thevillage.org
www.thevillage.org



Join our [mailing list](#).

From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Tuesday, January 19, 2016 8:42 AM
To: Dutton, Christopher
Subject: FW: OHCA Determination Report # 16-32061-DTR

Dear Mr. Dutton,

Please see below and advise.

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
Email: kevin.hansted@ct.gov



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: Hansted, Kevin
Sent: Thursday, January 14, 2016 11:26 AM
To: 'cdutton@thevillage.org' <cdutton@thevillage.org>
Subject: OHCA Determination Report # 16-32061-DTR

Dear Mr. Dutton,

I am in receipt of your determination request on behalf of The Village with respect to an increase in its licensed bed capacity. Please advise if The Village has a contract with or provides services for a state agency or department. If so, please provide evidence of same.

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
Email: kevin.hansted@ct.gov



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.

CONFIDENTIALITY NOTICE: This e-mail transmission (and/or the attachments accompanying it) may contain confidential information, belonging to the sender, which is protected by law. The information is only for the use of the intended recipient. If you are not the intended recipient, you are hereby notified that any disclosure, copying, or distribution of any information in this transmission, or the taking of any action in reliance on the contents of this transmission, is strictly prohibited. Any unauthorized interception of this transmission is illegal under the law. If you have received this transmission in error, please promptly notify the sender by reply e-mail, and then destroy all copies of this transmission. Thank you.

Olejarz, Barbara

From: Hansted, Kevin
Sent: Thursday, January 21, 2016 1:25 PM
To: Olejarz, Barbara
Cc: Martone, Kim; Greer, Leslie
Subject: FW: OHCA Determination Report # 16-32061-DTR
Attachments: The Village DCF contract cover sheet.pdf; The Village State Single Audit 2015.pdf

Barbara, please add this email 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
Email: kevin.hansted@ct.gov



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: Marotto, Alicia [mailto:AMarotto@thevillage.org]
Sent: Thursday, January 21, 2016 12:46 PM
To: Hansted, Kevin <Kevin.Hansted@ct.gov>
Cc: Dutton, Christopher <CDutton@thevillage.org>
Subject: FW: OHCA Determination Report # 16-32061-DTR

Hello Mr. Hansted,

I wanted to provide some additional support and evidence regarding State Agency Contracts here at The Village. The Village contracts with multiple state agencies to provide services in a variety of programs and capacities. At Eagle House we often receive clients that are committed to DCF and therefore we receive funds for services through that channel.

Attached are two documents that demonstrate a good picture of some of our state agency contracts. You can see in the attached evidence we hold contracts with DCF, SDE, OEC, and DSS and to the programs they are specifically assigned. Please let me know if you'd like any additional information.

Thank you,

Alicia Marotto

Alicia M. Marotto | Director of Compliance and Privacy
The Village for Families & Children | 1680 Albany Avenue | Hartford, CT 06105
860-236-4511 x3704 | cell: 860-418-7916 | fax: 860-231-8449 | amarotto@thevillage.org
www.thevillage.org



Join our [mailing list](#).

From: "Dutton, Christopher" <CDutton@thevillage.org>
Date: January 20, 2016 at 5:21:46 PM EST
To: "Hansted, Kevin" <Kevin.Hansted@ct.gov>
Subject: RE: OHCA Determination Report # 16-32061-DTR

Hello Mr. Hansted –

The program in question – the Eagle House Sub-Acute PRTF – is licensed by the State of CT DCF. Our referrals are managed by insurance companies, and our admissions are funded by those insurance companies – both State and commercial.

As a larger agency with many programs, the Village does have some contracts and services related to the State of CT DCF. These programs are not directly related to the PRTF.

Thank you,

Christopher Dutton, LCSW | Eagle House Sub-Acute Program Director
The Village for Families & Children | 1680 Albany Avenue | Hartford, CT 06105
860-236-4511 ext 3442 | cell: 860-692-4217 | fax: 860-523-0346 | cdutton@thevillage.org
www.thevillage.org



Join our [mailing list](#).

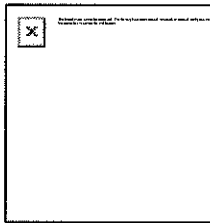
From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]
Sent: Tuesday, January 19, 2016 8:42 AM
To: Dutton, Christopher
Subject: FW: OHCA Determination Report # 16-32061-DTR

Dear Mr. Dutton,

Please see below and advise.

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
Email: kevin.hansted@ct.gov



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.

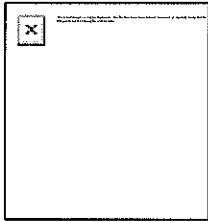
From: Hansted, Kevin
Sent: Thursday, January 14, 2016 11:26 AM
To: 'cdutton@thevillage.org' <cdutton@thevillage.org>
Subject: OHCA Determination Report # 16-32061-DTR

Dear Mr. Dutton,

I am in receipt of your determination request on behalf of The Village with respect to an increase in its licensed bed capacity. Please advise if The Village has a contract with or provides services for a state agency or department. If so, please provide evidence of same.

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
Email: kevin.hansted@ct.gov



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.

CONFIDENTIALITY NOTICE: This e-mail transmission (and/or the attachments accompanying it) may contain confidential information, belonging to the sender, which is protected by law. The information is only for the use of the intended recipient. If you are not the intended recipient, you are hereby notified that any disclosure, copying, or distribution of any information in this transmission, or the taking of any action in reliance on the contents of this transmission, is strictly prohibited. Any unauthorized interception of this transmission is illegal under the law. If you have received this transmission in error, please promptly notify the sender by reply e-mail, and then destroy all copies of this transmission. Thank you.

THE VILLAGE FOR FAMILIES & CHILDREN, INC., AND SUBSIDIARY

SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE (CONTINUED) FOR THE YEAR ENDED JUNE 30, 2015

State Grantor/Pass-Through Grantor/Program Title	Grant Period Ending	State Grant Program Core-CT Number	Expenditures
Health Assessments and Consultation	6/15	11000-DCF91110-16008	\$ 162,204
Total Department of Children and Families			8,105,391
Department of Education			
<i>Passed Through the City of Hartford:</i>			
Sand Family Resource Center	6/15	11000-SDE64000-16110	106,062
Martin Luther King, Jr. Resource Center	6/15	11000-SDE64000-16110	106,062
Dominick Burns Resource Center	6/15	11000-SDE64000-16110	106,062
Clark Family Resource Center	6/15	11000-SDE64000-16110	106,062
Total Family Resource Centers			424,248
<i>Passed Through the City of Hartford:</i>			
Extended School Hours Program Grant	6/15	11000-SDE64000-17043-82054	38,879
Tobacco Settlement Funds		11000-SDE64000-17084-82079	105,000
Total Department of Education			568,127
Department of Social Services			
Teenage Pregnancy Prevention	6/15	11000-DSS60000-16177	136,000
Community-based Child Abuse and Neglect Prevention	12/14	11000-CTF94000-12042	97,379
Total Department of Social Services			233,379
Office of Early Childhood			
Community-based Child Abuse and Neglect Prevention	6/15	11000-CTF94000-12042	96,887
<i>Passed Through the City of Hartford:</i>			
School Readiness and Child Care in Priority School Districts	6/15	11000-OEC64840-17096	257,764
Total Office of Early Childhood			354,651
Office of Policy and Management			
HVAC Bonding Award	9/15	12052-OPM20830-43574	500,000
Total Expenditures of State Financial Assistance			\$ 9,761,548

The accompanying notes are an integral part of this schedule

THE VILLAGE FOR FAMILIES & CHILDREN, INC., AND SUBSIDIARY

SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE FOR THE YEAR ENDED JUNE 30, 2015

State Grantor/Pass-Through Grantor/Program Title	Grant Period Ending	State Grant Program Core-CT Number	Expenditures
Department of Children and Families			
Intensive Home Based Services Intensive In-Home			
Child and Adolescent Psychiatric Services (IICAPS)	6/15	11000-DCF91110-16141	\$ 8,772
Community Kidcare	6/15	11000-DCF91111-16141	242,400
Total Community Kidcare			<u>251,172</u>
Grants for Outpatient Psychiatric Clinics for Children	6/15	11000-DCF91110-16024	<u>810,191</u>
Family Preservation Services	6/15	11000-DCF91111-16111	<u>218,968</u>
Alison Gill Group Home	6/15	11000-DCF91110-16138	987,850
Residential - Safe Homes	6/15	11000-DCF91110-16138	858,984
Short Term Family Integration	6/15	11000-DCF91110-16138	481,077
Total Board and Care for Children - Residential			<u>2,327,911</u>
Board and Care for Children - Adoption	6/15	11000-DCF91111-16132	<u>1,108</u>
Board and Care for Children - Foster	6/15	11000-DCF91111-16135	<u>521,024</u>
Extended Day Treatment - 1680	6/15	11000-DCF91110-16033	681,133
Extended Day Treatment - Manchester	6/15	11000-DCF91110-16033	227,044
Extended Day - Meriden/Middletown	6/15	11000-DCF91110-16033	204,769
Extended Day Treatment - 1680	6/15	11000-DCF91111-16033	75,680
Extended Day Treatment - Manchester	6/15	11000-DCF91111-16033	25,226
Extended Day - Meriden/Middletown	6/15	11000-DCF91111-16033	31,637
Extended Day - Middletown Catchment Area	6/15	11000-DCF91111-16033	256,922
Total Day Treatment Centers for Children			<u>1,502,411</u>
Early Childhood Services - Child First	6/15	11000-DCF91000-16092	<u>422,939</u>
Differential Response System	6/15	11000-DCF91000-12515	<u>864,000</u>
Child Welfare Support Services	6/15	11000-DCF91110-16064	<u>28,877</u>
Substance Abuse Treatment	6/15	11000-DCF91110-16116	<u>617,070</u>
<i>Passed Through the City of Hartford:</i>			
Juvenile Justice Outreach Services	6/15	11000-DCF91110-16043	227,250
<i>Passed Through Advanced Behavioral Health:</i>			
Juvenile Justice Outreach Services	6/15	11000-DCF91110-16043	150,266
Total Juvenile Justice Outreach Services			<u>377,516</u>

The accompanying notes are an integral part of this schedule

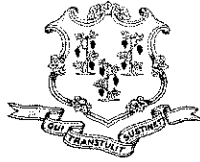
**Department of Children & Families
Contract Cover Sheet**

Contractor Information				Reason for Contract Action					
Contract Number	16DCF0017AA	OPM Approval #	2015-18912	New (Check box below)	<input type="checkbox"/>	Renewal	<input checked="" type="checkbox"/>	Amendment Number	
Contractor Legal Name:	Village for Families and Children, Inc.			RFP	<input type="checkbox"/>	Prior Contract Total	\$		
Contract Period	7/1/15 - 6/30/20			Sole Source	<input type="checkbox"/>	COLA	\$		
Address:	1680 Albany Avenue			Other (Explain)	<input type="checkbox"/>	Other (Explain)			
City:	Hartford						\$		
State:	Connecticut						\$		
Zip:	06105								
Tax ID:	06-0668594					Revised Contract Total	59,924,685		
Director	Galo Rodriguez	Phone	(860) 297-0531	Fax	(860) 233-6454	Email	grodriquez@thevillage.org		
Program Contact	Elizabeth Bryden	Phone	(860) 297-0550	Fax	(860) 233-6454	Email	lbryden@thevillage.org		
Fiscal Contact	Peter Maltby	Phone	(860) 297-0506	Fax	(860) 297-0591	Email	pmaltby@thevillage.org		

Contract Amount by SID & Program								
SID	Service Type	Funding Period	SFY '16	SFY '17	SFY '18	SFY '19	SFY '20	Total
16024	Outpatient Psychiatric Clinic for Children/Child Guidance	07/01/15-06/30/20	810,191	810,191	810,191	810,191	810,191	4,050,955
16033	Extended Day Treatment-Hartford	07/01/15-06/30/20	756,813	756,813	756,813	756,813	756,813	3,784,066
16033	Extended Day Treatment-Meriden/Middletown	07/01/15-06/30/20	252,270	252,270	252,270	252,270	252,270	1,261,350
16033	Extended Day Treatment-Middletown Catchment Intensive In-Home Child and Adolescent Psychiatric Services-(IICAPS)	07/01/15-06/30/20	236,406	236,406	236,406	236,406	236,406	1,182,030
16033	Intensive Family Preservation-(IFP)-Hartford	07/01/15-06/30/20	256,922	256,922	256,922	256,922	256,922	1,284,610
16141	Short-Term Family Integration Treatment-(S-FIT)-Goodwin	07/01/15-06/30/20	8,772	8,772	8,772	8,772	8,772	43,860
16111	Multidisciplinary Evaluation (MDE) Clinic-Hartford	07/01/15-06/30/20	231,093	231,093	231,093	231,093	231,093	1,155,465
16138	One On One Mentoring	07/01/15-06/30/20	1,439,288	1,439,288	1,439,288	1,439,288	1,439,288	7,196,440
16008	Reunification and Therapeutic Family Time Services-Region 4	07/01/15-06/30/20	162,204	162,204	162,204	162,204	162,204	811,020
20225	Reunification and Therapeutic Family Time Services-Region 4	07/01/15-06/30/20	47,500	47,500	47,500	47,500	47,500	237,500
16135	Multi-Dimensional Family Therapy-(MDFT)-Hartford Youth	07/01/15-06/30/20	1,042,924	1,042,924	1,042,924	1,042,924	1,042,924	5,214,620
20190	Early Childhood Services-Child First	07/01/15-06/30/20	270,305	270,305	270,305	270,305	270,305	1,351,525
16141	Community Support For Families-Region 4	07/01/15-06/30/20	242,400	242,400	242,400	242,400	242,400	1,212,000
16092	Family Based Recovery-Region 4	07/01/15-06/30/20	418,078	418,078	418,078	418,078	418,078	2,090,390
12515	Therapeutic Group Home-Allision Gil	07/01/15-06/30/20	856,230	856,230	856,230	856,230	856,230	4,281,160
16116	Permanency Placement Services Program-LINK	07/01/15-06/30/20	648,420	648,420	648,420	648,420	648,420	3,242,100
16138	Therapeutic Foster Care and Services Area Lead Agency-(58 slots)-LINK	07/01/15-06/30/20	987,850	987,850	987,850	987,850	987,850	4,939,250
16132	Therapeutic Foster Care Medically Complex-(6 Beds)-LINK	07/01/15-06/30/20	54,616	54,616	54,616	54,616	54,616	273,080
16135		07/01/15-06/30/20	2,843,766	2,843,766	2,843,766	2,843,766	2,843,766	14,218,830
16135			218,889	218,889	218,889	218,889	218,889	1,094,445
Total by Year			11,784,937	11,784,937	11,784,937	11,784,937	11,784,937	59,924,685

Dates of Completion	
Final Contract Staff:	<i>Michael J. Rogus</i>
Date Contract Reviewed & Completed by Fiscal Lead:	<i>Jan Jan</i>
Director of Grants & Contracts Management:	<i>Jan Jan</i>
Date Contract Received:	6/23/15
Date:	6/17/15
Date:	6-2-15

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Acting Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

January 28, 2016

VIA FACSIMILE ONLY

Chris Dutton, LCSW
The Village
1680 Albany Avenue
Hartford, CT 06105

RE: Certificate of Need Determination Report Number 16-32061-DTR
Increase in Licensed Bed Capacity

Dear Mr. Dutton:

On January 13, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of The Village ("Petitioner") with respect to an increase in its licensed bed capacity.

The Petitioner is a nonprofit that operates the Eagle House Sub-acute Residential Treatment Program ("Eagle House"), which is licensed by the State of Connecticut Department of Children and Families as a Psychiatric Residential Treatment Facility. The Eagle House is located at 1680 Albany Avenue, Hartford, Connecticut. The Eagle House is currently licensed for fourteen (14) beds and seeks to increase this number to sixteen (16) beds. The Petitioner has a contract to provide services for the State of Connecticut Department of Children and Families.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(12), a certificate of need is required for an "increase in the licensed bed capacity of a health care facility". Conn. Gen. Stat. § 19a-630(11) 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..." Since the Petitioner is a nonprofit that has a contract to provide services for the State of Connecticut Department of Children and Families, a **CON is not required** for the Petitioner's proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Martone".

Kimberly R. Martone
Director of Operations

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



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

* * * COMMUNICATION RESULT REPORT (JAN. 28. 2016 2:12PM) * * *

FAX HEADER:

TRANSMITTED/STORED : FILE MODE	JAN. 28. 2016 2:11PM OPTION	ADDRESS	RESULT	PAGE
453 MEMORY TX		98602318449	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: Chris Dutton

FAX: 860 231-8449

AGENCY: THE VILLAGE

FROM: OHCA

DATE: 1/28/16 **Time:** _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: Please see attached determination for Report Number: 16-32061-DTR.

PLEASE PHONE Barbara K. Olejrz 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**