

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



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

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Office of Health Care Access

### Certificate of Need Final Decision

**Applicant:** Growing Potential Services: Therapeutic and Behavioral Health Solutions, PC  
141 Hazard Ave.  
Enfield, CT 06082

**Docket Number:** 16-32083-CON

**Project Title:** Establishment of a Psychiatric Outpatient Clinic, Mental Health Day Treatment Clinic and Facility for the Care or Treatment of Substance Abuse or Dependence for Adults in Enfield, Connecticut

**Project Description:** Growing Potential Services: Therapeutic and Behavioral Solutions, PC ("GPS" or "Applicant") is proposing to establish a psychiatric outpatient clinic, a mental health day treatment clinic and a facility for the care or treatment of substance abuse or dependence for adults at 141 Hazard Avenue, Enfield, Connecticut, at no associated capital cost.

**Procedural History:** The Applicant published notice of its intent to file a Certificate of Need ("CON") application in the *Journal Inquirer* (Manchester) on March 29, 30 and 31, 2016. On April 21, 2016, the Office of Health Care Access ("OHCA") received the CON application from the Applicant for the above-referenced project and deemed the application complete on December 30, 2016. OHCA received no responses from the public concerning the proposal and no hearing requests from the public per Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a(e). Deputy Commissioner Addo considered the entire record in this matter.



Phone: (860) 418-7001 • Fax: (860) 418-7053  
410 Capitol Avenue, MS#13HCA  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

Affirmative Action/Equal Opportunity Employer

## Findings of Fact and Conclusions of Law

1. GPS is a for-profit organization licensed by the Department of Children and Families (DCF) to provide extended day treatment programs to children under age 18 years. Value Options<sup>1</sup> and HUSKY have certified GPS as a child/adolescent clinic. Ex. A, pp. 8, 19.
2. The Applicant began providing outpatient behavioral health services in Windsor Locks, Connecticut on June 13, 2013 and moved to 139 and 141 Hazard Avenue, Enfield, in November 2013 to accommodate increased demand stemming from providing additional services. Ex. A, p. 7.
3. In addition to providing individual and group therapeutic behavioral health services to children/adolescents, GPS employs independently licensed clinicians who provide medication management and independent behavioral health consultations to adults. Ex. A, p. 7.
4. GPS is proposing to establish a clinic for psychiatric outpatient care, mental health day treatment and the care or treatment of substance abuse or dependence of adults to provide intensive outpatient (IOP) and partial hospitalization (PHP) treatment to adults with mental health and substance abuse disorders. Ex. A, pp. 8-9, 12, 16.
5. The Applicant is proposing to locate the program at its existing 141 Hazard Avenue location. Ex. A, p. 8.
6. Thirty-two percent of GPS' existing child/adolescent patients have low rates of treatment attendance and compliance, and approximately 22% of all parents of clients under age 18 years would qualify to participate in the proposed program. Ex. A, pp. 173, 175.
7. The proposed program will primarily treat parents and adult family members of existing child/adolescent patients with low or declining rates of treatment attendance and compliance resulting from low family involvement in treatment. Treatment will also be available to family members struggling with mental health or substance use disorder. Ex. A, pp. 10, 16.
8. The Applicant will provide intensive individual and group therapies in substance recovery and support, anger management, gender specific groups, family systems, psychological testing, occupational therapy, physical therapy, case management and community support, medication evaluations and management and skills training services. Ex. A, pp. 7, 12, 118.
9. The proposed program will utilize the family support or strength-based approach to build on family members' individual strengths and competencies to reduce child disruptive behavior disorders and early treatment termination. The program is also intended to encourage adult family members to participate in family treatment to help reduce the rate of childhood mental illness. Family treatment will address factors such as poor parental discipline and monitoring, family conflict, disorganization and inadequate behavioral limits; all known predictors of

---

<sup>1</sup> Now Beacon Health Options, Inc. provides behavioral health solutions to clients including federal, state and local governments. <http://www.valueoptions.com/>

childhood mental illness. “Engaging Families into Child Mental Health Treatment: Updates and Special Considerations,” Ex A p. 54; Ex. A, p. 119.

10. The Applicant intends to meet requirements of American Psychological Association Guidelines for Prevention Psychology (“APA Guidelines”), Substance Abuse and Mental Health Services Administration National Behavioral Health Quality Framework (“SAMHSA Quality Framework”) and Behavioral Analyst Certification Board’s Standards of Practice (“BACB Practice Standards”). This entails providing evidence-based applied behavioral analysis interventions; a continuum of person-, family- and community-centered treatment and preventive services in one setting; and engaging entire families to improve child client rates of treatment attendance and compliance. Ex A pp. 8, 10-12, 54, 85.
11. A patient will be in a 6-to-12 week IOP or PHP program comprised of three or five sessions per week of the following daily schedule:
  - a. A check-in emotional intelligence exercise;
  - b. Social skills group therapy;
  - c. Evidence based group therapy (trauma-focused cognitive behavioral therapy, motivational interviewing, applied social behavior, dialectal behavior therapy, interpersonal therapy);
  - d. A case management, psychiatric or individual therapy check-in; and
  - e. A check-out emotional intelligence exercise.Ex. A, pp. 175, 177, 179-180.
12. The hours of operation of the proposed program are:

**TABLE 1  
GPS PROPOSED SERVICE HOURS OF OPERATION**

<b>SERVICE</b>	<b>DAYS/HOURS</b>
PHP	Monday-Friday - 9:00 AM - 1:30 PM
IOP	Monday, Wednesday, Friday – 9:00 AM - 1:30 PM
Adult Outpatient Clinic	Monday – Friday - 8:00 AM - 7:00 PM Saturday - 9:00 AM - 12:00 PM

Ex. A, pp. 177.

13. In 2016, 92% of GPS's clients were from the proposed service area towns: Enfield, East Windsor, Somers, Windsor Locks and Windsor.

**TABLE 2  
FY 2016 CLIENT ORIGIN FOR GPS**

SERVICE AREA	NO. OF CLIENTS	PERCENT OF CT TOTAL
Enfield	112	68%
East Windsor	20	12%
Somers	10	6%
Windsor Locks	10	6%
Hartford	5	3%
Other*	8	5%
<b>Total</b>	<b>165</b>	<b>100%</b>

Ex. A, p. 169.

\*Includes Bloomfield, Windsor, Ellington, Suffield and Vernon.

14. Estimates predicated on national and state data indicate there are approximately 11,639 adults diagnosable with alcohol dependence or abuse disorder, 4,157 with illicit drug dependence or abuse disorder, 5,820 with a serious mental illness and 18,290 with autism in the proposed service area.

**TABLE 3  
ESTIMATE OF DIAGNOSABLE SUBSTANCE USE DISORDERS AND  
SERIOUS MENTAL ILLNESS INCIDENCE IN CONNECTICUT**

BEHAVIORAL HEALTH <sup>1</sup>	POPULATION (18 years and over) <sup>2</sup>	PREVALENCE <sup>3</sup>	INCIDENCE	UNMET NEED <sup>4</sup>
<b>SUBSTANCE USE DISORDERS</b>				
Alcohol dependence or abuse				
Connecticut	2,819,794	7.0%	197,386	236,824
Service Area	166,275		11,639	10,941
Illicit Drug Dependence or Abuse				
Connecticut	2,819,794	2.5%	70,495	55,025
Service Area	166,275		4,157	3,305
<b>SERIOUS MENTAL ILLNESS</b>				
Connecticut	2,819,794	3.5%	98,693	98,693
Service Area	166,275		5,820	3,115
<b>AUTISM</b>				
Connecticut	2,819,794	11.0%	310,177	-
Service Area	166,275		18,290	-

Sources:

<sup>1</sup> Actual prevalence data on autism for Connecticut are not available.

<sup>2</sup> <http://www.census.gov/quickfacts/table/PST045215/09> 2014 Connecticut population estimate is 3,590,886.

<sup>3</sup> Substance and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Behavioral Health Barometer. Connecticut, 2014.

[http://www.samhsa.gov/data/sites/default/files/State\\_BHBarometers\\_2014\\_1/BHBarometer-CT.pdf](http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_1/BHBarometer-CT.pdf)

<sup>4</sup> 94% of individuals with alcohol dependence or abuse, 79.5% with illicit drug dependence or abuse and 55.1% adults with serious mental illness in Connecticut did not receive treatment between 2009 and 2013.

Ex. A, pp. 7, 120, 176.



15. SAMHSA estimates that, between 2009 and 2013, 94% of individuals aged 12 years or older diagnosed with alcohol dependence or abuse; about 79% of the same age cohort with illicit drug dependence or abuse in Connecticut; and at least 55% adults with serious mental illness did not receive treatment. Ex. A, pp. 142, 148, 150.
16. GPS assessed some of its clinicians' adult clients (ages 18 to 73) diagnosed with mood disorders, substance abuse or dependency or autism and found the clients need more intensive programs than both GPS and its clinicians currently provide. The program will also treat other adults from the service area opting to receive treatment at the facility. Ex. A, pp.16, 118, 126, 130.
17. Residents of the service area currently receive treatment in private clinician offices in conjunction with services provided by four non-direct care community providers (WrapCT, North Central Community Collaborative, Enfield Special Education Resource Group and Enfield Together Coalition). Ex. A, pp. 10, 11.
18. GPS clients identified as needing programs that are more intensive receive adult behavioral health services from other local providers with extended waitlists, have not been successful with those programs or have been unable to locate a program locally. GPS' average referral-to-appointment time is three days. Ex. A, pp.16, 118.
19. There are five existing providers of the proposed services in the service area but none offers a continuum of services to children, their parents and relatives using an individual and family focused treatment model.

**TABLE 4  
 PROVIDERS OF THE PROPOSED SERVICES IN SERVICE AREA**

TOWN	PROVIDER	STREET ADDRESS	SERVICES
Enfield	Community Health Resources	153 Hazard Avenue	Mental health
Enfield	Chemical Dependency Program	151 Hazard Avenue	Substance abuse
Enfield	New Directions Inc. of North Central CT Day Treatment Program	113 Elm Street Suite 204	Substance abuse
Windsor	Vinfen Corporation of CT	860 Prospect Hill Road	Mental health
Stafford Springs	Stafford Family Services	21 Hyde Park Road	Mental health/ Substance abuse

Ex. A, pp. 122-125, <https://findtreatment.samhsa.gov>, accessed Dec. 20, 2016.

20. The projected utilization for FY 2017 through FY 2019 is:

**TABLE 5  
GPS PROJECTED UTILIZATION**

SERVICES/PROGRAM	NO. OF CLIENTS*		
	FY 2017	FY 2018	FY 2019
Outpatient Behavioral Health Program	207	250	300

Fiscal Year is January 1 – December 31

\* The projected number of clients is based on a 31% increase from 2010 to 2014 in patients with a behavioral health diagnosis, lack of available psychiatric beds at CT hospitals, the percentage of adult family members and parents of existing clients under age 18 years that are eligible for the program, the Day Treatment 6-12 Week Model, the number of existing adult clients of non-DPH licensed services and potential referrals.

Ex. A, pp. 119, 175, 178-179.

21. Referrals to the proposed program will come primarily from schools, primary care providers, pediatricians, families and other community providers in the service area. Additionally, GPS will have the physical space and staffing capacity to accept self-referrals and referrals from family friends, DCF, The Departments of Mental Health and Addiction Services (DMHAS) and Developmental Services (DDS) and the Judicial court/probation system. Ex. A, pp. 16, 119, 121-122.
22. Based on its FY2016 payer mix, GPS projects the same proportion of 85% Medicaid, 11% commercially insured and less than 1% self-pay clients for FY 2017 through FY 2019.

**TABLE 6  
PROJECTED PAYER MIX FOR GPS BY NUMBER OF CLIENTS**

Payer	Projected								
	FY 2017			FY 2018			FY 2019		
	Patient Volume	%	Visit** Volume	Patient Volume	%	Visit** Volume	Patient Volume	%	Visit** Volume
Medicare*	0		0	0		0	0		0
Medicaid*	176	85.0	21,411	213	85.4	26,367	255	85.0	31,489
CHAMPUS & TriCare	7	3.4	855	8	3.0	926	10	3.3	1,222
<b>Total Government</b>	<b>183</b>	<b>88.4</b>	<b>22,266</b>	<b>221</b>	<b>88.4</b>	<b>27,293</b>	<b>265</b>	<b>88.3</b>	<b>32,711</b>
Commercial Insurers	23	11.1	2,794	28	11.2	3,458	33	11.0	4,136
Self-pay	1	0.5	131	1	0.4	124	2	0.7	203
Uninsured	0		0	0		0	0		0
Workers Compensation	0		0	0		0	0		0
<b>Total Non-Government</b>	<b>24</b>	<b>11.6</b>	<b>2,925</b>	<b>29</b>	<b>11.6</b>	<b>3,582</b>	<b>35</b>	<b>11.7</b>	<b>4,339</b>
<b>Total Payer Mix</b>	<b>207</b>	<b>100.0</b>	<b>25,191</b>	<b>250</b>	<b>100.0</b>	<b>30,875</b>	<b>300</b>	<b>100.0</b>	<b>37,050</b>

\*Includes managed care activity.

\*\*Assumes 10% of patients will have one session/week for 26 weeks, 10% of patients will have two sessions/week for 52 weeks and 80% of patients will have one session/week for 52 weeks.

Ex. A, p. 179.

- 23. The Applicant will bill for the proposed services and provide a sliding fee schedule for qualifying self-paying patients. Ex. A, p. 167.
- 24. The Applicant estimates no additional capital expenditure as the program will operate in an existing leased facility with excess capacity. The Applicant will fund the proposal with operating revenue. Ex. A, pp. 13, 103,126.
- 25. The Applicant projects incremental gains from operations starting in the first full year of operation based on one to four treatment sessions for 26 to 52 weeks per client and annual increases in the number of clients.

**TABLE 7**  
**APPLICANT'S PROJECTED INCREMENTAL GAIN FROM OPERATIONS**

	FY 2017	FY 2018	FY 2019
Revenue from Operations	\$2,114,260	\$2,537,112	\$3,044,536
Total Operating Expenses	\$83,001	\$138,370	\$184,860
<b>Income (Loss) from Operations</b>	<b>\$2,031,259</b>	<b>\$2,398,742</b>	<b>\$2,859,676</b>

Ex. A, p. 293.

- 26. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations not yet adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1)).
- 27. This CON application is consistent with the Statewide Health Care Facilities and Services Plan. (Conn. Gen. Stat. § 19a-639(a)(2)).
- 28. The Applicant has established that there is a clear public need for the proposal. (Conn. Gen. Stat. § 19a-639(a)(3)).
- 29. The Applicant has demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4)).
- 30. The Applicant has satisfactorily demonstrated that the proposal will improve the accessibility and maintain the quality and cost effectiveness of health care delivery in the region. (Conn. Gen. Stat. § 19a-639(a)(5)).
- 31. The Applicant has shown that there would be no adverse change in the provision of health care services to the relevant populations and payer mix, including access to services by Medicaid recipients and indigent persons. (Conn. Gen. Stat. § 19a-639(a)(6)).
- 32. The Applicant has satisfactorily identified the population to be affected by this proposal. (Conn. Gen. Stat. § 19a-639(a)(7)).
- 33. The Applicant's historical provision of services in the area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8)).

34. The Applicant has satisfactorily demonstrated that this proposal would not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9)).
35. The Applicant has demonstrated that there will be improved access to services for Medicaid recipients or indigent persons. (Conn. Gen. Stat. § 19a-639(a)(10)).
36. The Applicant has demonstrated that the proposal will not negatively impact the diversity of health care providers and client choice in the region. (Conn. Gen. Stat. § 19a-639(a)(11)).
37. The Applicant has satisfactorily demonstrated that the proposal will not result in any consolidation that would affect health care costs or accessibility to care. (Conn. Gen. Stat. § 19a-639(a)(12)).



## DISCUSSION

CON applications are decided on a case-by-case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in § 19a-639(a) of the Statutes. The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

GPS is a for-profit organization certified as a child/adolescent clinic and licensed by DCF to provide extended day treatment programs to children under age 18 years. *FF1* The Applicant currently provides individual and group therapeutic behavioral health services to children/adolescents, as well as medication management and independent behavioral health consultations to adults from independently licensed clinicians at its two locations in Enfield, CT. *FF2-3*

GPS proposes to establish a clinic for psychiatric outpatient care, mental health day treatment and the care or treatment of substance abuse or dependence to provide IOP and PHP treatment to adults with mental health and substance abuse disorders at its 141 Hazard Avenue location. *FF4, FF5* Approximately 32% of GPS' existing child/adolescent patients have low rates of treatment attendance and compliance, and roughly 22% of all parents of clients under age 18 years qualify to participate in the proposed program. *FF6* The proposed program will primarily treat parents and adult family members of existing child/adolescent patients with low or declining rates of treatment attendance and compliance resulting from low family involvement in treatment. The program will also treat other family members struggling with mental health or substance use disorder. *FF7* Children and parents will have the opportunity to attend individual, group and/or couples therapy sessions in the same setting, enhancing the continuum of care by improving case coordination and allowing for the provision of timely and efficient care. *FF7-8* The program will also treat other adults from the service area opting to receive treatment at the facility. *FF16*

The Applicant intends to meet requirements of APA Guidelines, SAMHSA Quality Framework and BACB Practice Standards for the proposed services. These requirements emphasize the need for family-and community-centered treatment and preventive services in one setting and the engagement of entire families to improve treatment attendance and compliance, as well as the overall quality of care. *FF10*

It is estimated that about 11,639 adults ages 18 years and older within the proposed service area who are diagnosable with alcohol dependence or abuse disorder, in addition to 4,157 with illicit drug dependence or abuse disorder and 5,820 with a serious mental illness, may need mental health and/or substance abuse treatment. *FF14* Additionally, based on SAMHSA estimates, between 2009 and 2013, more than one-half of adults diagnosed with alcohol dependence or abuse, illicit drug dependence or serious mental health disorder in Connecticut did not receive treatment. *FF15*

The Applicant is proposing the new program as some of its adult clients have been determined to need more intensive programs than both GPS and its clinicians currently provide. *FF16* In addition, GPS clients identified as needing more intensive programs receive adult behavioral health services from other local providers with extended waitlists, have not been successful with

those programs or have been unable to locate a program locally. *FF18* Although there are five existing providers of the proposed services in the service area, none offers a continuum of services to children, their parents and relatives using an individual and family focused treatment model. *FF19* The number of service area adults estimated to have a behavioral health diagnosis, coupled with GPS' clients' need for more intensive levels of treatment and family support services, indicate an unmet need for the continuum of care the Applicant is proposing.

The proposed program will have minimal effect on existing providers due to the unmet need in the area for GPS' clients. The Applicant projects that from FY17 to FY19, the number of clients for the program will increase from 207 to 300. *FF20* Referrals will come primarily from schools, primary care providers, pediatricians, families and other community providers in the service area. The program will also accept clients through self-referrals, referrals from family, friends, and Connecticut state agencies such as DCF, DMHAS, DDS and Judicial. *FF21*

The Applicant projects 85% of the proposed program's clients will be Medicaid beneficiaries. *FF22* A sliding fee schedule will also be available for qualifying self-paying patients. *FF23* Therefore, the Applicant has satisfactorily demonstrated that there would be no adverse change in the provision of health care services for Medicaid recipients or indigent persons.

GPS will fund the total project with operating revenue. *FF24* The applicant projects that based on one to four treatment sessions for 26 to 52 weeks per client and annual increases in the number of clients, there will be incremental gains from operations of \$2,031,259, \$2,398,742 and \$2,859,676. *FF25* Based on these factors, the Applicant has shown that the proposal is financially feasible.

The Applicant has satisfactorily demonstrated financial feasibility, as well as a clear public need for the new outpatient clinic without an unnecessary duplication of services within the proposed service area. The proposal will also strengthen the continuum of care for area patients and therefore, the Applicant has demonstrated that the proposal is consistent with the Statewide Health Care Facilities and Services Plan.



## Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application of Growing Potential Services: Therapeutic and Behavioral Solutions, P.C. to establish a program to provide psychiatric outpatient clinic, mental health day treatment and care or treatment of substance abuse or dependence for adults, at 141 Hazard Avenue, Enfield, Connecticut, is hereby **APPROVED**.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the  
Department of Public Health  
Office of Health Care Access

3/23/2017

Date



Yvonne T. Addo, MBA  
Deputy Commissioner