



The McCall Foundation
58 High Street
P.O. Box 806
Torrington, Connecticut 06790
Telephone: 860-496-2100
Fax: 860-496-2111



January 6, 2014

Kimberly Martone
Director of the Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Dear Ms. Martone:

Enclosed please find a completed CON Determination Form for our facility located at 17 Prospect Place in Torrington. The facility is currently a sober house for men. We are requesting to open a 6 bed Intermediate Treatment Program for women at that location.

We currently have a license for this level of care (SA-0057 - Facility for the Care and Treatment of Substance Abusive or Dependent Persons) for our program at 127 Migeon Avenue in Torrington, which serves both men and women. We would like to open a gender specific program to meet the special needs of substance abusive and dependent women, a service currently not available in the northwest corner.

Should you have any questions please feel free to phone me or email me at maria.skinner@mccall-foundation.org. In my absence please speak with our director of operations, Dean Sheehan (dean.sheehan@mccall-foundaiton.org) or our clinical director, Paul Mahler (paul.mahler@mccall-foundation.org).

Sincerely,

Maria Coutant Skinner
Executive Director

MCS/das
enc



**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	The McCall Foundation, Inc.	
Doing Business As	The McCall Foundation, Inc.	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	P.O. Box 806 58 High Street Torrington, CT 06790	
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.	Dean Sheehan Director of Operations	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	P.O. Box 806 58 High Street Torrington, CT 06790	
Contact Person's Telephone Number	860-496-2100 ext. 23	
Contact Person's Fax Number	860-496-2111	
Contact Person's e-mail Address	dean.sheehan@ mccall- foundation.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: 6 Intermediate Treatment Beds for Women
- b. Estimated Total Project Cost: \$ *See below
- c. Location of proposal, identifying Street Address, Town and Zip Code: 17 Prospect Place Torrington, CT 06790
- d. List each town this project is intended to serve: See Section II, d. attached
- e. Estimated starting date for the project: As soon as we receive approval from DPH and DMHAS

***The location is currently in operation, however we will need to calculate cost to transform location to a "women's only" facility, including needed upgrades.**

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: The McCall Foundation, Inc.

Project Title: 6 Intermediate Treatment Beds for Women

I, Maria Coutant-Skinner, Executive Director
(Name) (Position – CEO or CFO)

of The McCall Foundation, 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.

Maria Coutant-Skinner 1/6/14
Signature Date

Subscribed and sworn to before me on the 6thth day of January, 2014.

Notary Public/Commissioner of Superior Court

My commission expires: 5/31/17

Section II, D

Fenton House would primarily serve: Torrington, Winsted and the towns of the Northwestern Corner of Connecticut: Bantam, Barkhamsted, Colebrook, Cornwall, East Canaan, Goshen, Harwinton, Lakeville, Morris, New Hartford, Norfolk, North Canaan, Pleasant Valley, Pine Meadow, Riverton, Salisbury, Sharon, and West Hartland. We also receive referrals for and calls from individuals in Avon, Bristol, Canton, Hartford, Waterbury, Watertown and other areas of the state but our primary mission is to serve the Northwest Corner.

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.**

McCall Foundation currently operates McCall House at 127 Migeon Avenue in Torrington, which is licensed as a 'Private Free standing Facility for the Care or Treatment of Substance Abusive or Dependent Persons' to providing 14 Intermediate and Long Term Treatment and Rehabilitation Beds.

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

We are proposing to establish Fenton House a 6 Bed Residential Facility for women with the same license: "Private Free standing Facility for the Care or Treatment of Substance Abusive or Dependent Persons."

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

McCall House provides Transitional Care/Halfway House Residential Treatment currently to 14 clients. We accept male and female clients over the age of 18 who have typically have completed a more intensive level of treatment and need assistance reintegrating into the community. We provide treatment that is gender specific, trauma sensitive, and that addresses mental health concerns. Clients receive weekly individual counseling and at least 4 hours of substance abuse group treatment each week. Those who are in need of psychiatric services receive treatment through our Outpatient Program or another agency in the local community. Clients typically work in the community throughout their stay and are able to live independently upon discharge. Fenton House would also operate as Transitional Care/Halfway House Residential Treatment but by accepting women only will be able to better address trauma and gender issues. We will provide the women with individual counseling and at least 4 hours of substance abuse group treatment weekly.

McCall House and the proposed Fenton House meet a very important need for structured support for individuals who require more support than a 28 day residential program and for those who have completed a longer term residential program and help reintegrating into the community and work force. Typically, there is a waiting list of 15 clients and clients on the waiting list for McCall House are on the list for an average of 90 days. Over the past 6 months, we have seen an increasing number of women seeking this level of care.

By establishing a 6 bed facility for women, we can reduce our waiting list and the amount of time on the list. More importantly, we can help more individuals in the Northwest Corner of Connecticut succeed in their recovery. Research Studies have shown that individuals who stay in treatment for at least 90 days have a much high rate of success than those who stay for shorter periods. By increasing the number of beds we can reduce the relapse and overdose rate in Northwestern Connecticut. Many of the clients who seek care at McCall House might otherwise be homeless if not for continued treatment which is a factor that also leads to potential relapse and risk.

Our target population would be is women over the age of 18 who are substance dependent and may also have co-occurring mental health disorders. We accept clients of various racial and ethnic backgrounds and do not discriminate according to gender, sexuality, or religion.



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

January 9, 2014

VIA FACSIMILE ONLY

Dean Sheehan
Director of Operations
The McCall Foundation, Inc.
P.O. Box 806
58 High Street
Torrington, CT 06790

RE: Certificate of Need Determination Report Number 14-31888-DTR
The McCall Foundation, Inc. – Establishment of a Six Bed Health Care Facility

Dear Mr. Sheehan:

On January 8, 2014, the Office of Health Care Access (“OHCA”) received your Certificate of Need (“CON”) Determination Form on behalf of The McCall Foundation, Inc. (“Applicant”) with respect to the establishment of a substance abuse treatment facility.

The Applicant is a licensed non-profit facility for the care and treatment of substance abusive or dependent persons which currently operates McCall House, a fourteen bed residential treatment facility. The Applicant also operates a sober house for men at 17 Prospect Place in Torrington, Connecticut. The Applicant wishes to establish Fenton House, a six bed Intermediate Residential Treatment Program for women, at 17 Prospect Place, Torrington, Connecticut. The Applicant’s target population will be women over the age of eighteen who are substance dependent and may also have co-occurring mental health disorders. The clients will receive weekly individual counseling and at least four hours of substance abuse group treatment each week.

Connecticut General Statutes § 19a-638(a)(1) requires a CON for the “establishment of a new health care facility” Connecticut General Statutes § 19a-630(10) defines a “Health Care Facility” as “...substance abuse treatment facilities...” Therefore, the Applicant is proposing the establishment of a new health care facility.

Additionally, Connecticut General Statutes § 19a-638(a)(11) requires a CON for an “increase in the licensed bed capacity of a health care facility”. The Applicant is seeking an increase of six beds under its proposal. Therefore, the Applicant’s proposal invokes the provision of § 19a-638(a)(11). Based upon the foregoing, OHCA concludes that a **CON is required** for the Applicant’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

*** TX REPORT ***

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

FAX SHEET

TO: DEAN SHEFFAN

FAX: 860 496 2111

AGENCY: THE MCCALL FOUNDATION

FROM: OHCA

DATE: 1/9/14 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Determination for DN: 14-31888-DTR. regarding Establishment of a Six Bed Health Care Facility