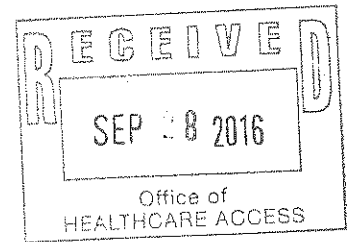




FARRELL
TREATMENT CENTER



A community that cares, loves & supports.

9/20/16

FTC is licensed by Department of Public Health for both substances abuse and outpatient mental health treatment. Our substance abuse license is for residential and outpatient programs.

FTC has been providing residential substance abuse treatment since 1972. We lease the former convent from St Mary's Church. DPH has been reviewing our facility for decades. Currently, our residential program is designed for a 28-day stay and is licensed for 24 beds. Our clients in residential are all males 18 years old and over.

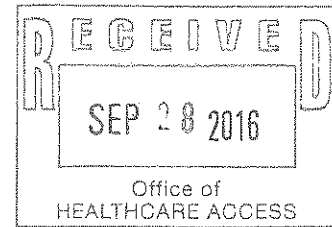
Our facility has three extra bedrooms and we would like to increase our client capacity from 24 to 27 beds. We are basing this request on the anticipation that both the Department of Mental Health and Addictions and the Department of Corrections will be sending out RFP's for additional substance abuse treatment beds.

Additionally, we provide outpatient substance abuse and mental health treatment to adults, 18 years and older. Our outpatient program is coed.

The opiate crisis nationally and locally is well documented. There is a need for more treatment at all levels of care. The bed increase will allow to meet the needs of the clients. At this time, we can furnish the rooms as required by the DPH standards. Recently, the New Britain community providers including Community Mental Health Affiliate, Wheeler Clinic, The Hospital of Central Connecticut, and Value Options, Advance Behavioral Health and FTC have created a community care. This is designed to assist high utilizers in seeking appropriate levels of care. FTC would like to provide residential services when clinical appropriate.

Thank you for your consideration

David Borzellino
Executive Director



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 Farrell Treatment Center (FTC)		
Doing Business As FTC		
Name of Parent Corporation FTC		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail 586 Main ST New Britain, CT 06716		
What is the Petitioner's Status: P for profit and NP for Nonprofit NP	NP	
Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all	David Borzellino Executive Director	

correspondence in this matter.		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	SAA	
Contact Person's Telephone Number	860-225-4641	
Contact Person's Fax Number	860-225-4642	
Contact Person's e-mail Address	Dave.borzellino@farrell-tc.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:: Licensed Substance Bed increase _____
- b. Estimated Total Project Cost: \$ 0 _____
- c. Location of proposal, identifying Street Address, Town and Zip Code: 586 Main St New Britain, CT 06716
- d. List each town this project is intended to serve: STATEWIDE
- e. Estimated starting date for the project: ASAP

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. **See Attached**
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable. **See Attached**
3. Identify the current population served and the target population to be served. **See Attached**

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Forrell Treatment Center

Project Title: Lic. BED increase

I, David Bonzelli, Executive Director
(Name) (Position – CEO or CFO)

of Forrell Treatment Center being duly sworn, depose and state that the
(Organization Name)

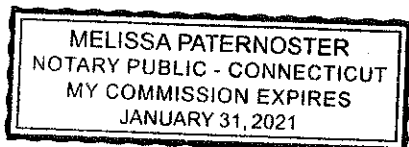
information provided in this CON Determination form is true and accurate to the best of my knowledge.

[Signature] _____ Date _____
Signature

Subscribed and sworn to before me on September, 21, 2016

Melissa Patroster
Notary Public/Commissioner of Superior Court

My commission expires: January 31, 2021



STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. SA-0006

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:

Farrell Treatment Center, Inc. of New Britain, CT, d/b/a Farrell Treatment Center is hereby licensed to maintain and operate a private freestanding Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Farrell Treatment Center is located at 586 Main St, New Britain, CT 06051 with:

David Borzellino as Executive Director.

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

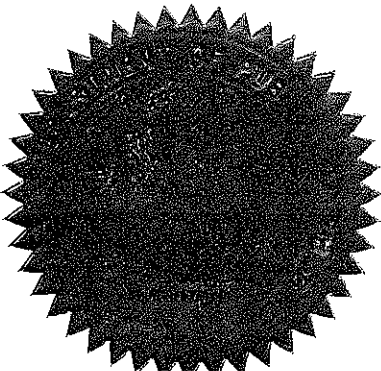
24 Intensive Treatment Beds
Outpatient Treatment

This license expires **March 31, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2015. **RENEWAL**



Jewel Mullen, MD, MPH, MPA
Commissioner



STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0569

Psychiatric Outpatient Clinic for Adults

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

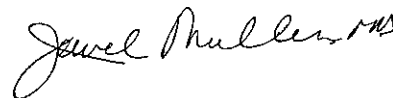
Farrell Treatment Center of New Britain, CT, d/b/a Farrell Treatment Center is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Farrell Treatment Center is located at 586 Main St, New Britain, CT 06051 with:

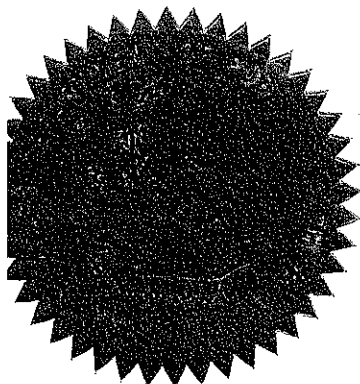
David Borzellino as Executive Director,
Steve Fisher as Director.

This license expires **December 31, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, March 12, 2014. **INITIAL**



Jewel Mullen, MD, MPH, MPA
Commissioner



OUR MISSION

To offer compassionate assistance in the rehabilitation and re-socialization of the substance dependent individual while maintaining the individual's dignity.

Farrell Treatment Center is licensed by the State of Connecticut as a substance abuse treatment facility. Our three levels of care are:

- 28 day rehabilitation (men only)
- Intensive Outpatient (3 days a week, 3 hours a day (Both men & women)
- Outpatient counseling including groups, individual, family and evaluations.
- Mental Health Counseling

We are a recovery orientated system of care and partner with many organizations in our community

THE HISTORY OF FARRELL

Our story began in the 1970's when Monsignor Joseph Farrell created Resurrection House, a homeless shelter for alcoholic men. Upon his retirement, the facility was renamed in his honor.

In 1978, the facility began offering intensive clinical residential treatment for substance dependent males. The program was expanded to include Outpatient counseling in 1988 and an Intensive Outpatient Program (IOP) in 2006.

In 2014, FTC became a licensed mental health outpatient program and began treating clients with either a mood disorder or dually diagnosis.

In 2015, our outpatient and IOP programs began accepting commercial insurance

Follow Farrell Treatment Center on



FARRELL TREATMENT CENTER



586 Main Street
New Britain, CT. 06051
860-225-4641
860-225-4642 (fax)
www.farrell-ftc.com

INTENSIVE RESIDENTIAL PROGRAM

The Intensive Residential Program is licensed for 24 beds (men only). All clients must be at least 18 years old. The residential program consists of three therapy groups one self-help meetings a day.

These groups address issues of relapse prevention; progression of use; family/relationship issues; grief / loss; and other issues associated with dependence.

Also included are:

- Individual counseling sessions
- Psychiatric Evaluations and medication management
- Case Management services that include referrals to employment services, medical and behavioral health providers.

INTENSIVE OUTPATIENT PROGRAM

The Intensive Outpatient Program (IOP) is offered in both day and evening hours. IOP sessions are 3 hours a day, three days a week. Psychiatric evaluations and individual counseling is included.

The program is open to both men and women needing support and structure while living in the community. The focus is on:

- Relapse Prevention
- Sober Living Skills
- Stress Management
- Family / Friendship
- Psycho Education
- Psychiatric Evaluation and medication management

Call for an appointment today at 860-225-4641.

OUTPATIENT PROGRAM

The Outpatient Program provides substance abuse

- Evaluation
- Individual
- Group
- Family / Couples counseling
- Psychiatric evaluations and medication management available for clients in our program.

Specialized programs include:

- Women and Trauma Program
- Anger Management
- Relapse Prevention
- Early Intervention
- LBGT issues

Fees for all programs are eligible for the following:

- Medicaid LIA
- Self-Pay/Sliding pay scale
- Limited CSSD beds (Residential)
- Healthy CT
- Anthem
- Connecticare
- United Behavioral Health
- Optimum
- 28 day residential is \$6000.00 self pay



FARRELL
TREATMENT CENTER

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loves & supports.

David Borzellino
Executive Director

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New Britain, CT 06051
P: 860.225.4641
F: 860.225.4642
E: dave.borzellino@farrell-tc.com
www.farrell-tc.com

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

September 29, 2016

David Borzellino
Executive Director
Farrell Treatment Center
586 Main Street
New Britain, CT 06716

RE: Certificate of Need Determination Report Number 16-32125-DTR
Addition of Three Licensed Beds to Facility

Dear Mr. Borzellino:

On September 29, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Farrell Treatment Center ("Petitioner") with respect to the addition of three beds to the facility.

The Petitioner is licensed by the Department of Public Health as a Facility for the Care or Treatment of Substance Abusive or Dependent Persons ("Facility") and a Psychiatric Outpatient Clinic for Adults. The Facility is currently licensed for twenty-four beds. The Petitioner wishes to add three beds to its existing twenty-four beds for a total of twenty-seven beds.

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 "... (H) substance abuse treatment facilities...". The Petitioner is a substance abuse treatment facility seeking to add three licensed beds to its capacity. Therefore, a **CON is required** for the Petitioner's proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim M.", with a long horizontal flourish extending to the right.

Kimberly R. Martone
Director of Operations

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



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

Affirmative Action/Equal Opportunity Employer

Olejarz, Barbara

From: Olejarz, Barbara
Sent: Thursday, September 29, 2016 2:15 PM
To: 'dave.borzellino@farrell-tc.com'
Subject: Determination
Attachments: 32125-3.pdf

9/29/16

Mr. Borzellino,

Please see attached determination for the addition of three licensed beds to facility under report number: 16-32125-DTR

Thank you

Barbara K. Olejarz
Administrative Assistant to Kimberly Martone
Office of Health Care Access
Department of Public Health
Phone: (860) 418-7005
Email: Barbara.Olejarz@ct.gov

