

**State of Connecticut
Department of Public Health
Office of Health Care Access**

**Certificate of Need Application
Main Form
*Required for all CON applications***

Contents:

- Checklist
- List of Supplemental Forms
- General Information
- Affidavit
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- Project Description
- Public Need and Access to Health Care
- Financial Information
- Utilization

Supplemental Forms

In addition to completing this **Main Form** and **Financial Worksheet (A, B or C)**, the applicant(s) must complete the appropriate **Supplemental Form** listed below. All CON forms can be found on the OHCA website at [OHCA Forms](#).

| Conn. Gen. Stat. Section 19a-638(a) | Supplemental Form |
|---|--|
| (1) | Establishment of a new health care facility (mental health and/or substance abuse) - see note below* |
| (2) | Transfer of ownership of a health care facility (excludes transfer of ownership/sale of hospital – see “Other” below) |
| (3) | Transfer of ownership of a group practice |
| (4) | Establishment of a freestanding emergency department |
| (5) (7) (8) (15) | Termination of a service: <ul style="list-style-type: none"> - inpatient or outpatient services offered by a hospital - surgical services by an outpatient surgical facility** - emergency department by a short-term acute care general hospital - inpatient or outpatient services offered by a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended |
| (6) | Establishment of an outpatient surgical facility |
| (9) | Establishment of cardiac services |
| (10) (11) | Acquisition of equipment: <ul style="list-style-type: none"> - acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners - acquisition of nonhospital based linear accelerators |
| (12) | Increase in licensed bed capacity of a health care facility |
| (13) | Acquisition of equipment utilizing [new] technology that has not previously been used in the state |
| (14) | Increase of two or more operating rooms within any three-year period by an outpatient surgical facility or short-term acute care general hospital |
| | |
| Other | Transfer of Ownership / Sale of Hospital |

*This supplemental form should be included with all applications requesting authorization for the establishment of a **mental health and/or substance abuse treatment facility**. For the establishment of other “health care facilities,” as defined by Conn. Gen. Stat § 19a-630(11) - hospitals licensed by DPH under chapter 386v, specialty hospitals, or a central service facility - complete *the Main Form* only.

**If termination is due to insufficient patient volume, or it is a subspecialty being terminated, a CON is not required.

Checklist

Instructions:

1. Please check each box below, as appropriate; and
2. The completed checklist *must* be submitted as the first page of the CON application.
 - Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.
 - (*New*). A completed supplemental application specific to the proposal type, available on OHCA's website under "OHCA Forms." A list of supplemental forms can be found on page 2.
 - Attached is the CON application filing fee in the form of a certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of \$500.
 - Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. (OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication)
 - Attached is a completed Financial Attachment
 - Submission includes one (1) original hardcopy in a 3-ring binder and a USB flash drive containing:
 1. A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.
 2. An electronic copy of the applicant's responses in MS Word (the applications) and MS Excel (the financial attachment).

For OHCA Use Only:

Docket No.: 16-32115-CON Check No.: 9723
OHCA Verified by: SO Date: 9/20/16

Docket Number:

Applicant: New Era Rehabilitation Center

Contact Person: Deolu Kolade

Contact Person's Title: Director of Operations

Contact Person's Address: 38 Crawford Road, Westport, CT, 06880

Contact Person's Phone Number: 203.372.3333

Contact Person's Fax Number: 203.374.7515

Contact Person's Email Address: akolade@newerarehab.com

Project Town: Bridgeport, CT

Project Name: New Era Mental Health

Statute Reference: Section 19a-638, C.G.S.

Estimated Total Capital Expenditure: \$0

General Information

Name of Applicant:

Name of Co-Applicant:

New Era Rehabilitation Center, INC

Connecticut Statute Reference:

| | | | | | |
|-----------|------------------|----------------------|------------------|----------------|--|
| Main Site | MAIN SITE | MEDICAID PROVIDER ID | TYPE OF FACILITY | MAIN SITE NAME | |
| | | | | | |
| | STREET & NUMBER | | | | |
| | 3851 Main Street | | | | |
| | TOWN | | | ZIP CODE | |
| | Bridgeport | | | 06606 | |

| | | | | | |
|--------------|------------------|----------------------|------------------|-------------------|--|
| Project Site | PROJECT SITE | MEDICAID PROVIDER ID | TYPE OF FACILITY | PROJECT SITE NAME | |
| | | | | | |
| | STREET & NUMBER | | | | |
| | 3851 Main Street | | | | |
| | TOWN | | | ZIP CODE | |
| | Bridgeport | | | 06606 | |

| | | | | | |
|----------|------------------------------|------------------|---|----------|--|
| Operator | OPERATING CERTIFICATE NUMBER | TYPE OF FACILITY | LEGAL ENTITY THAT WILL OPERATE OF THE FACILITY (or proposed operator) | | |
| | | | | | |
| | STREET & NUMBER | | | | |
| | | | | | |
| | TOWN | | | ZIP CODE | |
| | | | | | |

| | | | | | |
|-----------------|------------------|--|-------------------------|----------------|----------|
| Chief Executive | NAME | | TITLE | | |
| | Ebenezer Kolade | | Dr | | |
| | STREET & NUMBER | | | | |
| | 38 Crawford Road | | | | |
| | TOWN | | | STATE | ZIP CODE |
| | Westport | | | CT | 06606 |
| | TELEPHONE | | FAX | E-MAIL ADDRESS | |
| | | | Akolade@newerarehab.com | | |

Title of Attachment:

| | | |
|--|---|---|
| Is the applicant an existing facility? If yes, attach a copy of the resolution of partners, corporate directors, or LLC managers, as the case may be, authorizing the project. | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| Does the Applicant have non-profit status? If yes, attach documentation. | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| Identify the Applicant's ownership type. | PC <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> | Other: S Corp <input checked="" type="checkbox"/> |
| Applicant's Fiscal Year (mm/dd) | Start: January | End: December |

Contact:

Identify a single person that will act as the contact between OHCA and the Applicant.

| | | | |
|---------------------------|------------------|-------|-------------------------|
| Contact Information | NAME: | | TITLE |
| | Adeoluwa Kolade | | Mr. |
| | STREET & NUMBER | | |
| | 38 Crawford Road | | |
| | TOWN | STATE | ZIP CODE |
| | Westport | CT | 06880 |
| | TELEPHONE | FAX | E-MAIL ADDRESS |
| | 203-543-9950 | | akolade@newerarehab.com |
| RELATIONSHIP TO APPLICANT | Employee | | |

Identify the person primarily responsible for preparation of the application (optional):

| | | | |
|---------------------------|-----------------|-------|----------------|
| Prepared by | NAME | | TITLE |
| | | | |
| | STREET & NUMBER | | |
| | | | |
| | TOWN | STATE | ZIP CODE |
| | | | |
| | TELEPHONE | FAX | E-MAIL ADDRESS |
| | | | |
| RELATIONSHIP TO APPLICANT | | | |

Affidavit

Applicant: NEW ERA REHABILITATION CTR

Project Title: NEEL MENTAL HEALTH LICENSE

I, Ebenezer Kolade, MD CEO
(Name) (Position – CEO or CFO)

of New era Rehab center being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Ebenezer Kolade
Signature

7/11/16.
Date

Subscribed and sworn to before me on 07/11/2016.

[Signature]

Notary Public/Commissioner of Superior Court

My commission expires: My Commission Expires November 30, 2019

Executive Summary

The purpose of the Executive Summary is to give the reviewer a conceptual understanding of the proposal. In the space below, provide a succinct overview of your proposal (this may be done in bullet format). Summarize the key elements of the proposed project. Details should be provided in the appropriate sections of the application that follow.

With the advent of spending cuts to the state grant program for community mental health providers there is an increased need for facilities to address the states mentally ill and indigent. Individuals suffering from co-occurring substance abuse and mental abuse disorders are finding it increasingly difficult to find providers that can accept state insurance. The purpose of this proposal is to obtain a mental health license in order to increase the access to and the continuum of care, of patients currently being treated in New Era Rehabilitation Center as well as the greater Bridgeport Area.

According to the NSDUH, in 2014, about 1 in 5 adults aged 18 or older (18.1 percent, or 43.6 million adults) had any mental illness (AMI) in the past year, and 4.1 percent (9.8 million adults) had serious mental illness (SMI). This equals about 170,649 people suffering from mental illness in Fairfield County. The capacity for treatment is dwindling and more and more people are finding it difficult to find the necessary treatment that they need. To assist in the alleviation of this burden to the state.

NERC proposes granting the facility a mental health license. The expansion of services will cost the facility nothing in capital expenditure as it already runs a full service behavioral health facility. The target market are clients already enrolled in the facility, therefore there will be little to no duplication of services.

Pursuant to Section 19a-639 of the Connecticut General Statutes, the Office of Health Care Access is required to consider specific criteria and principles when reviewing a Certificate of Need application. Text marked with a "§" indicates it is actual text from the statute and may be helpful when responding to prompts.

Project Description

- 1. Provide a detailed narrative describing the proposal. Explain how the Applicant(s) determined the necessity for the proposal and discuss the benefits for each Applicant separately (if multiple Applicants). Include all key elements, including the parties involved, what the proposal will entail, the equipment/service location(s), the geographic area the proposal will serve, the implementation timeline and why the proposal is needed in the community.**

New Era Rehabilitation Center, ("NERC"), a for-profit organization registered to conduct business in Connecticut, proposes to expand its current substance abuse and behavioral health services to include a full suite of mental health services in Bridgeport, Connecticut. NERC currently operates 2 outpatient behavioral health facilities, licensed by the Connecticut Department of Public Health (DPH) and accredited by the Council on Accreditation of Rehabilitation Facilities (CARF) and The Joint Commission, at both of its facilities in Bridgeport, Connecticut and New Haven Connecticut, respectively The new service will primarily serve~ existing clients suffering from addiction who receive other substance abuse treatment at NERC.

NERC has been operating addiction treatment programs since 2002, providing services to approximately 1000 clients annually, the majority of which are Medicaid recipients.. The proposed service will address the need to provide adequate mental health services and continuing treatment for the vast majority of NERC's client population - one-half of which is from Fairfield County. In order to maximize client outcomes and to reduce relapse to addiction, NERC will offer increase access to desperately needed mental health services. The proposed service expansion will take place at NERC's already existing location in Bridgeport, CT, the center provides a convenient location for clients as they are already receiving other services at the location. The location will also provide increased accessibility for mental health services within the greater Bridgeport Area.

The need for substance abuse services within the state of Connecticut far exceeds capacity. The current epidemic of opiate (e.g., heroin, prescription opioids) addiction is amplifying this need as well as changing the landscape of the treatment industry. Heroin has exceeded alcohol as the primary drug for which clients seek treatment. Accidental deaths associated with heroin overdose have reached an all-time high, creating a major public health crisis. According to the National Survey on Drug Use and Health (NSDUH)¹, it is estimated that up to 39.1 percent of people with substance abuse issues also suffer from a co-occurring mental illness disorder. This statistic become increasingly meaningful when coupled with the National Institute of Drug Abuse (NIDA) fact that of all of the adults who go through addiction treatment, only about 7 percent are treated for both their substance abuse and their co-occurring disorder. Also, by expanding the client scope away from individuals with co-occurring SUD and AMI, we find that 52.5% of individuals with AMI did not receive treatment, according to The Behavioral Health Barometer: Connecticut 2015.

The proposed expansion of service will begin immediately upon award of a certificate of need (CON) and issuance of a license by the Department of Public Health (DPH).

Existing clients suffering from co-occurring issues will be referred to the in house specialists to receive the treatment that they so desperately need. With a minimal capital outlay, and benefitting from administrative efficiencies of its existing infrastructure, NERC projects operating with a modest margin from start-up, and will be cost-effective. A gradual increase in both client volume and fees will ensure continued viability. Within the proposed space, NERC will be able to expand services to meet actual demand as it is presented. The proposed outpatient service will improve health care services in the area, improve client outcomes including reduced recidivism and reduced medical costs and costs to society by enabling clients to increase the likelihood of achieving sustained recovery. The introduction of this service will have minimal impact on the existing licensed providers in the area.

2. **Provide the history and timeline of the proposal (i.e., When did discussions begin internally or between Applicant(s)? What have the Applicant(s) accomplished so far?).**

In the early spring of 2014, NERC transitioned from referring clients suffering from co-occurring disorders to local mental health agencies to evaluating and stabilizing them in-house. The initial intention was to stabilize clients and then slowly triage them to regular mental health providers outside of NERC. After piloting this service, NERC quickly found that segmenting the treatment of behavioral and mental health led to a lack of continuity of care. To better serve our clientele the agency intends to expand its service capability to include the full gamut of mental health services. NERC has already employed a psychiatrist who will have the ability to manage our clientele and help establish a robust mental health program.

3. **Provide the following information:**
 - a. **utilizing OHCA Table 1, list all services to be added, terminated or modified, their physical location (street address, town and zip code), the population to be served and the existing/proposed days/hours of operation;**
 - b. **identify in OHCA Table 2 the service area towns and the reason for their inclusion (e.g., provider availability, increased/decreased patient demand for service, market share);**
4. **List the health care facility license(s) that will be needed to implement the proposal;**
 - Mental Health Facility
 - Psychiatric Outpatient Facility
5. **Submit the following information as attachments to the application:**
 - a. **a copy of all State of Connecticut, Department of Public Health license(s) currently held by the Applicant(s);**
 - b. **a list of all key professional, administrative, clinical and direct service personnel related to the proposal and attach a copy of their Curriculum Vitae;**
 - Ebenezer Kolade, MD- Executive Director
 - Adeoluwa Kolade, MPH- Director of Operations
 - Maxine Cartwright, MD
 - Donna Rivera- LADC MATS
 - c. **copies of any scholarly articles, studies or reports that support the need to establish the proposed service, along with a brief explanation regarding the relevance of the selected articles;**

- d. letters of support for the proposal;
- e. the protocols or the Standard of Practice Guidelines that will be utilized in relation to the proposal. Attach copies of relevant sections and briefly describe how the Applicant proposes to meet the protocols or guidelines.
- f. copies of agreements (e.g., memorandum of understanding, transfer agreement, operating agreement) related to the proposal. If a final signed version is not available, provide a draft with an estimated date by which the final agreement will be available.

Public Need and Access to Care

§ "Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the Department of Public Health;" (Conn.Gen.Stat. § 19a-639(a)(1))

6. Describe how the proposed project is consistent with any applicable policies and standards in regulations adopted by the Connecticut Department of Public Health.

§ "The relationship of the proposed project to the statewide health care facilities and services plan;" (Conn.Gen.Stat. § 19a-639(a)(2))

7. Describe how the proposed project aligns with the Connecticut Department of Public Health Statewide Health Care Facilities and Services Plan, available on [OHCA's website](#).

According to the CT Dept. of Public Health Statewide Health Care facilities and Services Plan, "More than one-half of the assessments identified substance abuse and mental health care as priority health needs in the community" as a key issue as well as "the need for the coordination of mental health and substance abuse care". This proposal is aligned with these issues directly. As a comprehensive behavioral health facility serving a drug dependent population of over 850 clients adding a mental health license will be a great help to the community. It will expand services to a population that is struggling to have proper access to care. It will also allow NERC to better coordinate its care for clients who are suffering from substance abuse issues as well as mental health issues by co-locating the two services. This is directly in line with a recommendation in the CT Dept. of Public Health Statewide Health Care facilities and Services Plan, to "Provide more focus in future plans which specifically discuss the coordination, interrelation, provision or co-location of mental health, primary care and/or oral health services within the various settings and how such interrelationship will benefit the behavioral health patient population." The granting of this proposal will help execute this recommendation and ultimately lead to better engagement of those clients and better health outcomes.

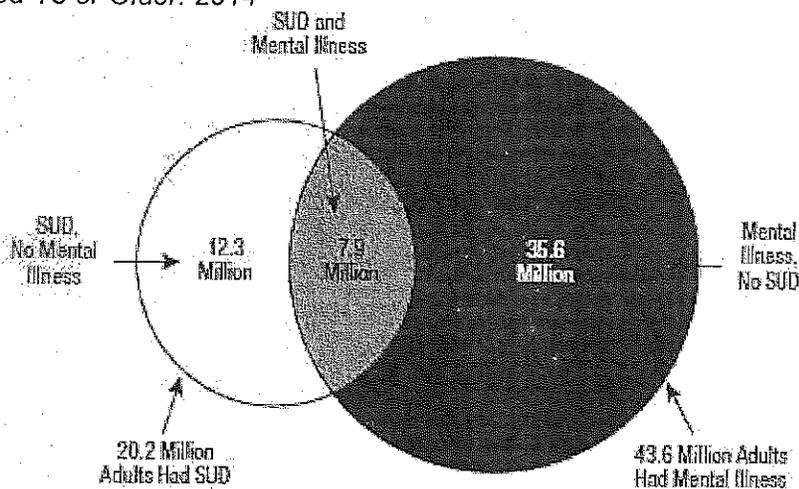
§ "Whether there is a clear public need for the health care facility or services proposed by the applicant;" (Conn. Gen. Stat. § 19a-639(a)(3))

8. With respect to the proposal, provide evidence and documentation to support clear public need:

a. identify the target patient population to be served;

The target patient population to be served includes adults, (18 years of age and above) suffering from any mental illness (AMI) and/or substance use disorders (SUD), who reside in Fairfield County, Connecticut. The most current national data available is for 2014 from the Substance Abuse and Mental Health Services Administration (SAMHSA) based upon results from the National Survey on Drug Use (NSDUH). According to the NSDUH, in 2014, about 1 in 5 adults aged 18 or older (18.1 percent, or 43.6 million adults) had any mental illness (AMI) in the past year, and 4.1 percent (9.8 million adults) had serious mental illness (SMI). About 3.3 percent of all adults in 2014 had both AMI and an SUD in the past year, and 1.0 percent had both SMI and an SUD.

Figure.1 Past Year Substance Use Disorders and Mental Illness among Adults Aged 18 or Older: 2014



According to the United States Census Bureau, the population of Fairfield County in 2015 was 948,053, (about 26% of the total population of Connecticut). It reports that 76.1% of those are aged 18 and over - placing this estimate of the adult population in Fairfield County at 721,468. Extrapolating by applying the NSDUH prevalence estimate of 3.3%, the census data would suggest there are about 23,808 adults with SUD and AMI in Fairfield County.

It is important to recognize that actual data from Connecticut is not available. For example, DMHAS needs data reflect services only within the public-funded

treatment system and do not include data from private, for-profit providers who primarily serve self-pay clients. In addition, high net-worth clients who often receive treatment in programs located elsewhere across the country are not included in these statistics. Therefore, the estimate of 3.3% for the general United States population will be Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014. used for projections.

b. discuss how the target patient population is currently being served;

NERC has defined the current target population as the co-occurring population currently being served at NERC. From our internal reports, the majority of individuals suffering from mental health issues in this population are largely going untreated. The majority of the population receive partial services from facility through the resident psychiatrist however as NERC does not have a mental health license the inability to bill for these services limits the amount that can actually be done to help patients.

c. document the need for the equipment and/or service in the community;

NERC plans to establish this new service in Bridgeport, CT. According to the US Census Bureau, 23.9% of that Bridgeport population is currently living in poverty. This is in comparison to the national average of 14.8%. The majority of the city utilizes a combination of Medicaid or state insurance to fund their healthcare needs. This fact makes it extremely difficult to receive mental health services as the majority of psychiatrists do not accept Medicaid or make low-income patients pay cash out of pocket. NERC plans to alleviate this burden by providing patients with an accessible and affordable alternative.

d. explain why the location of the facility or service was chosen;

The main rationale for locating an outpatient treatment facility in Bridgeport, CT is to enable us to better meet NERC's existing outpatient clients' continuing care needs; and to improve client health outcomes including reduced rates of relapse. By offering an industry- and client-preferred level of continuing care services (i.e., mental health and psychiatric services near their home communities within reasonable driving distance and on a public bus line, we will be better able to ensure that our clients' treatment is comprehensive and can be implemented with greater certainty through a lower level-of-care, delivered by the same provider. We chose Bridgeport because it is geographically, logistically and population-based at the center of Fairfield County -- where the highest concentration (70% of total) of our substance abuse clients live (see map in Figure 1 below). More specifically, the following factors were central to the choice of location:

Accessibility – NERC's Bridgeport facility is located on Bus Route 8 (North Main Street) -- a major bus line through Fairfield County. It is situated one (1) mile from exit 48 of the Merritt Parkway (Route 15) -- the primary east-west State highway

through the center of lower Fairfield County.

Proximity - Since clients will travel to the facility car up to six times per week, drive time is an important factor. Our central location makes it possible to drive from virtually anywhere in the county within about 30 minutes.

Privacy - We are located in an attractive yet relatively non-descript commercial office mall to house our new services, rather than a dedicated building, in order to maximize client anonymity and privacy. Clients will share the main building entrance that serves several other businesses, ensuring that clients will not be seen walking directly into NERC's counseling offices. The parking area is large, as it is shared by occupants and visitors of a cluster of office buildings - removing the possible assumption by others that an individual is one of our clients.

e. provide incidence, prevalence or other demographic data that demonstrates community need;

The general population segment within which the target population rests includes adults (18 years of age and above) with co-occurring substance use and mental health disorders who reside in Fairfield County, Connecticut. The most current national data are available for 2014 from the Substance Abuse and Mental Health Services Administration (SAMHSA) based upon results from the National Survey on Drug Use and Health (NSDUH). 2 The 2014 (most recent) NSDUH estimates the prevalence of SUD and AMI (including alcohol and illicit drugs) among adults in the United States at 3.3%.

According to the United States Census Bureau, the population of Fairfield County in 2015 was 948,053, (about 26% of the total population of Connecticut). It reports that 76.1% of those are aged 18 and over - placing this estimate of the adult population in Fairfield County at 721,468. Extrapolating by applying the NSDUH prevalence estimate of 3.3%, the census data would suggest there are about 23,808 adults with SUD and AMI in Fairfield County. Actual data from Connecticut is not available. For example, DMHAS needs data reflect services only within the public-funded treatment system and do not include data from private, for-profit providers who primarily serve self-pay clients. In addition, high net-worth clients often receive treatment in programs located elsewhere across the country. Therefore, the estimate of 3.3% for the general United States population will be Source: SAMHSA, *Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.* used for projections.

In reference to the need for treatment in Fairfield County, Connecticut, perhaps the most compelling, recent evidence available to demonstrate treatment need in Connecticut comes from the Behavioral Health Barometer- Connecticut 2014, issued by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) in 2015.

The following excerpt validates the extrapolated estimate of treatment need suggested above [note that the figures below only include Serious Mental Illness (SMI) and excludes Any Mental Illness (AMI), the former is a subset of AMI's implying the statistics will be under reporting the total prevalence], and also identifies the percentage of those in need who are not served in any given year:

"According to SAMHSA's National Survey on Drug Use and Health (NSDUH), 23.2 million persons (9.4 percent of the U.S. population aged 12 or older) needed treatment for an illicit drug or alcohol use problem in 2007. Of these individuals, 2.4 million (10.4 percent of those who needed treatment) received treatment at a specialty facility (i.e., hospital, drug or alcohol rehabilitation or mental health center). Thus, 20.8 million persons (8.4 percent of the population aged 12 or older) needed treatment for an illicit drug or alcohol use problem but did not receive it. These estimates are similar to those in previous years".¹

- f. discuss how low income persons, racial and ethnic minorities, disabled persons and other underserved groups will benefit from this proposal;**

NERC plans to establish this new service in Bridgeport, CT. According to the US Census Bureau, 23.9% of the Bridgeport population is currently living in poverty and 72.8% of the population is either African-American or Hispanic. The majority of the city utilizes a combination of Medicaid or state insurance to fund their healthcare needs. This fact makes it extremely difficult to receive mental health services as the majority of psychiatrists do not accept Medicaid or make low-income patients pay cash out of pocket. NERC plans to alleviate this burden by providing patients with an accessible and affordable alternative for low income persons and racial and ethnic minorities. Furthermore according to the United State Census Bureau, 27.7% of Fairfield county residents are an ethnic minority (African American or Hispanic). With NERC's patient population being 25.7% minority, this is mirrored with in NERC's clinic population. We expect that the utilization of the of the services will be predominantly from

- g. list any changes to the clinical services offered by the Applicant(s) and explain why the change was necessary;**

No changes will be made to the clinical services.

- h. explain how access to care will be affected;**

Currently Fairfield county residents have very little options to receive mental health services. Private psychiatrists often times do not accept state insurance and community mental health centers keep complicated intake processes that often deter clients. With the advent of the NERC mental health services, we intend to provide a needed increase in the capacity.

- i. discuss any alternative proposals that were considered.**

No other proposals were discussed.

§ "Whether the applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region, including, but not limited to, (A) provision of or any change in the access to services for Medicaid recipients and indigent persons; (Conn.Gen.Stat. § 19a-639(a)(5))

9. Describe how the proposal will:

a. improve the quality of health care in the region;

In addition to adding a new, high quality mental health treatment program within the region, NERC will serve to improve health care outcomes for individuals beginning recovery from SUD. By providing essential, continuing engagement the proposed service will help minimize relapse and enhance transition to productive, independent and self-supporting healthy lifestyles in the community.

Various clinical studies have proven that increase engagement in treatment will result in positive health outcomes as well as an increase chance for achieving sustained recovery (e.g., long-term abstinence). According to the national Drug Abuse Treatment Outcome Study (DATOS), "The length of time clients stayed in treatment was directly related to improvements in follow-up outcomes, replicating findings from previous national treatment evaluations". Providing continuing, uninterrupted treatment, extending it into the community, enables clients to increase the likelihood to achieve positive health outcomes. This results in a reduction in the over-use of repeated acute care services such as the emergency room and other specialized settings.

Lastly, the introduction of this service will have minimal impact on the existing licensed providers in the area as NERC already possesses a sizable census receiving substance abuse services, adding mental health services will promote the continuum of care as well as engagement, ultimately leading to better health outcomes.

b. improve accessibility of health care in the region; and

c. improve the cost effectiveness of health care delivery in the region.

NERC mental health service will be designed to provide seamless, continuing treatment for individuals with substance use disorders (SUD). The majority of individuals suffering from opiate addiction are also suffering from a form of mental illness. By addressing the emerging and underlying emotional and mental health factors associated with relapse to substance use, the proposed service will reduce future healthcare costs related to relapse, including repeated addiction treatment and associated medical costs. By providing a dedicated regimen of clinical services that are closely coordinated with mental health treatment the proposed service will contribute to decreasing long-term behavioral healthcare costs - especially the need for chronic, acute care episodes, and particularly the costs associated with heroin overdose incidents. In addition to the aforementioned long term effects, by combining both substance abuse and mental health treatment,

there should be a decrease in the amount the transportation subsidies for clients receiving multiple services. Lastly, national studies 21 estimate that the benefit-cost ratio achieved by providing addiction treatment is 7:1 (i.e., \$7.00 saved in societal costs for every \$1.00 spent). This can only be further enhanced by providing the necessary Finally, by sharing administrative and support service infrastructure with the existing NERC treatment facility, NERC will minimize indirect costs, allowing for the greatest societal return from a minimal investment.

10. How will this proposal help improve the coordination of patient care (explain in detail regardless of whether your answer is in the negative or affirmative)?

Coordination of care is one of the key drivers that has led NERC to establish a mental health program. Currently the facility serves roughly 850 clients for substance abuse disorders, in an internal survey of NERC patients the organization found that over 90% of individuals receiving substance abuse services are also suffering from mental illness. We hope to establish a mental health program that will first assist in alleviating the burden of disease among our current client and then expand to further alleviate the burden of disease in the city and eventually the state as a whole.

11. Describe how this proposal will impact access to care for Medicaid recipients and indigent persons.

Currently 90% of NERC's current census is made up of individuals who utilize Medicaid to pay for their healthcare services. We expect the introduction of the service to further increase access of care to Medicaid recipients.

12. Provide a copy of the Applicant's charity care policy and sliding fee scale applicable to the proposal.

This is not applicable.

How about self pay / ~~uninsured~~ uninsured?

§ "Whether an applicant demonstrates access to services by demonstrated good credit or demonstrated solely on rates between Medicaid and Medicare (Conn. Gen. Stat. § 19-260)

§

13. If the proposal fails to provide access to care for Medicaid recipients or indigent persons, describe how the proposal will impact access to care for Medicaid recipients or indigent persons.

The proposal is focused on

Medicaid for doing

recipients.

§ "Whether the applicant has satisfactorily demonstrated that any consolidation resulting from the proposal will not adversely affect access to care for Medicaid recipients or indigent persons." (Conn. Gen. Stat. § 19-260)

health care costs or accessibility to care.” (Conn.Gen.Stat. § 19a-639(a)(12))

- 14. Will the proposal adversely affect patient health care costs in any way? Quantify and provide the rationale for any changes in price structure that will result from this proposal, including, but not limited to, the addition of any imposed facility fees.**

There will be no change in price structure.

Financial Information

§ "Whether the applicant has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the state or that the proposal is financially feasible for the applicant;" (Conn. Gen. Stat. § 19a-639(a)(4))

15. Describe the impact of this proposal on the financial strength of the state's health care system or demonstrate that the proposal is financially feasible for the applicant.
16. Provide a final version of all capital expenditure/costs for the proposal using OHCA Table 3.

Due to the services that NERC currently provide the organization does not need to spend any additional money to add this service. However, the facility forecasts the addition of another counselor that would approximately cost \$40,000.

17. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges and funds received to date; letter of interest or approval from a lending institution.

If there are any unforeseen expenses NERC will be funding the project with cash.

18. Include as an attachment:

- a. audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, provide other financial documentation (e.g., unaudited balance sheet, statement of operations, tax return, or other set of books). Connecticut hospitals required to submit annual audited financial statements may reference that filing, if current;

Please find attached.

- b. completed **Financial Worksheet A (non-profit entity), B (for-profit entity) or C (\$19a-486a sale)**, available on OHCA's website under OHCA Forms, providing a summary of revenue, expense, and volume statistics, "without the CON project," "incremental to the CON project," and "with the CON project."
Note: the actual results reported in the Financial Worksheet must match the audited financial statement that was submitted or referenced.

19. Complete OHCA Table 4 utilizing the information reported in the attached **Financial Worksheet**.
20. Explain all assumptions used in developing the financial projections reported in the **Financial Worksheet**.

The following are the assumptions utilized in developing the financial projections of the proposed service:

- NERC will begin the proposed service Dec. 1st
- Client census remains at 850 clients
- Reimbursement for Psychotherapy 60 min remains at \$62.94 (Medicaid)
- Weeks in a year: 52 weeks per year
- Number of Psychotherapy sessions per week: Assuming 1 session per week
- 100% of the new clients will be on Medicaid

21. Explain any projected incremental losses from operations resulting from the implementation of the CON proposal.

There are no incremental losses from the operations.

22. Indicate the minimum number of units required to show an incremental gain from operations for each projected fiscal year.

Assuming the only operational expense associated with the proposed operation will be an added staff member at \$40,000, there would need to be 636 units of the service provided to show an incremental gain.

Utilization

§ "The applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including, but not limited to, access to services by Medicaid recipients and indigent persons;" (Conn. Gen. Stat. § 19a-639(a)(6))

23. Complete OHCA Table 5 and OHCA Table 6 for the past three fiscal years ("FY"), current fiscal year ("CFY") and first three projected FYs of the proposal, for each of the Applicant's existing and/or proposed services. Report the units by service, service type or service level.
24. Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected service volume; explain any increases and/or decreases in volume reported in OHCA Table 5 and 6.

The following are the assumptions utilized in developing the financial projections of the proposed service:

- Client census for MMTP BPT location per year:
 - 2014: 436
 - 2015: 450
 - 2016: 466
 - Client census for IOP BPT location per year:
 - 2014: 5
 - 2015: 34
 - 2016: 34*
 - * annualized
 - Each client utilizes the MMTP service 1 per week or 52 per year
 - Avg IOP utilization per client is 15 sessions
25. Provide the current and projected patient population mix (number and percentage of patients by payer) for the proposal using OHCA Table 7 and provide all assumptions. Note: payer mix should be calculated from patient volumes, not patient revenues.

§ "Whether the applicant has satisfactorily identified the population to be served by the proposed project and satisfactorily demonstrated that the identified population has a need for the proposed services;" (Conn. Gen. Stat. § 19a-639(a)(7))

26. Describe the population (as identified in question 8(a)) by gender, age groups or persons with a specific condition or disorder and provide evidence (i.e., incidence, prevalence or other demographic data) that demonstrates a need for the proposed service or proposal. Please note: if population estimates or other demographic data are submitted, provide only publicly available and verifiable information (e.g., U.S. Census Bureau, Department of Public Health,

CT State Data Center) and document the source.

27. Using OHCA Table 8, provide a breakdown of utilization by town for the most recently completed fiscal year. Utilization may be reported as number of persons, visits, scans or other unit appropriate for the information being reported.

| Rank | Number of | | Total Population | NSDUH Estimate | Population in Need |
|------|----------------------|------|------------------|----------------|--------------------|
| 1 | <u>Bridgeport</u> | City | 143,412 | 18% | 25,958 |
| 2 | <u>Stamford</u> | City | 121,784 | 18% | 22,043 |
| 3 | <u>Norwalk</u> | City | 85,145 | 18% | 15,411 |
| 4 | <u>Danbury</u> | City | 80,101 | 18% | 14,498 |
| 5 | <u>Greenwich</u> | Town | 61,023 | 18% | 11,045 |
| 6 | <u>Fairfield</u> | Town | 59,078 | 18% | 10,693 |
| 7 | <u>Stratford</u> | Town | 51,116 | 18% | 9,252 |
| 8 | <u>Shelton</u> | Town | 39,310 | 18% | 7,115 |
| 9 | <u>Trumbull</u> | Town | 35,752 | 18% | 6,471 |
| 10 | <u>Newtown</u> | Town | 27,235 | 18% | 4,930 |
| 11 | <u>Westport</u> | Town | 26,249 | 18% | 4,751 |
| 12 | <u>Ridgefield</u> | Town | 24,469 | 18% | 4,429 |
| 13 | <u>Darien</u> | Town | 20,580 | 18% | 3,725 |
| 14 | <u>New Canaan</u> | Town | 19,642 | 18% | 3,555 |
| 15 | <u>Monroe</u> | Town | 19,398 | 18% | 3,511 |
| 16 | <u>Bethel</u> | Town | 18,584 | 18% | 3,364 |
| 17 | <u>Wilton</u> | Town | 17,973 | 18% | 3,253 |
| 18 | <u>Brookfield</u> | Town | 16,339 | 18% | 2,957 |
| 19 | <u>New Fairfield</u> | Town | 13,847 | 18% | 2,506 |
| | <u>Weston</u> | Town | | 18% | |

| | | | | | |
|--------------|----------------|---------|--------|-----|---------|
| 20 | | | 10,142 | | 1,836 |
| 21 | <u>Redding</u> | Town | 9,058 | 18% | 1,639 |
| 22 | <u>Easton</u> | Town | 7,452 | 18% | 1,349 |
| 23 | <u>Sherman</u> | Town | 3,598 | 18% | 651 |
| 24 | <u>Newtown</u> | Borough | 2,035 | 18% | 368 |
| Total | | | | | 165,311 |

§ "The utilization of existing health care facilities and health care services in the service area of the applicant;" (Conn. Gen. Stat. § 19a-639(a)(8))

28. Using **OHCA Table 9**, identify all existing providers in the service area and, as available, list the services provided, population served, facility ID (see table footnote), address, hours/days of operation and current utilization of the facility. Include providers in the towns served or proposed to be served by the Applicant, as well as providers in towns contiguous to the service area.

29. Describe the effect of the proposal on these existing providers.

NERC intends to focus treatment efforts on existing clients who are suffering from co-occurring mental health and substance abuse issues. These clients are already receiving basic mental health treatment at NERC, the facility intends to expand its services to better treat its existing client base. Therefore the facility foresees no significant effect on the existing providers.

30. Describe the existing referral patterns in the area served by the proposal.

Of the 18 facilities that provide mental health services, only 5 of them are located in Fairfield County. This comes as a surprise considering that Fairfield County is the most populated county within the state.

31. Explain how current referral patterns will be affected by the proposal.

NERC intends to focus treatment efforts on existing clients who are suffering from co-occurring mental health and substance abuse issues. Therefore the facility is not forecasting any referrals for the mental health services and does not expect there to be a significant change in the current patterns of referrals.

§ "Whether the applicant has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities;" (Conn. Gen. Stat. § 19a-639(a)(9))

32. If applicable, explain why approval of the proposal will not result in an unnecessary duplication of services.

N/A

*§ "Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the geographic region;"
(Conn.Gen.Stat. § 19a-639(a)(11))*

33. Explain in detail how the proposal will impact (i.e., positive, negative or no impact) the diversity of health care providers and patient choice in the geographic region.

NERC is the only African-American owned and operated comprehensive behavioral health facility in the state of Connecticut. NERC's employees are split evenly among African-Americans, Caucasians and Hispanic proving that the facility is both racially mixed and ethnically diverse. By granting the facility a mental health license, the state will be positively impacting the diversity of health care throughout the geographic region.

Tables

TABLE 1
APPLICANT'S SERVICES AND SERVICE LOCATIONS

| Service | Street Address, Town | Population Served | Days/Hours of Operation | New Service or Proposed Termination |
|---------------|--------------------------|----------------------|----------------------------|---|
| Mental Health | 3851 Main St, BPT, CT | Fairfield County | M-F 5am-2pm | New Service |

[\[back to question\]](#)

**TABLE 2
SERVICE AREA TOWNS**

List the official name of town* and provide the reason for inclusion.

| Town* | Reason for Inclusion |
|---------------|---|
| Ansonia | NERC currently serves clients from here |
| Beacon Falls | NERC currently serves clients from here |
| Bethel | NERC currently serves clients from here |
| Bridgeport | NERC currently serves clients from here |
| | NERC currently serves clients from here |
| Bridgewater | NERC currently serves clients from here |
| | NERC currently serves clients from here |
| Bristol | NERC currently serves clients from here |
| Brookfield | NERC currently serves clients from here |
| Danbury | NERC currently serves clients from here |
| Derby | NERC currently serves clients from here |
| Easton | NERC currently serves clients from here |
| Fairfield | NERC currently serves clients from here |
| Harwinton | NERC currently serves clients from here |
| Milford | NERC currently serves clients from here |
| Monroe | NERC currently serves clients from here |
| Naugatuck | NERC currently serves clients from here |
| New Canaan | NERC currently serves clients from here |
| New Fairfield | NERC currently serves clients from here |
| New Haven | NERC currently serves clients from here |
| New Milford | NERC currently serves clients from here |
| Norwalk | NERC currently serves clients from here |
| Oakville | NERC currently serves clients from here |
| Orange | NERC currently serves clients from here |
| Oxford | NERC currently serves clients from here |
| Redding | NERC currently serves clients from here |
| Ridgefield | NERC currently serves clients from here |
| Sandy Hook | NERC currently serves clients from here |
| Seymour | NERC currently serves clients from here |
| Shelton | NERC currently serves clients from here |
| Southbury | NERC currently serves clients from here |
| Staffordville | NERC currently serves clients from here |
| Stamford | NERC currently serves clients from here |
| Stratford | NERC currently serves clients from here |
| Torrington | NERC currently serves clients from here |
| Trumbull | NERC currently serves clients from here |
| Waterbury | NERC currently serves clients from here |
| Watertown | NERC currently serves clients from here |
| West Haven | NERC currently serves clients from here |
| Westport | NERC currently serves clients from here |
| Winsted | NERC currently serves clients from here |
| Wolcott | NERC currently serves clients from here |

* Village or place names are not acceptable.

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**TABLE 3
TOTAL PROPOSAL CAPITAL EXPENDITURE**

| Purchase/Lease | Cost |
|---|-------------|
| Equipment (Medical, Non-medical, Imaging) | 0 |
| Land/Building Purchase* | 0 |
| Construction/Renovation** | 0 |
| Other (specify) | 0 |
| Total Capital Expenditure (TCE) | 0 |
| Lease (Medical, Non-medical, Imaging)*** | 0 |
| Total Lease Cost (TLC) | 0 |
| Total Project Cost (TCE+TLC) | 0 |

* If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.

** If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.

*** If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

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**TABLE 4
PROJECTED INCREMENTAL REVENUES AND EXPENSES**

| | FY 2016* | FY 2017* | FY 2018* |
|----------------------------------|------------------|------------------|------------------|
| Revenue from Operations | \$278,195 | \$347,744 | \$417,292 |
| Total Operating Expenses | \$40,000 | 0 | 0 |
| Gain/Loss from Operations | \$238,195 | \$347,744 | \$417,292 |

* Fill in years using those reported in the Financial Worksheet attached.

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**TABLE 5
HISTORICAL UTILIZATION BY SERVICE**

| Service** | Actual Volume (Last 3 Completed FYs) | | | CFY Volume* |
|-----------------------|---|------------|------------|-------------|
| | FY 2013*** | FY 2014*** | FY 2015*** | FY 2016*** |
| Methadone Maintenance | N/A | 22,672 | 23,400 | 24,232 |
| IOP | N/A | 75 | 540 | 540 |
| Total | N/A | 22,747 | 23,940 | 24,772 |

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than 6 months, report actual volume and identify the period covered.

** Identify each service type and level adding lines as necessary. Provide the number of visits or discharges as appropriate for each service type and level listed.

*** Fill in years. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

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**TABLE 6
PROJECTED UTILIZATION BY SERVICE**

| Service* | Projected Volume | | |
|--------------------------|------------------|-----------|-----------|
| | FY 2017** | FY 2018** | FY 2019** |
| Mental Health Outpatient | 4,420 | 5,525 | 6,630 |
| Methadone Maintenance | 46,410 | 48,731 | 48,731 |
| Total | 50,830 | 54,256 | 55,361 |

* Identify each service type by location and add lines as necessary. Provide the number of visits/discharges as appropriate for each service listed.

** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

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**TABLE 7
 APPLICANT'S CURRENT & PROJECTED PAYER MIX**

| Payer | Current | | Projected | | | | | |
|--------------------------------------|------------|------|------------|----|------------|----|------------|----|
| | FY 2016** | | FY 2017** | | FY 2018** | | FY 2019** | |
| | Discharges | % | Discharges | % | Discharges | % | Discharges | % |
| Medicare* | | | | | | | | |
| Medicaid* | 208 | 89 | 196 | 83 | 186 | 83 | 177 | 79 |
| CHAMPUS & TriCare | | | | | | | | |
| Total Government | 208 | | 196 | | 186 | | 177 | |
| Commercial Insurers | 36 | 14.7 | 40 | 17 | 44 | 17 | 47 | 21 |
| Uninsured Workers Compensation | | | | | | | | |
| Total Non- Government | 36 | | 40 | | 44 | | 47 | |
| Total Payer Mix | | | | | | | | |

* Includes managed care activity.

** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided. New programs may leave the "current" column blank.

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TABLE 8
UTILIZATION BY TOWN

| Town | Utilization FY 2016** |
|-------------------|--------------------------|
| Ansonia, CT | 16 |
| Beacon Falls, CT | 4 |
| Bethel, CT | 6 |
| Bridgeport, CT | 206 |
| Bridgewater, CT | 1 |
| Bristol, CT | 1 |
| Brookfield, CT | 4 |
| Danbury, CT | 16 |
| Derby, CT | 8 |
| Easton, CT | 2 |
| Faifield, CT | 4 |
| Fairfield, CT | 7 |
| Milford, CT | 10 |
| Monroe, CT | 6 |
| Naugatuck, CT | 15 |
| New Canaan, CT | 1 |
| New Haven, CT | 1 |
| New Milford, CT | 4 |
| Norwalk, CT | 5 |
| Oakville, CT | 1 |
| Orange, CT | 1 |
| Oxford, CT | 6 |
| Redding, CT | 2 |
| Ridgefield, CT | 3 |
| SHELTON, CT | 1 |
| Sandy Hook, CT | 2 |
| Seymour, CT | 12 |
| Shelton, CT | 32 |
| Southbury, CT | 1 |
| Staffordville, CT | 1 |
| Stamford, CT | 1 |
| Stratford, CT | 17 |
| Stratford , CT | 1 |
| Stratford, CT | 8 |
| Torrington , CT | 3 |
| Trumbull, CT | 17 |
| Waterbury, CT | 26 |
| Watertown, CT | 1 |
| West Haven, CT | 3 |

| | |
|--------------|---|
| Westport, CT | 1 |
| Winsted, CT | 1 |
| Wolcott, CT | 1 |

* List inpatient/outpatient/ED volumes separately, if applicable
** Fill in most recently completed fiscal year.

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**SERVICES AND SERVICE
LOCATIONS OF
EXISTING PROVIDERS**

| Facility Name | Provider Name | Facility Address | City | Hours of Operation | NPI | Current Utilization |
|--|--|-----------------------|---------------|--------------------|------------|---------------------|
| Angelus House | Wellspring Foundation, Inc. | 158 Flanders Road | Bethlehem | N/A | N/A | N/A |
| Blue Sky Behavioral Health Clinic | Blue Sky Behavioral Health, LLC | 52 Federal Road | Danbury | 9am-8pm | N/A | N/A |
| Community Renewal Team, Inc. Behavioral Health | Community Renewal Team, Inc. | 330 Market Street | Hartford | 8am-4pm | 1841301876 | 99 |
| Connecticut Counseling Centers, Inc. | Connecticut Counseling Centers, Inc. | 20 North Main Street | Norwalk | N/A | 1619093523 | 26 |
| Connecticut Counseling Centers, Inc. | Connecticut Counseling Centers, Inc. | 4 Midland Road | Waterbury | N/A | 1982720702 | 81 |
| FSW, Inc. CT | FSW, Inc. CT | 475 Clinton Avenue | Bridgeport | N/A | N/A | |
| McCall Foundation | McCall Foundation, Inc. | 58 High Street | Torrington | 8am-9pm | 1043362429 | 6 |
| McCall Foundation, Inc. - Winsted Satellite Office | McCall Foundation, Inc. | 231 North Main Street | Winchester | 8am-9pm | 1467504779 | 9 |
| New Directions, Inc. of North Central Connecticut | New Directions Inc. of North Central Connecticut | 113 Elm Street | Enfield | 06082 | 1295827475 | 340 |
| New Prospects | Recovery Network of Programs, Inc. | 392 Prospect Street | Bridgeport | 8:30am-8:30pm | 1407033152 | N/A |
| Renfrew Center of Southern Connecticut | Renfrew Center of Southern Connecticut, LLC | 1445 Putnam Avenue | Greenwich | N/A | N/A | N/A |
| Rushford Center, Inc. | Rushford Center, Inc. | 883 Paddock Avenue | Meriden | 8am-8pm | 1275541005 | 94 |
| Rushford Center, Inc. | Rushford Center, Inc. | 1250 Silver Street | Middletown | 8am-8pm | 1275541005 | 64 |
| Walden Behavioral Care | WBC Connecticut East, LLC | 2400 Tamarack Avenue | South Windsor | 7:30am-5pm | 1730442179 | |
| Wellspring Foundation Inc. | Wellspring Foundation, Inc. | 21 Arch Bridge Road | Bethlehem | N/A | N/A | |

SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

| Service or Program Name | Population Served | Facility's Provider Name, Street Address and Town |
|--|--------------------------|---|
| Wellspring Foundation, Inc. | Bethlehem | Angelus House, 158 Flanders Road, Bethlehem |
| Blue Sky Behavioral Health, LLC | Danbury | Blue Sky Behavioral Health Clinic, 52 Federal Road, Danbury |
| Community Renewal Team, Inc. | Hartford | Community Renewal Team, Inc. Behavioral Health |
| Connecticut Counseling Centers, Inc. | Norwalk | Connecticut Counseling Centers, Inc. |
| Counseling Centers, Inc. | Waterbury | Connecticut Counseling Centers, Inc. |
| FSW, Inc. CT | Bridgeport | FSW, Inc. CT |
| McCall Foundation, Inc. | Torrington | McCall Foundation |
| McCall Foundation, Inc. | Winchester | McCall Foundation, Inc. - Winsted Satellite Office |
| New Directions Inc. of North Central Connecticut | Enfield | New Directions, Inc. of North Central Connecticut |
| Recovery Network of Programs, Inc. | Bridgeport | New Prospects |
| Renfrew Center of Southern Connecticut, LLC | Greenwich | Renfrew Center of Southern Connecticut |
| Rushford Center, Inc. | Meriden | Rushford Center, Inc. |
| Rushford Center, Inc. | Middletown | Rushford Center, Inc. |
| Stonington Behavioral Health, Inc. | Groton | Stonington Institute |
| Stonington Behavioral Health, Inc. | Groton | Stonington Institute |
| Stonington Behavioral Health, Inc. | North Stonington | Stonington Institute |
| WBC Connecticut East, LLC | South Windsor | Walden Behavioral Care |
| Wellspring Foundation, Inc. | Bethlehem | Wellspring Foundation Inc. |

* Provide the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier and label column with the identifier used.

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**Supplemental CON Application Form
Establishment of a New Health Care Facility (Mental
Health and/or Substance Abuse Treatment)*
Conn. Gen. Stat. § 19a-638(1)**

Applicant: New Era Rehabilitation Center

Project Name: Mental Health License

*This supplemental form should be included with all applications requesting authorization for the establishment of a **mental health and/or substance abuse treatment facility**. For the establishment of other "health care facilities," as defined by Conn. Gen. Stat § 19a-630(11) - hospitals licensed by DPH under chapter 386v, specialty hospitals, or a central service facility - complete *the Main Form* only.

Affidavit

Applicant: NEW ERA REHABILITATION CTR

Project Title: NERC MENTAL HEALTH LICENSE

I, EBENEZER KOLADE MD, CEO
(Name) (Position – CEO or CFO)

of NEW ERA REHAB CTR being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

 7/26/15
Signature Date

Subscribed and sworn to before me on 26th July 2016.

 Notary Public.

Notary Public/Commissioner of Superior Court

My commission expires: My Commission Expires
November 30, 2019

2. Project Description: New Facility (Mental Health and/or Substance Abuse)

- a. Describe any unique services (i.e., not readily available in the service area) that may be included in the proposal:**

Services to be provided at the facility do not include any that would be considered unique among facilities within the service area serving a similar population in a mental health treatment facility. However, unlike the majority of mental health clinics, NERC will be able to provide clients with MAT, IOP, OP and Ambulatory Detox services, this will increase the coordination of care for the most at risk population in the area. This ability will be unique and better help the state manage patients and decrease the cost of healthcare.

- b. List the type and number of DPH-licensed health care professionals that will be required to initiate the proposal.**

- a. In addition to the two (2) part-time, licensed physicians (MD) already engaged by New Era Rehabilitation Center -- who will provide medical and psychiatric supervision –
- i. the following full-time DPH-licensed health care professional positions will be required to initiate the proposed mental health facility:
1. Licensed Alcohol and Drug Counselor (LADC)
 2. Licensed Clinical Social Worker (LCSW)

3. Projected Volume

- a. For each of the specific population groups to be served, report the following by service level (include all assumptions):**

- (i) An estimate of the number of persons within the population group by town that need the proposed service; and**

| Number of Persons Needing the Proposed Service by Town | | | | | |
|--|-------------------|------|------------------|----------------|--------------------|
| Rank | | | Total Population | NSDUH Estimate | Population in Need |
| 1 | <u>Bridgeport</u> | City | 143,412 | 18% | 25,958 |
| 2 | <u>Stamford</u> | City | 121,784 | 18% | 22,043 |
| 3 | <u>Norwalk</u> | City | 85,145 | 18% | 15,411 |
| 4 | <u>Danbury</u> | City | 80,101 | 18% | 14,498 |

| | | | | | |
|--------------|----------------------|---------|--------|-----|---------|
| 5 | <u>Greenwich</u> | Town | 61,023 | 18% | 11,045 |
| 6 | <u>Fairfield</u> | Town | 59,078 | 18% | 10,693 |
| 7 | <u>Stratford</u> | Town | 51,116 | 18% | 9,252 |
| 8 | <u>Shelton</u> | Town | 39,310 | 18% | 7,115 |
| 9 | <u>Trumbull</u> | Town | 35,752 | 18% | 6,471 |
| 10 | <u>Newtown</u> | Town | 27,235 | 18% | 4,930 |
| 11 | <u>Westport</u> | Town | 26,249 | 18% | 4,751 |
| 12 | <u>Ridgefield</u> | Town | 24,469 | 18% | 4,429 |
| 13 | <u>Darien</u> | Town | 20,580 | 18% | 3,725 |
| 14 | <u>New Canaan</u> | Town | 19,642 | 18% | 3,555 |
| 15 | <u>Monroe</u> | Town | 19,398 | 18% | 3,511 |
| 16 | <u>Bethel</u> | Town | 18,584 | 18% | 3,364 |
| 17 | <u>Wilton</u> | Town | 17,973 | 18% | 3,253 |
| 18 | <u>Brookfield</u> | Town | 16,339 | 18% | 2,957 |
| 19 | <u>New Fairfield</u> | Town | 13,847 | 18% | 2,506 |
| 20 | <u>Weston</u> | Town | 10,142 | 18% | 1,836 |
| 21 | <u>Redding</u> | Town | 9,058 | 18% | 1,639 |
| 22 | <u>Easton</u> | Town | 7,452 | 18% | 1,349 |
| 23 | <u>Sherman</u> | Town | 3,598 | 18% | 651 |
| 24 | <u>Newtown</u> | Borough | 2,035 | 18% | 368 |
| Total | | | | | 165,311 |

(ii) The number of persons in need of the service that will be served by the proposal (estimated patient volume).

The specific target population to be served includes adults suffering from co-occurring mental health and substance abuse disorders currently enrolled in treatment at New Era Rehabilitation Center. NERC assumes that 20% of its total population will be utilizing the proposed service by in 3 years

- b. Provide statistical information from the Substance Abuse and Mental Health Administration (“SAMSHA”), or a similar organization demonstrating that the target population has a need for the proposed services.**

The previously cited National Survey on Drug Use and Health (NSDUH)-2014, issued by SAMHSA, indicates that 18.1% of those aged 18 and over are in need of treatment for AMI. The Behavioral Health Barometer: Connecticut, 2014 (SAMHSA, 2015) (also cited previously) provides an estimated percentage of the unmet need for AMI treatment among the population of adults in Connecticut of 52.5%. Both sources cited herein are Federal documents available in the public domain (excerpts are provided in Attachments).

Please note: provide only publicly available and verifiable information and document the source.

Attachments

1. Scholarly Articles

- a. NSDUH 2014; pg 32 &33
- b. CT Dept. of Public Health Statewide Health Care facilities and Services Plan; pg 2 & 3
- c. A National Survey of Care for Persons With Co-occurring Mental and Substance Use Disorders

2. DPH Financial Worksheets

3. Letter of Support

caused severe problems with their ability to manage at home, manage well at work, have relationships with others, or have a social life.³⁸

In 2014, 6.6 percent of adults aged 18 or older (15.7 million people) had at least one MDE in the past year, and 4.3 percent of adults (10.2 million people) had an MDE with severe impairment in the past year (Figure 43). Adults in 2014 who had an MDE with severe impairment represent nearly two thirds (65.5 percent) of adults who had a past year MDE.³⁹

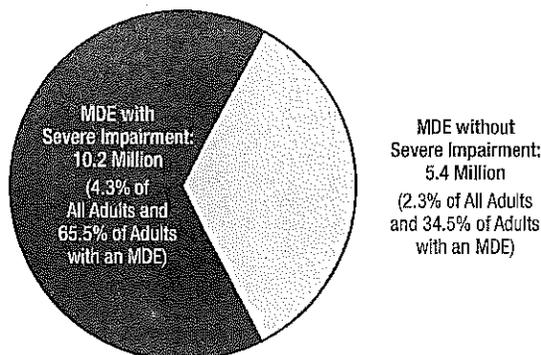
The percentage of adults who had a past year MDE remained stable between 2005 and 2014 (Figure 44). The percentage of adults with a past year MDE with severe impairment also remained stable between 2009 and 2014 (Figure 45).

By Adult Age Groups

Among adults aged 18 or older, the percentage having a past year MDE in 2014 was highest for young adults aged 18 to 25 (9.3 percent), followed by adults aged 26 to 49 (7.2 percent), then by those aged 50 or older (5.2 percent) (Figure 44). However, the percentages of adults aged 18 to 25 and those aged 26 to 49 who had a past year MDE were similar in 2006, 2007, 2009, and 2011. In addition, adults aged 50 or older in 2005 to 2013 were less likely than other adults to have a past year MDE.

The percentage of young adults aged 18 to 25 with a past year MDE was greater in 2014 than the percentages in 2006 to 2011 (Figure 44). Percentages of adults aged 26 to 49 and 50 or older in 2014 who had a past year MDE were similar to the corresponding percentages in 2005 to 2013.

Figure 43. Major Depressive Episode and Major Depressive Episode with Severe Impairment in the Past Year among Adults Aged 18 or Older: 2014

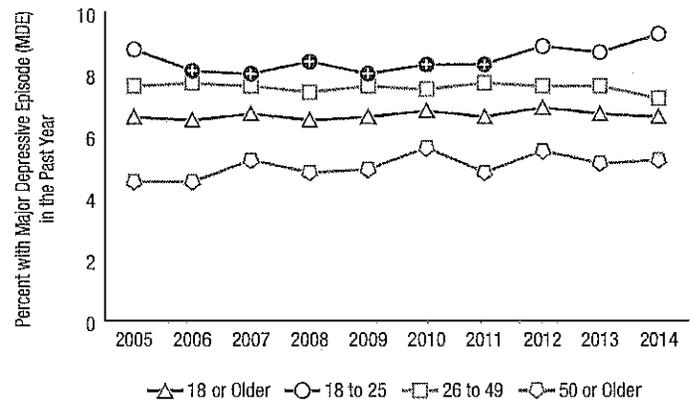


15.7 Million Adults with a Past Year MDE (6.6% of All Adults)

MDE = major depressive episode.

Note: Adult respondents with unknown past year MDE data or unknown impairment data were excluded.

Figure 44. Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2005-2014



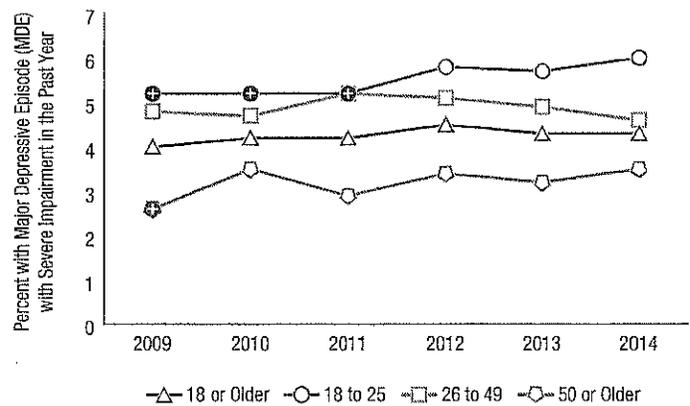
+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 44 Table. Major Depressive Episode in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2005-2014

| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------------|------|------|------|------|------|------|------|------|------|------|
| 18 or Older | 6.6 | 6.5 | 6.7 | 6.5 | 6.6 | 6.8 | 6.6 | 6.9 | 6.7 | 6.6 |
| 18 to 25 | 8.8 | 8.1* | 8.0* | 8.4* | 8.0* | 8.3* | 8.3* | 8.9 | 8.7 | 9.3 |
| 26 to 49 | 7.6 | 7.7 | 7.6 | 7.4 | 7.6 | 7.5 | 7.7 | 7.6 | 7.6 | 7.2 |
| 50 or Older | 4.5 | 4.5 | 5.2 | 4.8 | 4.9 | 5.6 | 4.8 | 5.5 | 5.1 | 5.2 |

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 45. Major Depressive Episode with Severe Impairment in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2009-2014



+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 45 Table. Major Depressive Episode with Severe Impairment in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2009-2014

| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------------|------|------|------|------|------|------|
| 18 or Older | 4.0 | 4.2 | 4.2 | 4.5 | 4.3 | 4.3 |
| 18 to 25 | 5.2* | 5.2* | 5.2* | 5.8 | 5.7 | 6.0 |
| 26 to 49 | 4.8 | 4.7 | 5.2 | 5.1 | 4.9 | 4.6 |
| 50 or Older | 2.6* | 3.5 | 2.9 | 3.4 | 3.2 | 3.5 |

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Among adults aged 18 or older, the percentage having a past year MDE with severe impairment in 2014 was highest for those aged 18 to 25 (6.0 percent), followed by those aged 26 to 49 (4.6 percent), then by those aged 50 or older (3.5 percent) (Figure 45). Adults aged 50 or older in 2009 to 2013 also were less likely than other adults to have an MDE with severe impairment. In addition, young adults aged 18 to 25 were more likely than adults aged 26 to 49 in 2010 and 2012 to have an MDE with severe impairment. In other years from 2009 to 2013, however, similar percentages of young adults and adults aged 26 to 49 had an MDE with severe impairment.

The percentage of young adults aged 18 to 25 with a past year MDE with severe impairment was greater in 2014 than in 2009 to 2011 (Figure 45). Percentages of adults aged 26 to 49 and 50 or older in 2014 who had a past year MDE with severe impairment were similar to the percentages in most years from 2009 to 2013.

Past Year Major Depressive Episode (MDE) and MDE with Severe Impairment among Adolescents Aged 12 to 17

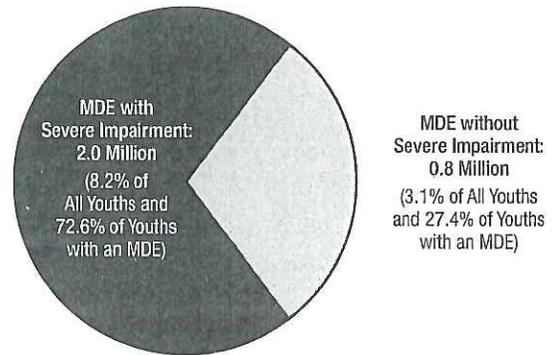
Although NSDUH does not have an overall measure of mental illness among adolescents aged 12 to 17, the survey provides estimates of having a past year MDE for this age group. MDE is defined using the diagnostic criteria from DSM-IV.³⁰ Similar to adults, adolescents were defined as having an MDE if they had a period of 2 weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities, and they had at least some additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth. However, some wordings to the questions for adolescents were designed to make them more developmentally appropriate for youths.⁴⁰ Adolescents were defined as having an MDE with severe impairment if their depression caused severe problems with their ability to do chores at home, do well at work or school, get along with their family, or have a social life.⁴¹

In 2014, 11.4 percent of adolescents aged 12 to 17 (2.8 million adolescents) had an MDE during the past year, and 8.2 percent of adolescents (2.0 million adolescents) had a past year MDE with severe impairment in one or more role domains (Figure 46). Adolescents in 2014 who had an MDE with severe impairment represent nearly three fourths (72.6 percent) of adolescents who had a past year MDE.⁴⁰

This percentage of adolescents aged 12 to 17 in 2014 who had a past year MDE was higher than the percentages in 2004 to 2012 (ranging from 7.9 to 9.1 percent), but it

was similar to the percentage in 2013 (Figure 47). The percentage of adolescents in 2014 who had a past year MDE with severe impairment also was higher than the percentages in 2006 to 2012, which ranged from 5.5 to 6.3 percent.

Figure 46. Major Depressive Episode and Major Depressive Episode with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2014

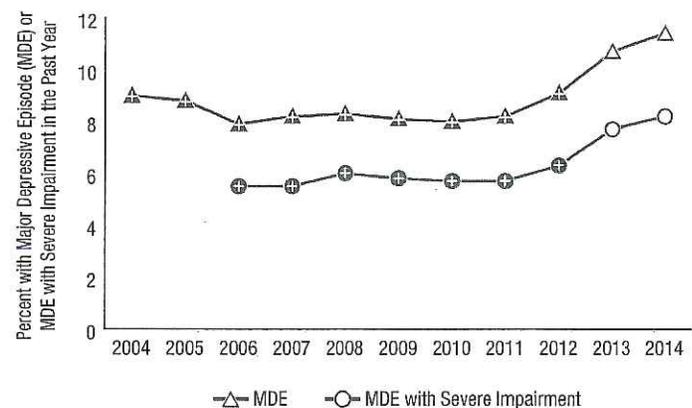


2.8 Million Youths with a Past Year MDE (11.4% of All Youths)

MDE = major depressive episode.

Note: Youth respondents with unknown past year MDE data or unknown impairment data were excluded.

Figure 47. Major Depressive Episode and Major Depressive Episode with Severe Impairment in the Past Year among Youths Aged 12 to 17: Percentages, 2004-2014



* Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 47 Table. Major Depressive Episode and Major Depressive Episode with Severe Impairment in the Past Year among Youths Aged 12 to 17: Percentages, 2004-2014

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------------------|------|------|------|------|------|------|------|------|------|------|------|
| MDE | 9.0* | 8.8* | 7.9* | 8.2* | 8.3* | 8.1* | 8.0* | 8.2* | 9.1* | 10.7 | 11.4 |
| MDE with Severe Impairment | N/A | N/A | 5.5* | 5.5* | 6.0* | 5.8* | 5.7* | 5.7* | 6.3* | 7.7 | 8.2 |

N/A = not available.

* Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Co-Occurring Mental Health Issues and Substance Use Disorders among Adults

The coexistence of both a mental health issue and an SUD is referred to as a co-occurring disorder (i.e., a mental disorder and an SUD). Because NSDUH data allow estimates to be made for mental health issues and SUDs, it is possible to estimate the percentages of adults and adolescents with co-occurring disorders. This section presents findings on co-occurring mental health issues (including AMI, SMI, and MDE) and SUDs (i.e., illicit drug or alcohol dependence or abuse) among adults aged 18 or older in the United States. In addition, findings for adolescents aged 12 to 17 are presented in a later section on the co-occurrence of MDE and substance use and SUDs.

Mental Illness and Substance Use Disorders among Adults with a Disorder

In 2014, among the 20.2 million adults with a past year SUD, 7.9 million (39.1 percent) had AMI in the past year (Figure 48 and Table A.18B in Appendix A). In contrast, among adults without a past year SUD, 16.2 percent (35.6 million adults) had AMI in the past year. Among adults with a past year SUD, the percentage of adults with co-occurring AMI in 2014 was similar to the percentages of adults with AMI in most years from 2008 to 2013.

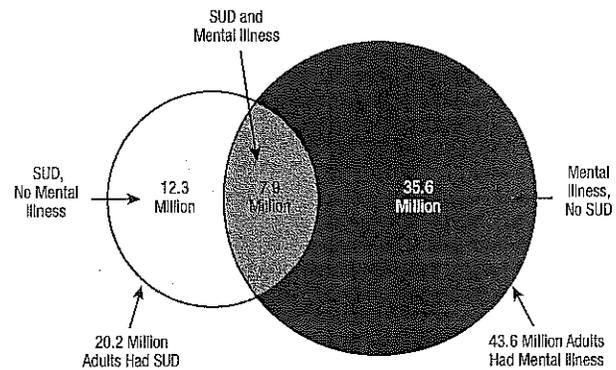
The 7.9 million adults with AMI who met the criteria for an SUD in the past year (Figure 48) represent 18.2 percent of the 43.6 million adults with AMI (Figure 49). In contrast, 6.3 percent of adults who did not have past year AMI (12.3 million adults) met the criteria for an SUD (Figure 48 and Table A.19B in Appendix A). Among adults who had AMI in the past year, the percentage of adults with a co-occurring SUD in 2014 was similar to the percentages of adults with a co-occurring SUD in most years from 2008 to 2013 (Figure 49).

Among the 20.2 million adults aged 18 or older in 2014 who had a past year SUD, 2.3 million (11.3 percent) also had SMI in the past year (Figure 50 and Table A.18B). Among adults with a past year SUD, the percentage of adults with SMI in 2014 was similar to the percentages of adults with SMI in most years from 2008 to 2013.

Among the 9.8 million adults aged 18 or older in 2014 who had past year SMI, the 2.3 million adults who met the criteria for an SUD in the past year represent 23.3 percent of

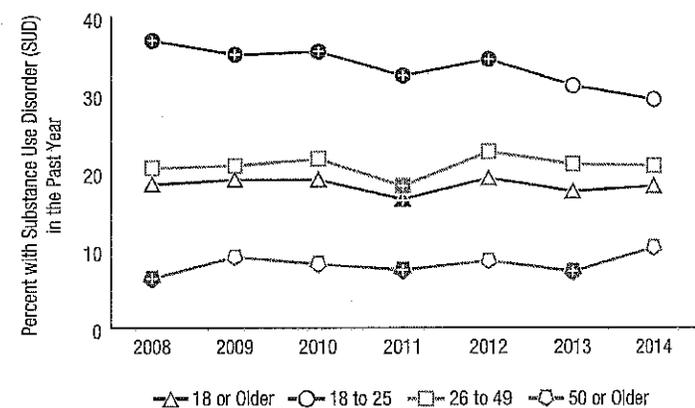
adults with SMI (Figure 50 and Table A.19B). Among adults who had SMI in the past year, the percentage of adults with an SUD in 2014 was similar to the percentages in most years from 2008 to 2013 (Figure 51).

Figure 48. Past Year Substance Use Disorders and Mental Illness among Adults Aged 18 or Older: 2014



SUD = substance use disorder.

Figure 49. Past Year Substance Use Disorder among Adults Aged 18 or Older with Any Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014



+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 49 Table. Past Year Substance Use Disorder among Adults Aged 18 or Older with Any Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------------|-------|-------|-------|-------|-------|------|------|
| 18 or Older | 18.4 | 19.0 | 19.0 | 16.5* | 19.2 | 17.5 | 18.2 |
| 18 to 25 | 36.9* | 35.1* | 35.5* | 32.4* | 34.5* | 31.1 | 29.3 |
| 26 to 49 | 20.5 | 20.8 | 21.7 | 18.2* | 22.6 | 21.0 | 20.8 |
| 50 or Older | 6.3* | 9.1 | 8.2 | 7.4* | 8.6 | 7.2* | 10.3 |

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

By Adult Age Groups in 2014

Among adults aged 18 or older in 2014 with past year SUDs, the percentage of adults who had co-occurring AMI in the past year was highest among those aged 26 to 49 (42.7 percent) than among those aged 18 to 25 (36.0 percent) or those aged 50 or older (35.6 percent) (Table A.18B in Appendix A). The percentages of adults with SUDs who had co-occurring SMI in the past year were 12.3 percent for adults aged 26 to 49, 10.5 percent for those aged 50 or older, and 10.4 percent for those aged 18 to 25.

Among adults aged 18 or older in 2014 with past year AMI, the percentage of adults who had a co-occurring SUD in the past year was highest among those aged 18 to 25 (29.3 percent), followed by those aged 26 to 49 (20.8 percent), then by those aged 50 or older (10.3 percent) (Figure 49). Among adults aged 18 or older in 2014 with past year SMI, the percentage of adults who had a past year SUD was highest among those aged 18 to 25 (35.3 percent), followed by those aged 26 to 49 (24.9 percent), then by those aged 50 or older (15.1 percent) (Figure 51).

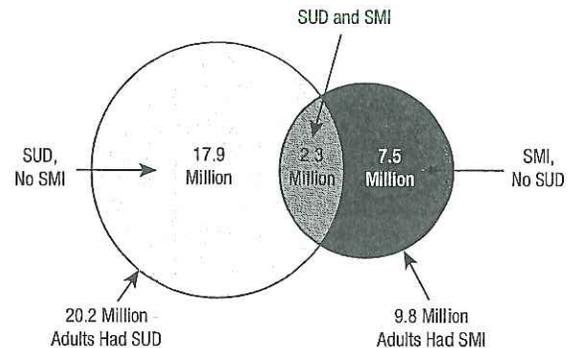
Co-Occurring Mental Illness and Substance Use Disorders among Adults in the General Population

Prior sections described the percentage of adults with mental illness among the subpopulation of adults who had a past year SUD or described the percentage of adults with an SUD among the subpopulation of adults with mental illness. This section presents findings on the percentages of adults who had co-occurring SUDs and mental illness among all adults in the United States. This type of presentation helps to provide further context for discussions of co-occurring disorders. Although the numbers of adults in the population who had co-occurring disorders are the same as presented in previous sections, the percentages presented in this section are based on the total population of adults.

In 2014, the estimate of 7.9 million adults aged 18 or older who had both mental illness and SUDs in the past year (Figure 48) corresponds to 3.3 percent of all adults (Table A.22B in Appendix A). This percentage for 2014 among all adults was similar to the percentages in most years from 2008 to 2013.

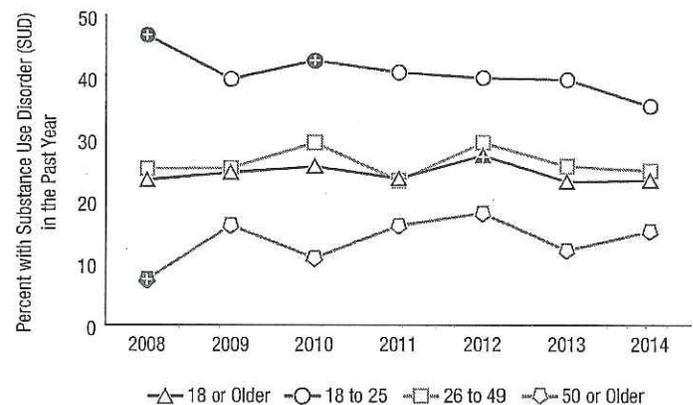
The estimate of 2.3 million adults aged 18 or older in 2014 who had co-occurring SMI and SUDs in the past year (Figure 50) corresponds to 1.0 percent of all adults (Table A.22B). This percentage among all adults in 2014 was similar to the percentages in 2008 to 2013.

Figure 50. Past Year Substance Use Disorders and Serious Mental Illness among Adults Aged 18 or Older: 2014



SMI = serious mental illness; SUD = substance use disorder.

Figure 51. Past Year Substance Use Disorder among Adults Aged 18 or Older with Serious Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014



* Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

Figure 51 Table. Past Year Substance Use Disorder among Adults Aged 18 or Older with Serious Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------------|-------|------|-------|------|-------|------|------|
| 18 or Older | 23.4 | 24.6 | 25.6 | 23.6 | 27.3* | 23.1 | 23.3 |
| 18 to 25 | 46.8* | 39.7 | 42.7* | 40.8 | 39.9 | 39.6 | 35.3 |
| 26 to 49 | 25.2 | 25.3 | 29.4 | 23.3 | 29.4 | 25.6 | 24.9 |
| 50 or Older | 7.3* | 16.1 | 10.8 | 16.0 | 18.0 | 12.0 | 15.1 |

* Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.

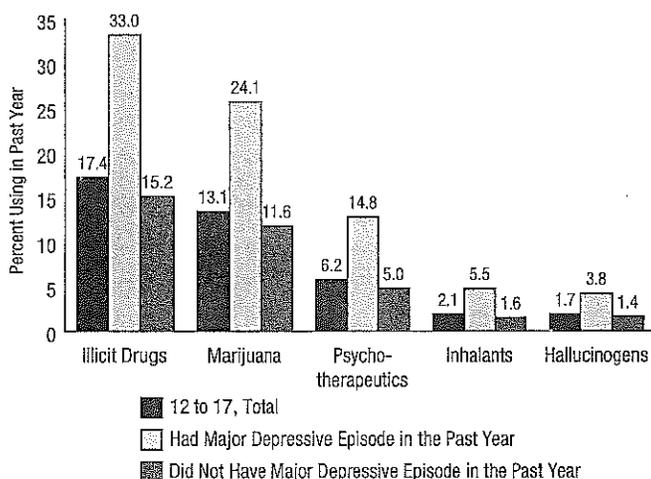
Co-Occurring Mental Health and Substance Use Issues among Adolescents

This section discusses co-occurring MDE and substance use among adolescents aged 12 to 17 in addition to discussing co-occurring MDE and SUDs among adolescents. Specifically, estimates of substance use and SUDs are described among adolescents with an MDE, estimates of MDE are described among those with SUDs, and estimates of co-occurring MDE and SUDs are described among all adolescents.

Substance Use and Substance Use Disorders among Adolescents with Major Depressive Episode

In 2014, the percentage of adolescents aged 12 to 17 who used illicit drugs in the past year was higher among those with a past year MDE than it was among those without a past year MDE (33.0 vs. 15.2 percent) (Figure 52). Youths with a past year MDE in 2014 also were more likely than those without an MDE to be users of marijuana, nonmedical users of psychotherapeutics, users of inhalants, and users of hallucinogens in the past year. (Because estimates of illicit drug use among adolescents that previously were mentioned in this report pertain to use in the past 30 days, percentages for past year illicit drug use measures among all adolescents are shown in Figure 52 as additional points of reference.)

Figure 52. Past Year Illicit Drug Use among Youths Aged 12 to 17, by Past Year Major Depressive Episode: Percentages, 2014



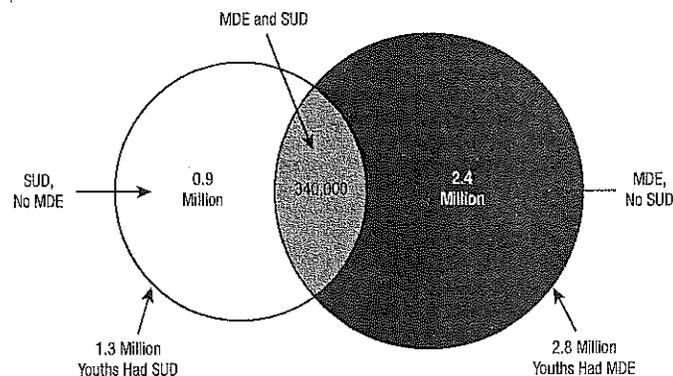
Among adolescents aged 12 to 17 in 2014, 1.6 percent of those with a past year MDE and 1.1 percent of those without a past year MDE were daily cigarette smokers in the past month (Table A.24B in Appendix A). In addition, 1.8 percent of adolescents aged 12 to 17 with a past year MDE and 0.9 percent of those without a past year MDE were heavy alcohol drinkers in the past month.

Among the 2.8 million adolescents aged 12 to 17 in 2014 who had a past year MDE, a total of 340,000 adolescents (12.4 percent) had a past year SUD (Figure 53). In contrast, among adolescents without a past year MDE, 858,000 (4.0 percent) had an SUD in the past year.

Major Depressive Episode among Adolescents with a Substance Use Disorder

An estimated 340,000 adolescents aged 12 to 17 in 2014 had a co-occurring MDE and an SUD in the past year (Figure 53) in 2014. This number of adolescents with a co-occurring MDE and an SUD represents 28.4 percent of the 1.3 million adolescents who had a past year SUD. Among adolescents without a past year SUD, 10.5 percent (2.4 million adolescents) had an MDE in the past year.

Figure 53. Past Year Substance Use Disorders and Major Depressive Episode in the Past Year among Youths Aged 12 to 17: 2014

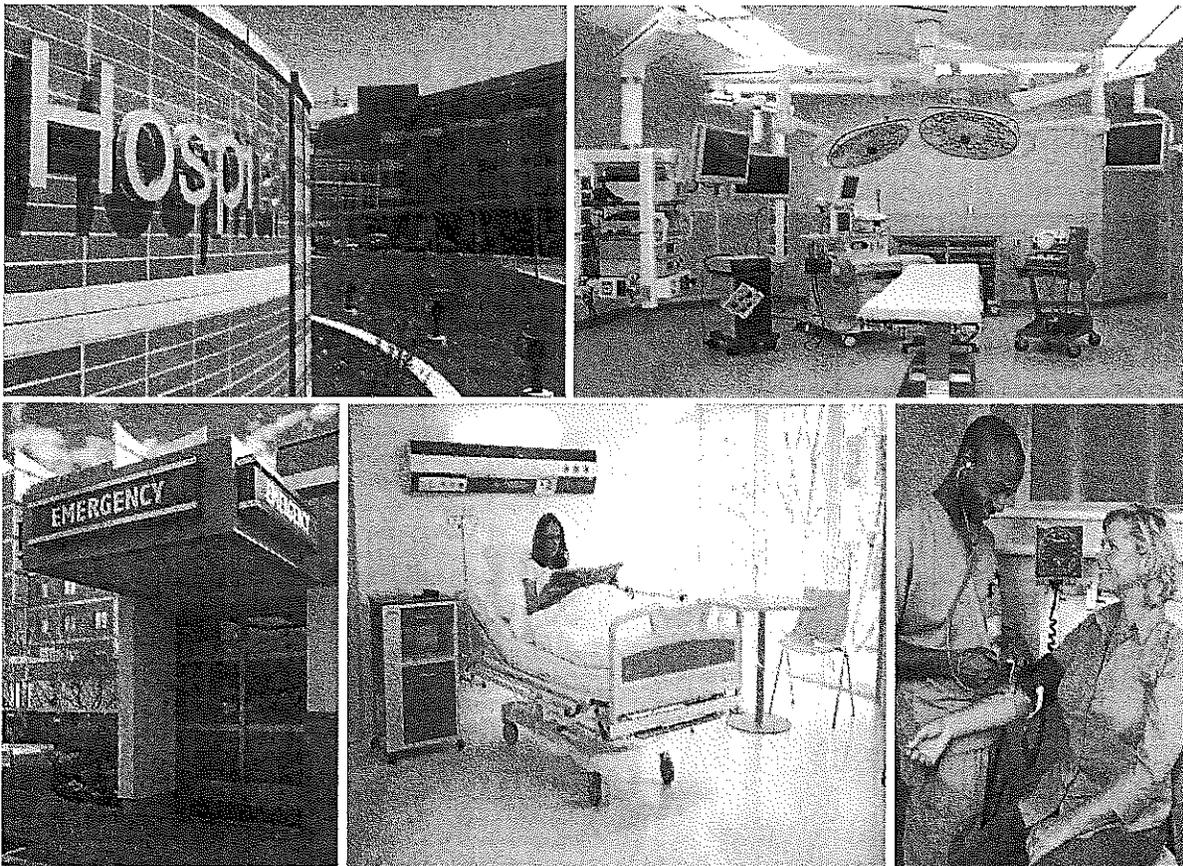


MDE = major depressive episode; SUD = substance use disorder.
Note: Youth respondents with unknown MDE data were excluded.



Connecticut Department
of Public Health

Statewide Health Care Facilities and Services Plan



2014 Supplement

- Based on acute care bed need projections for 2020, Connecticut has an adequate supply of acute care inpatient beds statewide.
- In 2013, the largest proportion of emergency department (ED) visits was among patients with Medicaid (38%).
- From 2009 to 2013, there were almost 8 million visits made to an ED in Connecticut by state residents. Of these visits, one million were for psychiatric, drug or alcohol-related mental disorders
- Of the children visiting the ED for issues relating to behavioral health, nine out of ten were treated for a psychiatric-related disorder.
- The growth of urgent care settings has contributed to some concern that this type of care setting may contribute to fragmentation of care, inadequate follow-up and preventive care, and misdiagnoses, particularly for clinics that are not affiliated with a health care system.
- While Connecticut has an overall favorable health profile compared to the rest of the U.S., the health of Connecticut's residents is not equally distributed across population groups or geographic regions.
- In general, at-risk and vulnerable populations have a higher prevalence of chronic disease than the overall population.
- The Socioeconomic Status Index identifies 20 Connecticut towns as at-risk for unmet health care need.
- Black non-Hispanics and Hispanics were more likely than White non-Hispanics to have a potentially preventable hospitalization, avoidable ED visit or to visit the ED more than ten times within a year.
- One hundred forty Connecticut towns have better health outcomes than the state. Twenty-three of the remaining twenty-nine were urban core or urban periphery towns.
- Nearly all the CHNAs identified chronic disease, overweight, obesity, nutrition and physical activity as overlapping and major health issues regardless of socioeconomic status.
- More than one-half of the assessments identified substance abuse and mental health care as priority health needs in the community.
- A reconvened ED focus group identified the need for the coordination of mental health and substance abuse care.

RECOMMENDATIONS

Recommendations are intended to build upon the efforts and discussions conducted during the initial 2011-2012 planning process and reflect additional discussions held during the planning process for the 2014 supplemental plan.

Behavioral Health

- 1) Determine the resources available and options and approaches for further exploration of ways that Connecticut's behavioral health service delivery system can be measured to determine capacity as it relates to need and access to care;
- 2) Develop further understanding of recovery supports and how they relate to the overall care for behavioral health clients across all age groups;
- 3) Determine the feasibility of and resources available for a future inventory of distinct service levels as opposed to broad categorization of facilities using behavioral health licensure categories;
- 4) Provide more focus in future plans which specifically discuss the coordination, interrelation, provision or co-location of mental health, primary care and/or oral health services within the various settings and how such interrelationship will benefit the behavioral health patient population.

Acute Care/Ambulatory Surgery

- 5) Investigate the development of planning regions that best facilitate the ability to assess the availability of and future demand for care, taking into consideration existing hospital service areas;
- 6) Research, investigate and quantify the use of observation stays in Connecticut hospitals and determine how these data can be standardized in a way that would allow them to be incorporated in the acute care bed need model;
- 7) With respect to ambulatory surgery standards and guidelines, discuss and consider including backlogs in the service area, ability of physicians to schedule block times, patient throughput at other facilities, the quality of care at other facilities as additional factors for consideration in the next Plan, if such data is available to OHCA to verify and analyze.

Primary Care

- 8) The DPH Primary Care Office will collect and report real-time health workforce data and will support the analyses necessary to interpret this data to estimate both current and future health workforce needs;¹
- 9) Utilize data from Behavioral Risk Factor Surveillance System and/or other surveys which have large enough samples so that results for questions related to health care access may be used for town, city or county level assessment and solutions;
- 10) Consider assessing/evaluating primary care provided by hospital-affiliated entities (e.g., urgent care centers) and determine if beneficial to patients;

- 11) Provide additional Plan focus on the provision of mental health and oral health services in primary care settings and assess the interrelation of these services with primary care.
- 12) Align OHCA planning efforts with SIM Grant activities (e.g., physician data collection, goals and objectives, etc.) and other relevant State planning efforts.

NEXT STEPS

As providers continue to assess their organizations, service array and delivery structures, OHCA's planning efforts will focus on the evolving health care system and available data to determine how best to meet the unmet need of residents in ways that benefit the community and assist providers in transforming to meet those needs. Future OHCA planning activities will include:

- Analyzing health care service specific data by health care systems, utilization and physician referral patterns to determine if there could be logical regionalization of certain services;
- Evaluating patient data and provider revenue patterns to identify shifts in demand for inpatient to outpatient services and between types of services for geographic regions;
- Identifying modalities through which the state may direct and/or assist providers to be more responsive to health care needs of communities;
- Analyzing all payer claims data to identify availability of and access to health care services, utilization patterns and the impact of expanded health insurance coverage through the PPACA.
- Monitoring the various settings where health care is now being delivered as additional data sources become available to OHCA.
- Reviewing CON statutes and regulations to ensure they are responsive to the evolving health care environment and make recommendations to better align the process with health care reform.
- Providing consumers with access to all available data.

Additionally, as more information becomes available to OHCA, the next plan will attempt to:

- Address the impact that technology may have on the demand, capacity or need for health care services;
- Facilitate communication between appropriate state agencies concerning innovations or changes that may affect future health planning.

DATA AVAILABILITY AND CHALLENGES

- Data-related challenges and gaps are important considerations when planning for appropriate allocation of health care facilities and services. The success of such planning is dependent upon the availability of comprehensive data spanning numerous service delivery settings. Discussion of data gaps and efforts to resolve them will help to build the foundation for better planning and greater understanding of the evolving health care system.

INTRODUCTION

LEGAL MANDATE AND PURPOSE

Section 19a-634 of the Connecticut General Statutes (see Appendix A) requires the Department of Public Health (DPH) Office of Health Care Access (OHCA) to conduct an annual statewide health care facility utilization study, establish and maintain an inventory of all Connecticut health care facilities, and services and certain equipment and to develop and maintain a Statewide Health Care Facilities and Services Plan. The Plan is intended to be a blueprint for health care delivery in Connecticut, serving as a resource guide for planning for specific health care facilities and services. In 2012, OHCA issued its first Statewide Health Care Facilities and Services Plan (Plan). This publication is a supplement to the 2012 Plan. It includes an updated discussion of the current health care environment in Connecticut and adds a "population health" and "health equity" perspective, focusing on those who have experienced social or economic disadvantages. While the 2012 Plan focused on standards, guidelines and methodologies, which will be codified into regulation for use in the Certificate of Need (CON) review process, this Plan focuses on the unmet health care need of vulnerable and at-risk populations and the alignment of public health and health care initiatives that aim to address these needs. The 2014 planning process also involved updating the 2012 inventory of health care facilities, services and equipment, available at <http://www.ct.gov/dph/cwp/view.asp?a=3902&q=557564>.

RELATIONSHIP TO THE CONNECTICUT STATE HEALTH ASSESSMENT AND IMPROVEMENT PLAN

Section 19a-7 of the Connecticut General Statutes (see Appendix B) establishes DPH as the "lead agency for public health planning," and charges the department with "assist[ing] communities in the development of collaborative health planning activities which address public health issues on a regional basis or which respond to public health needs having state-wide significance." DPH is required to prepare a multiyear assessment of the health of Connecticut's population and the availability of health facilities and a plan that includes: (1) policy recommendations regarding allocation of resources; (2) public health priorities; (3) quantitative goals and objectives with respect to the appropriate supply, distribution and organization of public health resources; and (4) evaluation of the implications of new technology for the organization, delivery and equitable distribution of services.

Healthy Connecticut 2020, available at <http://www.ct.gov/dph/hct2020>, includes the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP), which were developed in 2013-2014 to identify priority public health needs and facilitate public health planning for residents of Connecticut.

Key findings from the SHA include:

- Chronic diseases and injuries are the leading causes of premature death and morbidity;
- Racial/ethnic minority groups suffer from many conditions at disproportionately higher rates;
- Specific age groups such as youth/young adults and older adults are more at risk for certain conditions;
- Unhealthy behaviors such as binge drinking and prescription drug misuse have increased over the last decade; and
- HIV, smoking and teen pregnancy rates have declined over the last decade.

A National Survey of Care for Persons With Co-occurring Mental and Substance Use Disorders

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Objective: The delivery of appropriate treatment to persons who have mental and substance use disorders is of increasing concern to clinicians, administrators, and policy makers. This study sought to describe use of appropriate mental health and comprehensive substance abuse care among adults in the United States with probable co-occurring disorders. **Methods:** Data from the Healthcare for Communities survey, which is based on a national household sample studied in 1997 and 1998, were used to identify individuals who had probable co-occurring mental and substance use disorders. The sociodemographic and clinical characteristics of these individuals and their use of services were recorded. Logistic regression analysis was used to identify variables associated with receipt of mental health and substance abuse treatment and with receipt of appropriate treatment. **Results:** Estimates for the U.S. adult population based on the weighted survey data indicated that 3 percent of the population had co-occurring disorders. Seventy-two percent did not receive any specialty mental health or substance abuse treatment in the previous 12 months; only 8 percent received both specialty mental health care and specialty substance abuse treatment. Only 23 percent received appropriate mental health care, and 9 percent received supplemental substance abuse treatment. Perceived need for treatment was strongly associated with receipt of any mental health care and with receipt of appropriate care. **Conclusions:** Despite the availability of effective treatments, most individuals who had co-occurring mental health and substance use problems were not receiving effective treatment. Efforts to improve the care provided to persons who have co-occurring disorders should focus on strategies that increase the delivery of effective treatment. (*Psychiatric Services* 52:1062-1068, 2001)

The co-occurrence of mental and substance use disorders, or dual diagnosis, is highly prevalent, and the delivery of appropriate treatment to persons who have dual diagnoses is of increasing concern to clinicians, administrators, and policy makers (1-3). Epidemiologic data sug-

gest that of individuals who have a current addictive disorder, almost half have a co-occurring mental disorder; among individuals who have a current mental disorder, between 15 percent and 40 percent have a co-occurring addictive disorder (4,5). Although some of these co-occurring disorders are or-

ganic brain syndromes caused by the effects of substance use, the temporal relationships between the disorders and the high proportion of primary lifetime conditions suggest that most of them are primary independent disorders—that is, one did not cause the other (4). This independence implies that most people who have co-occurring disorders will need treatment for both their mental illness and their substance use problems.

Although persons who have dual diagnoses use mental health and substance abuse treatment services more frequently than persons who have only one disorder, most report having received no mental health or substance abuse treatment in the previous year (4-6). Among those who seek treatment, the outcomes of substance abuse and mental health treatment are typically worse (7-17)—and treatment costs higher (18-21)—than among persons who have only one disorder.

There are multiple reasons for poorer treatment outcomes. In addition to the inherent difficulty of treating two problems rather than one, a variety of institutional, attitudinal, and financial factors have been posited as affecting the clinical processes of care, which in turn affect outcomes (22-25). Substance abuse and mental health treatment programs are funded and managed separately, and coordination of treatment regimens across established bureaucracies has been difficult. The two treatment systems deal with clients in different ways that may conflict or may fail for clients who have

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multiple problems. Because resources in the public treatment system are scarce, each system tries to exclude individuals who are likely to require more resources, to fail in treatment, or to cause disruption to programs. Thus it has been difficult to respond to the needs of clients with dual diagnoses.

These systemic problems likely influence outcomes by affecting the delivery of appropriate care. However, no studies have used a nationally representative sample to assess the delivery of care to individuals who have co-occurring disorders. It is not known what individual-level factors—such as demographic characteristics, perceived need for treatment, and type of health insurance—affect access to appropriate care or what type of care individuals who have co-occurring disorders receive. Current guidelines recommend that services for individuals who have co-occurring disorders be available regardless of the setting in which the individual enters the service system (26,27). The proportion of individuals who receive parallel or integrated care or who receive care for only one disorder is not known.

This paper describes care among U.S. adults with probable co-occurring disorders. We examined the sociodemographic characteristics, health status, and perceived needs of individuals with co-occurring disorders, stratified by type of mental health disorder. We also looked at patterns of service use, the appropriateness of the mental health care these individuals are receiving, and the comprehensiveness of the substance abuse treatment they are receiving. Finally, we determined factors that predict access to care and the delivery of appropriate mental health or comprehensive substance abuse care.

Methods

Design

We used data drawn from the Healthcare for Communities (HCC) survey. The HCC survey studied a selected subset of adults who participated in the Community Tracking Study (CTS), a nationally representative study of the U.S. civilian, noninstitutionalized population (28). Some demographic data for our analyses came from the parent CTS survey. The CTS

included both a national sample and a cluster sample of 60 randomly selected U.S. communities and was conducted in 1996 and 1997. The HCC survey was conducted from October 1997 through December 1998 and consisted of a random sample of 9,585 CTS respondents. The respondents were interviewed by telephone; the average duration of the telephone interviews was 34 minutes.

To provide more precise estimates of the need for and use of behavioral health care, the HCC survey oversampled individuals who had low incomes, had high levels of psychological distress, or used specialty mental health care, as indicated by their responses to the CTS survey. The design of the HCC survey has been described previously (29). We weighted the data so that they would be representative of the U.S. population. We used CTS data to adjust for the probability of selection, nonresponse, and the number of households in the HCC survey that did not have a telephone.

Measures

Independent variables. The short-form Composite International Diagnostic Interview (CIDI) (30) was used to assess the 12-month prevalence of major depression, dysthymia, or generalized anxiety disorder and lifetime mania on the basis of *DSM-III-R* criteria. Screening items from the CIDI, supplemented by additional items from the full interview, were used to assess for probable panic disorder (31). To reduce the potential number of false-positive responses, we required the presence of a limitation in social or role functioning by using items from the Short Form Health Questionnaire (SF-12) and the Sickness Impact Profile (32). The presence of chronic psychosis was assessed by asking respondents whether they had been hospitalized because of psychotic symptoms or had ever been told that they had schizophrenia or schizoaffective disorder. The Alcohol Use Disorders Identification Test (33) and items adapted from the CIDI were used to assess the presence of substance abuse or dependence within the previous 12 months.

Physical and mental health functioning was assessed with use of the SF-12 mental and physical subscales (34) as

well as a count of the number of chronic medical conditions. Type of health insurance was categorized as no insurance, public insurance (Medicaid, Medicare, or both), and private insurance. We also asked the respondents whether they had been on probation or parole or in prison during the previous 12 months.

Outcome variables. Use of health services during the previous 12 months was determined by self-report and was categorized as either primary care with a behavioral health care component or specialty behavioral health care. Primary care with a behavioral health care component consisted of a clinician's suggesting that the respondent reduce his or her use of alcohol or drugs, referring the respondent to specialty behavioral health care, suggesting medication for a substance use or mental health problem, or counseling the respondent for at least five minutes about a mental health or substance use problem. Specialty behavioral health care distinguished between visits for mental health care and visits for substance abuse treatment. Mental health visits included visits to a psychiatrist, a psychologist, a social worker, a psychiatric nurse, or a counselor for an emotional or mental health problem; substance abuse visits included inpatient and outpatient visits for a substance use problem and excluded participation in self-help groups, such as Alcoholics Anonymous.

We defined integrated treatment as receipt of both mental health care and substance abuse care from one provider, which was determined by asking respondents whether they received treatment for both a mental health problem and a substance use problem at a single visit. Parallel treatment was defined as receipt of mental health care and substance abuse care from different providers during a 12-month period.

For persons who had a probable disorder, appropriate care for a bipolar or psychotic disorder was defined as use of any antipsychotic or mood stabilizer during the previous year. Appropriate care for a depressive or anxiety disorder was defined as receipt of appropriate counseling or use of psychotropic medication during the previous year. For counseling to be considered ap-

Table 1

Estimated percentage of adults with co-occurring mental and substance use disorders in the U.S. population in 1998 who had the indicated characteristic, by psychiatric diagnosis

| Characteristic | Probable diagnosis | | | |
|---|--|-----------------|--------------------------------------|-----|
| | Depressive or anxiety disorder (N=180) | | Bipolar or psychotic disorder (N=96) | |
| | % or mean | SE ¹ | % or mean | SE |
| Age (mean years) | 38 | 1.7 | 35 | 2.8 |
| Sex (%) | | | | |
| Female | 31 | 4.9 | 30 | 6.5 |
| Male | 69 | 4.9 | 70 | 6.5 |
| Race | | | | |
| White | 79 | 4.5 | 56 | 7.6 |
| Black | 10 | 2.7 | 35 | 7.6 |
| Hispanic | 11 | 4.0 | 9 | 4.0 |
| Family income (mean, in thousands of dollars) | 47 | 10.6 | 32 | 8.0 |
| Employment status (%) | | | | |
| Employed | 91 | 2.5 | 78 | 5.0 |
| Unemployed | 9 | 2.5 | 22 | 5.0 |
| Years of education (mean and SD) | 13 | .4 | 12 | .2 |
| On probation or parole or in prison during previous 12 months (%) | 10 | 2.6 | 14 | 4.7 |
| Health insurance (%) | | | | |
| None | 22 | 4.0 | 34 | 7.3 |
| Public | 19 | 4.5 | 22 | 6.6 |
| Private | 59 | 5.0 | 44 | 6.9 |
| Number of chronic medical conditions (mean) ² | 2 | .2 | 2 | .3 |
| Physical functioning score on SF-12 (mean) ³ | 45 | .5 | 44 | .7 |
| Emotional functioning score on SF-12 (mean) ³ | 41 | .7 | 44 | .8 |
| Perceived need for mental health care (%) | | | | |
| Yes | 51 | 5.4 | 55 | 7.5 |
| No | 49 | 5.4 | 45 | 7.5 |
| Perceived need for substance abuse care (%) | | | | |
| Yes | 23 | 3.6 | 22 | 5.2 |
| No | 77 | 3.6 | 78 | 5.2 |

¹ Based on a weighted sample size

² Range, 0 to 11

³ Possible scores range from 0 to 100, with higher scores indicating better health.

appropriate, the respondent had to have had at least four visits in the previous year, but information on the type of counseling was not recorded. Appropriate medication for a depressive or anxiety disorder was defined as use of an efficacious antidepressant or anti-anxiety medication for at least two months at a dosage exceeding the minimum recommended dosage, as established by national guidelines (35,36). The relationship between dosage and effectiveness is less clear for antipsychotics and mood stabilizers, and varies according to age, diagnosis, and adverse effects. Thus although respon-

dents were asked about dosages of these medications, the data were not analyzed.

For respondents who had multiple psychiatric disorders, we assessed the appropriateness of care for the most significant disorder on the basis of a hierarchy in which bipolar or psychotic disorder was ranked highest, major depression second, dysthymia third, panic disorder fourth, and generalized anxiety disorder fifth.

We defined comprehensive care for a substance use disorder as consisting of inpatient or outpatient substance abuse treatment that included a physi-

cal examination, a mental health evaluation, or job or relationship counseling. The management of medical and mental health problems and the provision of appropriate treatment improve the overall health and functioning of persons who are in recovery (37-39), and the provision of job or relationship counseling is likely to be an indicator of programs that provide comprehensive services. The number of services provided is related to treatment retention and to a variety of outcomes (40,41).

Statistical analyses

We used SUDAAN software (42) to estimate individual-level characteristics and to fit multivariate logistic regression models to the data. All estimates were weighted, and standard errors of the multivariate logistic regression estimates were adjusted to account for the complex design of the sample and clustering of individuals within communities.

Separate multiple logistic regressions were used to predict the four dependent variables—receipt of any specialty mental health care, receipt of any substance abuse care, receipt of any appropriate mental health treatment, and receipt of any comprehensive substance abuse treatment. We used the Aday and Andersen (43) model of health services use to select independent variables for inclusion in the models. Predictor variables were selected from each of the three components of this model—predisposing characteristics, enabling resources, and need for treatment—and were included in the model if they were bivariately associated with the dependent variable at a significance level of less than .20.

Because the number of predictors based on the Aday and Andersen model is large relative to the number of observations available for analysis, we were concerned about overfitting in our multivariate logistic regression analyses. To address this concern, we selected a final set of variables for each logistic regression on the basis of a backwards-elimination variable-selection procedure in which a logistic regression coefficient was retained in the final model only if it was significant at $p < .10$. There was no requirement for any specific variable to be included in the model.

Results

A total of 180 respondents (2 percent) had a probable 12-month depressive or anxiety disorder and a substance use disorder, and 96 respondents (1 percent) had a bipolar or psychotic disorder and a substance use disorder. Table 1 presents the 1998 survey data for respondents with dual diagnoses weighted to reflect the U.S. population, stratified by type of mental illness.

Table 2 presents estimates based on weighted survey data of the types of treatment received by adults with co-occurring mental and substance use disorders in the United States. The estimates indicate that 17 percent received alcohol, drug, or mental health treatment only from a primary care provider, and 23 percent received some treatment from a primary care provider and some from a specialty provider. Seventy-two percent did not receive any specialty mental health or substance abuse treatment in the previous 12 months, and 8 percent received both mental health and substance abuse treatment, either parallel or integrated. Among persons with a probable depressive or anxiety disorder, 32 percent received appropriate treatment; of those with a bipolar or psychotic disorder, 19 percent received an appropriate medication.

Estimates for persons in substance abuse treatment showed that 4 percent received a physical examination, 7 percent received a mental health evaluation or treatment, 2 percent received employment counseling, and 5 percent received some form of relationship or family counseling.

The associations between specific predictor variables and receipt of any mental health care or of any appropriate mental health care for individuals who had a probable co-occurring disorder are shown in Table 3. As we expected, women were more likely than men to have received any mental health care or appropriate mental health care. Having either public or private health insurance was also associated with receipt of mental health care; those with either type of insurance were significantly more likely to receive care than those with no insurance.

Although individuals who had a probable bipolar or psychotic disorder were twice as likely to have received

Table 2

Estimates of treatment received in 1998 by U.S. adults with co-occurring mental and substance use disorders

| Characteristic | % | SE ¹ |
|---|----|-----------------|
| Received alcohol, drug, or mental health treatment from a primary care provider | 40 | 4.1 |
| Treatment only from a primary care provider | 17 | 3.1 |
| Some treatment from a primary care provider and some from a specialty provider | 23 | 3.6 |
| Use of behavioral health care | | |
| No use | 72 | 3.5 |
| Mental health care only | 16 | 2.6 |
| Substance abuse care only | 4 | 1.4 |
| Parallel treatment | 4 | 1.0 |
| Integrated treatment | 4 | 1.5 |
| Received appropriate mental health care | 23 | 3.1 |
| Received comprehensive substance abuse care | 9 | 2.1 |
| Physical examination | 4 | 1.3 |
| Mental health evaluation or treatment | 7 | 1.9 |
| Job counseling | 2 | 1.1 |
| Relationship or family counseling | 5 | 1.4 |

¹ Based on weighted sample size

any mental health care as those who had a probable depressive or anxiety disorder, they were less likely to have received appropriate mental health care. Each additional chronic medical condition increased the expected odds of receipt of any appropriate mental health care by 1.2. Perceived need for

mental health care was also associated with receipt of care and with receipt of appropriate mental health treatment. Age, race, employment status, income, number of years of education, and physical and emotional functioning were not associated with the receipt of any mental health care or with the re-

Table 3

Predictors of receipt of any mental health care or appropriate mental health care among adults with co-occurring mental and substance use disorders

| Variable | Any mental health care (N=274) | | Any appropriate mental health care (N=254) | |
|---|--------------------------------|----------|--|---------|
| | Odds ratio | 95% CI | Odds ratio | 95% CI |
| Sex | | | | |
| Male | 1.0 | — | 1.0 | — |
| Female | 2.7 | 1.2-6.1 | 2.7 | 1.1-6.6 |
| Probable diagnosis | | | | |
| Depressive or anxiety disorder | 1.0 | — | 1.0 | — |
| Bipolar or psychotic disorder | 2.0 | .96-4.3 | .21 | .09-.54 |
| Type of health insurance | | | | |
| None | 1.0 | — | — | — |
| Public | 8.2 | 2.5-27.8 | — | — |
| Private | 3.2 | 1.1-9.3 | — | — |
| On probation or parole or in prison during previous 12 months | | | | |
| No | 1.0 | — | — | — |
| Yes | 3.8 | 1.1-12.7 | — | — |
| Number of chronic medical conditions | — | — | 1.2 | 1.0-1.4 |
| Perceived need for mental health treatment | | | | |
| No | 1.0 | — | 1.0 | — |
| Yes | 10.9 | 4.5-26.1 | 2.9 | 1.3-6.3 |

Table 4

Predictors of receipt of any substance abuse care or comprehensive substance abuse care among 275 adults with co-occurring mental and substance use disorders

| Variable | Any substance abuse care | | Any comprehensive substance abuse care | |
|---|--------------------------|----------|--|----------|
| | Odds ratio | 95% CI | Odds ratio | 95% CI |
| Age | — | — | .97 | .94-1.0 |
| On probation or parole or in prison during previous 12 months | | | | |
| No | 1.0 | — | 1.0 | — |
| Yes | 4.1 | 1.3-13.0 | 3.6 | 1.1-12.3 |
| Perceived need for mental health treatment | | | | |
| No | — | — | 1.0 | — |
| Yes | — | — | 3.2 | .77-13.3 |
| Perceived need for substance abuse treatment | | | | |
| No | 1.0 | — | 1.0 | — |
| Yes | 22.5 | 7.2-70.4 | 23 | 6.5-81.4 |

ceipt of appropriate mental health care.

Table 4 shows the effects of specific predictor variables on receipt of any substance abuse care or any comprehensive substance abuse care among individuals who had a probable co-occurring disorder. Similar to the results shown in Table 3, most predictor variables that we screened for inclusion were not associated with the dependent variables and thus were not included in the final models. Having been on probation or parole or in prison in the previous 12 months was positively associated with receipt of any substance abuse care and with receipt of comprehensive care. Perceived need for substance abuse care was also highly associated with receipt of any care and with receipt of comprehensive treatment. The type of co-occurring disorder was not associated with receipt of any care or of comprehensive care, and neither was sex, race, type of insurance, employment status, income, number of years of education, co-occurrence of medical conditions, or physical or mental health functioning.

Discussion

This study had several limitations. We identified respondents who had probable disorders on the basis of self-reported screening variables and did not confirm the diagnoses with diagnostic interviews. We relied on self-report to

identify individuals who had substance use problems. Self-report may result in underestimation of the true prevalence, especially in the case of persons who are using illicit drugs. In addition, the HCC survey is based on a household sample. Many individuals who have severe mental illness and who abuse substances are homeless (44-46) or institutionalized (5) and thus would likely have been excluded from the survey.

Our measures of service use and treatment were also limited. Our definitions of service use and appropriate treatment were lenient, and our clinical measures of treatment lacked detail. For individuals who had a probable depressive or anxiety disorder, appropriate mental health treatment consisted of at least four visits during which counseling or appropriate medication at therapeutic dosages was provided; for persons who had a bipolar or psychotic disorder, such treatment consisted of an appropriate medication at any dose. We were unable to determine the content of the counseling visit or whether the counseling was effective. We were also unable to assess whether therapeutic dosages of medication were provided to persons who had probable bipolar or psychotic disorders. Some of the individuals whom we categorized as having received appropriate treatment thus may not in fact have received such treatment. Our measures of comprehensive substance

abuse treatment were also broad and consisted of any treatment that included a physical examination, a mental health evaluation or treatment, or job or family counseling. We believe that these are indicators of good-quality care, but we did not evaluate the quality of care directly.

Several million Americans suffer from co-occurring mental health and substance use disorders (3). Our data show that the majority of those in our study had received no mental health or substance abuse treatment in the previous 12 months, confirming the results of earlier studies (4,5). This lack of treatment included both specialty visits and visits to a primary care provider during which behavioral health problems were addressed. In addition, many individuals did not receive care that was consistent with current treatment recommendations. Among the patients who had a probable co-occurring disorder, fewer than a third received appropriate mental health treatment, and only 9 percent received any supplemental substance abuse services. Despite the recommendation that individuals who have co-occurring disorders receive treatment for both their mental health and substance use problems, only 8 percent received either integrated or parallel treatment.

Receipt of mental health care was particularly uncommon among men and among persons who had no health insurance. Among the general population, health insurance status and gender are both important predictors of the use of health care services (47,48). The men in our sample were also less likely to have received appropriate mental health care.

Persons who had a probable bipolar or psychotic disorder were much less likely to have received appropriate mental health treatment than those who had a probable depressive or anxiety disorder. This finding may be related to the introduction of new medications for depression and anxiety that make it easier to treat depressive and anxiety disorders or may have been because our screening instruments captured a number of individuals who did not have a psychotic or bipolar disorder.

Perceived need for treatment was a strong predictor of receipt of mental health and substance abuse care as

well as appropriate mental health treatment and comprehensive substance abuse treatment. Although it is possible that a person who receives treatment becomes more aware of his or her need for care, the strong relationship we found suggests that public programs to increase recognition of the need for mental health or substance abuse treatment may be an important strategy for increasing access to effective care. Public education programs may also help to decrease the stigma associated with mental illness (49). Having been on probation or parole or in prison during the previous year was also associated with receipt of any substance abuse treatment and with receipt of comprehensive substance abuse treatment. This finding suggests that the criminal justice system may facilitate access to substance abuse treatment for individuals who have co-occurring disorders.

The low levels of treatment use are of particular concern because of recent studies suggesting that treatment improves a variety of outcomes. Effective treatments exist for depressive, anxiety, and psychotic disorders and have been recommended through national treatment guidelines (35,50-53). Some evidence from clinical trials suggests that treatment of depressive and anxiety disorders among substance abusers is also effective (54-59). Studies suggest that for individuals who have chronic or severe mental illness, integrated rather than parallel treatment programs are superior (60).

At a minimum, most experts agree that individuals who have co-occurring disorders should be receiving care for both their mental health and substance use problems (27). Although there is less consensus about what constitutes effective substance abuse treatment, many studies have shown that the management of medical and mental health care problems and the provision of appropriate treatment improve the overall health and functioning of people who are receiving substance abuse treatment (37-39). In addition, the number of services provided is related to treatment retention and to a variety of other outcomes (40,41) and is an indicator of good-quality substance abuse treatment.

Conclusions

Despite the availability of effective treatments and treatment models for both mental illness and substance abuse, most persons who have co-occurring disorders are not receiving care. Many of those who do receive care are not receiving effective care. Our findings are particularly worrisome given the broad definitions of appropriate and comprehensive care we used and may explain why individuals with co-occurring disorders have poor treatment outcomes.

Clinicians, administrators, and policy makers can use these results in several ways. Clinicians can recognize that they may not be providing appropriate care and can review their practice patterns to determine whether they can identify individuals with co-occurring disorders who may benefit from more effective treatment. Administrators can address the paucity of substance abuse services provided in mental health treatment programs (61) and the lack of mental health services provided in substance abuse treatment programs (62,63). Policy makers can address the lack of funding for integrated treatment programs for individuals who have serious mental illness and substance use problems. Efforts to improve the quality of care provided to people who have co-occurring disorders should focus on strategies that improve the delivery of effective treatments. ♦

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FOR-PROFIT
 Applicant: Please provide one year of actual results and three years of projections of Total Entity revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

Financial Worksheet (A)

| LINE | Total Entity Description | (1) FY Actual Results | | (2) FY Projected W/out CON | | (3) FY Projected Incremental | | (4) FY Projected W/out CON | | (5) FY Projected W/out CON | | (6) FY Projected Incremental | | (7) FY Projected W/out CON | | (8) FY Projected W/out CON | | (9) FY Projected Incremental | | (10) FY Projected W/out CON | | (11) FY Projected W/out CON | | (12) FY Projected Incremental | | (13) FY Projected W/out CON | | |
|-----------------------|-------------------------------|-----------------------|--|----------------------------|-------------|------------------------------|-------------|----------------------------|-------------|----------------------------|-------------|------------------------------|-------------|----------------------------|-------------|----------------------------|-------------|------------------------------|-------------|-----------------------------|-------------|-----------------------------|-------------|-------------------------------|-------------|-----------------------------|-------------|--------|
| | | Results | | W/out CON | Incremental | W/out CON | Incremental | W/out CON | Incremental | W/out CON | Incremental | W/out CON | Incremental | W/out CON | Incremental | W/out CON | Incremental | W/out CON | Incremental | W/out CON | Incremental | W/out CON | Incremental | W/out CON | Incremental | W/out CON | Incremental | |
| 1 | Hospital Operating Margin | -5.1% | | 5.8% | 100.0% | 100.0% | 12.5% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 21.6% |
| 2 | Hospital Non Operating Margin | 0.0% | | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 3 | Hospital Total Margin | -5.1% | | 5.8% | 100.0% | 100.0% | 12.5% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 21.6% | |
| D FTEs | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | 0 | |
| E. VOLUME STATISTICS* | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | 0 | |
| 1 | Inpatient Discharges | 44,200 | | 46,410 | 4,420 | 4,420 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 |
| 2 | Outpatient Visits | 44,200 | | 46,410 | 4,420 | 4,420 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 |
| TOTAL VOLUME | | 44,200 | | 46,410 | 4,420 | 4,420 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 | 50,830 |

*Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

**Provide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASB, No. 2011-07, July 2011.

**Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

ANNCO CONSULTING LLC, CERTIFIED PUBLIC ACCOUNTANT
4634 WHITE PLAINS ROAD
BRONX, NY 10470
Phone: (718) 882-7500
Fax: (718) 708-4157
INFO@ANNCOCONSULTING.COM

May 11, 2016

NEW ERA REHABILITATION CENTER INC.
3715 MAIN STREET
BRIDGEPORT, CT 06606

Dear Sir,

I have prepared the 2015 Form 1120S for NEW ERA REHABILITATION CENTER INC. based on the information you provided. The return has been successfully e-filed and a copy is enclosed for NEW ERA REHABILITATION CENTER INC.'s records.

NEW ERA REHABILITATION CENTER INC.'s 2015 federal taxes have been paid in full.

I have also prepared the 2015 Connecticut 1065/1120SI tax return based on the information you provided. The 2015 return for NEW ERA REHABILITATION CENTER INC. has been successfully e-filed and a copy is enclosed for NEW ERA REHABILITATION CENTER INC.'s records.

The 2015 Connecticut taxes have been paid in full.

If you have any questions about the return(s) or about NEW ERA REHABILITATION CENTER INC.'s tax situation during the year, please do not hesitate to call me at (718) 882-7500. I appreciate this opportunity to serve you.

Sincerely,

ANNCO CONSULTING LLC, CERTIFIED PUBLIC ACCOUNTANT

**Federal
Tax Return**

NEW ERA REHABILITATION CENTER INC.

2015

ANNCO CONSULTING LLC, CERTIFIED PUBLIC ACCOUNTANT
4634 WHITE PLAINS ROAD
BRONX, NY 10470
Phone: (718) 882-7500
Fax: (718) 708-4157
INFO@ANNCOCONSULTING.COM

U.S. Income Tax Return for an S Corporation

2015

Department of the Treasury
Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2015 or tax year beginning _____, ending _____

| | | | |
|---|--|--|---|
| A Selection effective date 3/2/2002 | TYPE OR PRINT | Name NEW ERA REHABILITATION CENTER INC. | D Employer identification number 02-0596949 |
| B Business activity code number (see instructions) 621498 | | Number, street, and room or suite no. If a P.O. box, see instructions. 3715 MAIN STREET | E Date incorporated 3/2/2002 |
| C Check if Sch. M-3 attached <input type="checkbox"/> | | City or town State ZIP code BRIDGEPORT CT 06606 | F Total assets (see instructions) 1,746,642 |
| | | Foreign country name Foreign province/state/county Foreign postal code | |

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No. If Yes, attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) Selection termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year 2

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

| | | | | |
|---|---|------------|-----------|-----------|
| Income | 1a Gross receipts or sales | 1a | 3,479,835 | |
| | b Returns and allowances | 1b | 528 | |
| | c Balance. Subtract line 1b from line 1a | 1c | | 3,479,307 |
| | 2 Cost of goods sold (attach Form 1125-A) | 2 | | |
| | 3 Gross profit. Subtract line 2 from line 1c | 3 | | 3,479,307 |
| | 4 Net gain (loss) from Form 4797, line 17 (attach Form 4797) | 4 | | |
| 5 Other income (loss) (see instructions—attach statement) | 5 | | | |
| 6 Total income (loss). Add lines 3 through 5 | 6 | | 3,479,307 | |
| Deductions (see instructions for limitations) | 7 Compensation of officers (see instructions—attach Form 1125-E) | 7 | | 579,377 |
| | 8 Salaries and wages (less employment credits) | 8 | | 1,516,611 |
| | 9 Repairs and maintenance | 9 | | 37,925 |
| | 10 Bad debts | 10 | | |
| | 11 Rents | 11 | | 296,312 |
| | 12 Taxes and licenses | 12 | | 147,145 |
| | 13 Interest | 13 | | 22,523 |
| | 14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | 14 | | 7,449 |
| | 15 Depletion (Do not deduct oil and gas depletion.) | 15 | | |
| | 16 Advertising | 16 | | 2,000 |
| | 17 Pension, profit-sharing, etc., plans | 17 | | |
| | 18 Employee benefit programs | 18 | | 59,621 |
| | 19 Other deductions (attach statement) | 19 | | 988,615 |
| | 20 Total deductions. Add lines 7 through 19 | 20 | | 3,657,578 |
| | 21 Ordinary business income (loss). Subtract line 20 from line 6 | 21 | | -178,271 |
| Tax and Payments | 22a Excess net passive income or LIFO recapture tax (see instructions) | 22a | | |
| | b Tax from Schedule D (Form 1120S) | 22b | | |
| | c Add lines 22a and 22b (see instructions for additional taxes) | 22c | | 0 |
| | 23a 2015 estimated tax payments and 2014 overpayment credited to 2015 | 23a | | |
| | b Tax deposited with Form 7004 | 23b | | |
| | c Credit for federal tax paid on fuels (attach Form 4136) | 23c | | |
| | d Add lines 23a through 23c | 23d | | 0 |
| 24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 24 | | | |
| 25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed | 25 | | 0 | |
| 26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid | 26 | | 0 | |
| 27 Enter amount from line 26 credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 27 | | 0 | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

| | | | | |
|--|--------------------------|-----------------------------|---|--------------------|
| Print/Type preparer's name ANIKE BOLARINWA | Preparer's signature | Date 5/11/2016 | Check <input type="checkbox"/> if self-employed | PTIN [REDACTED] |
| Firm's name ANNCO CONSULTING LLC, CERTIFIED PUBLIC ACCOUNTANT | Firm's EIN [REDACTED] | Phone no. (718) 882-7500 | ZIP code 10470 | |
| Firm's address 4634 WHITE PLAINS ROAD | City BRONX | State NY | | |

Schedule B Other Information (see instructions)

- 1 Check accounting method: a Cash b Accrual
 c Other (specify) _____
- 2 See the instructions and enter the:
 a Business activity REHAB CENTER b Product or service MEDICAL HELP
- 3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation
- 4 At the end of the tax year, did the corporation:
 a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

| Yes | No |
|-----|----|
| | |
| | X |
| | |
| | X |

| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage of Stock Owned | (v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made |
|-------------------------|--|--------------------------------|--------------------------------|--|
| | | | | |
| | | | | |
| | | | | |

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Maximum Percentage Owned in Profit, Loss, or Capital |
|--------------------|--|----------------------|------------------------------|--|
| | | | | |
| | | | | |
| | | | | |

- 5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?
 If "Yes," complete lines (i) and (ii) below.
 (i) Total shares of restricted stock
 (ii) Total shares of non-restricted stock
- b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?
 If "Yes," complete lines (i) and (ii) below.
 (i) Total shares of stock outstanding at the end of the tax year
 (ii) Total shares of stock outstanding if all instruments were executed
- 6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?
- 7 Check this box if the corporation issued publicly offered debt instruments with original issue discount
 If checked, the corporation may have to file Form 8284, Information Return for Publicly Offered Original Issue Discount Instruments.
- 8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) \$ _____
- 9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____
- 10 Does the corporation satisfy both of the following conditions?
 a The corporation's total receipts (see instructions) for the tax year were less than \$250,000
 b The corporation's total assets at the end of the tax year were less than \$250,000
 If "Yes," the corporation is not required to complete Schedules L and M-1.
- 11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?
 If "Yes," enter the amount of principal reduction \$ _____
- 12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions
- 13 a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?
 b If "Yes," did the corporation file or will it file required Forms 1099?

| Yes | No |
|-----|----|
| | X |
| | |
| | X |
| | |
| | X |
| | |
| | X |
| | |
| | X |
| X | |
| | X |

| Schedule K Shareholders' Pro Rata Share Items | | Total amount | |
|--|--|--------------|----------|
| Income (Loss) | 1 Ordinary business income (loss) (page 1, line 21) | 1 | -178,271 |
| | 2 Net rental real estate income (loss) (attach Form 8825) | 2 | |
| | 3a Other gross rental income (loss) | 3a | |
| | b Expenses from other rental activities (attach statement) | 3b | |
| | c Other net rental income (loss). Subtract line 3b from line 3a | 3c | 0 |
| | 4 Interest income | 4 | |
| | 5 Dividends: a Ordinary dividends | 5a | |
| | b Qualified dividends | 5b | |
| | 6 Royalties | 6 | |
| | 7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) | 7 | |
| Deductions | 8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) | 8a | |
| | b Collectibles (28%) gain (loss) | 8b | |
| | c Unrecaptured section 1250 gain (attach statement) | 8c | |
| | 9 Net section 1231 gain (loss) (attach Form 4797) | 9 | |
| 10 Other income (loss) (see instructions) Type ▶ | 10 | | |
| Deductions | 11 Section 179 deduction (attach Form 4562) | 11 | |
| | 12a Charitable contributions | 12a | 200 |
| | b Investment interest expense | 12b | |
| | c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶ | 12c(2) | |
| d Other deductions (see instructions) Type ▶ | 12d | | |
| Credits | 13a Low-income housing credit (section 42(j)(5)) | 13a | |
| | b Low-income housing credit (other) | 13b | |
| | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) | 13c | |
| | d Other rental real estate credits (see instructions) Type ▶ | 13d | |
| | e Other rental credits (see instructions) Type ▶ | 13e | |
| | f Biofuel producer credit (attach Form 6478) | 13f | |
| | g Other credits (see instructions) Type ▶ | 13g | |
| Foreign Transactions | 14a Name of country or U.S. possession ▶ | | |
| | b Gross income from all sources | 14b | |
| | c Gross income sourced at shareholder level | 14c | |
| | Foreign gross income sourced at corporate level | | |
| | d Passive category | 14d | |
| | e General category | 14e | |
| | f Other (attach statement) | 14f | |
| | Deductions allocated and apportioned at shareholder level | | |
| | g Interest expense | 14g | |
| | h Other | 14h | |
| | Deductions allocated and apportioned at corporate level to foreign source income | | |
| | i Passive category | 14i | |
| | j General category | 14j | |
| | k Other (attach statement) | 14k | |
| Other information | | | |
| l Total foreign taxes (check one) <input type="checkbox"/> Paid <input type="checkbox"/> Accrued | 14l | | |
| m Reduction in taxes available for credit (attach statement) | 14m | | |
| n Other foreign tax information (attach statement) | | | |
| Alternative Minimum Tax (AMT) Items | 15a Post-1986 depreciation adjustment | 15a | |
| | b Adjusted gain or loss | 15b | |
| | c Depletion (other than oil and gas) | 15c | |
| | d Oil, gas, and geothermal properties—gross income | 15d | |
| | e Oil, gas, and geothermal properties—deductions | 15e | |
| | f Other AMT items (attach statement) | 15f | |
| Items Affecting Shareholder Basis | 16a Tax-exempt interest income | 16a | |
| | b Other tax-exempt income | 16b | |
| | c Nondeductible expenses | 16c | 34 |
| | d Distributions (attach statement if required) (see instructions) | 16d | |
| | e Repayment of loans from shareholders | 16e | |

| Schedule K | | Shareholders' Pro Rata Share Items (continued) | Total amount | |
|-------------------|-----|---|--------------|----------|
| Other Information | 17a | Investment income | 17a | |
| | b | Investment expenses | 17b | |
| | c | Dividend distributions paid from accumulated earnings and profits | 17c | |
| | d | Other items and amounts (attach statement) | | |
| Reconciliation | 18 | Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l | 18 | -178,471 |

| Schedule L | | Balance Sheets per Books | | Beginning of tax year | | End of tax year | |
|--------------------------------------|--|--------------------------|-----------|-----------------------|-----------|-----------------|--|
| Assets | | (a) | (b) | (c) | (d) | | |
| 1 | Cash | | 56,595 | | 77,983 | | |
| 2a | Trade notes and accounts receivable | | | | | | |
| b | Less allowance for bad debts | | 0 | | 0 | | |
| 3 | Inventories | | 23,873 | | 23,873 | | |
| 4 | U.S. government obligations | | | | | | |
| 5 | Tax-exempt securities (see instructions) | | | | | | |
| 6 | Other current assets (attach statement) | | | | | | |
| 7 | Loans to shareholders | | | | | | |
| 8 | Mortgage and real estate loans | | | | | | |
| 9 | Other investments (attach statement) | | | | | | |
| 10a | Buildings and other depreciable assets | 599,304 | | 599,304 | | | |
| b | Less accumulated depreciation | 552,493 | 46,811 | 559,942 | 39,362 | | |
| 11a | Depletable assets | | | | | | |
| b | Less accumulated depletion | | 0 | | 0 | | |
| 12 | Land (net of any amortization) | | | | | | |
| 13a | Intangible assets (amortizable only) | 2,974,042 | | 2,974,042 | | | |
| b | Less accumulated amortization | 1,073,469 | 1,900,573 | 1,368,618 | 1,605,424 | | |
| 14 | Other assets (attach statement) | | | | | | |
| 15 | Total assets | | 2,027,852 | | 1,746,642 | | |
| Liabilities and Shareholders' Equity | | | | | | | |
| 16 | Accounts payable | | | | | | |
| 17 | Mortgages, notes, bonds payable in less than 1 year | | 337,300 | | 234,595 | | |
| 18 | Other current liabilities (attach statement) | | | | | | |
| 19 | Loans from shareholders | | | | | | |
| 20 | Mortgages, notes, bonds payable in 1 year or more | | | | | | |
| 21 | Other liabilities (attach statement) | | | | | | |
| 22 | Capital stock | | 1,012,462 | | 1,012,462 | | |
| 23 | Additional paid-in capital | | | | | | |
| 24 | Retained earnings | | 678,090 | | 499,585 | | |
| 25 | Adjustments to shareholders' equity (attach statement) | | | | | | |
| 26 | Less cost of treasury stock | | | | | | |
| 27 | Total liabilities and shareholders' equity | | 2,027,852 | | 1,746,642 | | |

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

| | | | | | |
|---|---|----------|---|---|----------|
| 1 | Net income (loss) per books | -178,505 | 5 | Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): | |
| 2 | Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): | | a | Tax-exempt interest \$ | 0 |
| 3 | Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): | | 6 | Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): | |
| a | Depreciation \$ | | a | Depreciation \$ | 0 |
| b | Travel and entertainment \$ 34 | | 7 | Add lines 5 and 6 | 0 |
| | | 34 | 8 | Income (loss) (Schedule K, line 16). Line 4 less line 7 | -178,471 |
| 4 | Add lines 1 through 3 | -178,471 | | | |

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

| | (a) Accumulated adjustments account | (b) Other adjustments account | (c) Shareholders' undistributed taxable income previously taxed |
|---|---|-------------------------------|---|
| 1 | Balance at beginning of tax year | 678,090 | |
| 2 | Ordinary income from page 1, line 21 | | |
| 3 | Other additions | | |
| 4 | Loss from page 1, line 21 | -178,271 | |
| 5 | Other reductions | 234 | |
| 6 | Combine lines 1 through 5 | 499,585 | 0 |
| 7 | Distributions other than dividend distributions | | |
| 8 | Balance at end of tax year. Subtract line 7 from line 6 | 499,585 | 0 |

CLIENT

NEW ERA REHABILITATION CENTER INC.
3715 MAIN STREET
BRIDGEPORT, CT 06606

May 11, 2016

EBENEZER KOLADE
38 CRAWFORD ROAD
WESTPORT, CT 06880

RE: NEW ERA REHABILITATION CENTER INC.
02-0596949

Enclosed is your current year Schedule K-1 (Form 1120S) for the above-referenced account. The amounts shown are your distributive share of the S corporation's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocation of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the S corporation.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

NEW ERA REHABILITATION CENTER INC.

Schedule K-1 (Form 1120S) Department of the Treasury Internal Revenue Service

2015

For calendar year 2015, or tax year beginning _____, 2015 ending _____, 20_____

Shareholder's Share of Income, Deductions, Credits, etc. See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number 02-0596949
B Corporation's name, address, city, state, and ZIP code NEW ERA REHABILITATION CENTER INC. 3715 MAIN STREET BRIDGEPORT, CT 06606
C IRS Center where corporation filed return e-file

Part II Information About the Shareholder

D Shareholder's identifying number Shareholder: 1
E Shareholder's name, address, city, state, and ZIP code EBENEZER KOLADE 38 CRAWFORD ROAD WESTPORT, CT 06880
F Shareholder's percentage of stock ownership for tax year 50.000000%

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Other information. Includes rows for Ordinary business income (loss), Net rental real estate income (loss), Credits, Dividends, Royalties, Capital gains, Deductions, and Other information.

For IRS Use Only

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* See attached statement for additional information.

K-1 Statement (Sch K-1, Form 1120S)

Line 12 - Deductions

A Code A - Cash contributions (50%) A 100

Line 16 - Items affecting shareholder basis

C Code C - Nondeductible expenses C 17

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NEW ERA REHABILITATION CENTER INC.
3715 MAIN STREET
BRIDGEPORT, CT 06606

May 11, 2016

CHRISTINA KOLADE
38 CRAWFORD ROAD
WESTPORT, CT 06880

RE: NEW ERA REHABILITATION CENTER INC.
02-0596949

Enclosed is your current year Schedule K-1 (Form 1120S) for the above-referenced account. The amounts shown are your distributive share of the S corporation's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocation of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the S corporation.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

NEW ERA REHABILITATION CENTER INC.

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

2015

For calendar year 2015, or tax
year beginning _____, 2015
ending _____, 20

Shareholder's Share of Income, Deductions,
Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
02-0596949

B Corporation's name, address, city, state, and ZIP code
NEW ERA REHABILITATION CENTER INC.
3715 MAIN STREET
BRIDGEPORT, CT 06606

C IRS Center where corporation filed return
e-file

Part II Information About the Shareholder

D Shareholder's identifying number: Shareholder: 2

E Shareholder's name, address, city, state, and ZIP code
CHRISTINA KOLADE
38 CRAWFORD ROAD
WESTPORT, CT 06880

F Shareholder's percentage of stock
ownership for tax year 60.000000%

For IRS Use Only

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Final K-1 Amended K-1

671113
OMB No. 1545-0123

Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items

| | | | |
|----|--------------------------------------|-----|-------------------------------------|
| 1 | Ordinary business income (loss) | 13 | Credits |
| | -89,136 | | |
| 2 | Net rental real estate income (loss) | | |
| 3 | Other net rental income (loss) | | |
| 4 | Interest income | | |
| 5a | Ordinary dividends | | |
| 5b | Qualified dividends | 14 | Foreign transactions |
| 6 | Royalties | | |
| 7 | Net short-term capital gain (loss) | | |
| 8a | Net long-term capital gain (loss) | | |
| 8b | Collectible short-term gain (loss) | | |
| 9 | Unrecaptured section 1250 gain | | |
| 9 | Net section 1231 gain (loss) | | |
| 10 | Other income (loss) | 15 | Alternative minimum tax (AMT) items |
| 11 | Section 179 deduction | 16 | Items affecting shareholder basis |
| 12 | Other deductions | C | 17 |
| A | | 100 | |
| | | | |
| | | | |
| | | 17 | Other information |

* See attached statement for additional information.

K-1 Statement (Sch K-1, Form 1120S)

Line 12 - Deductions

A Code A - Cash contributions (50%) A 100

Line 16 - Items affecting shareholder basis

C Code C - Nondeductible expenses C 17

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Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment
Sequence No. **179**

| | | |
|--|--|---|
| Name(s) shown on return NEW ERA REHABILITATION CENTER INC. | Business or activity to which this form relates 1120S - REHAB CENTER | Identifying number 02-0596949 |
|--|--|---|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|---|------------------------------|------------------|
| 1 Maximum amount (see instructions) | 1 | |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0 |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 0 |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | 0 |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | 0 |
| 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562. | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | 0 |
| 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 | 13 | 0 |

Note: Do not use Part II or Part III below for listed property. Instead, use Part IV.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | |
|--|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

| | |
|---|----------|
| Section A | |
| 17 MACRS deductions for assets placed in service in tax years beginning before 2015 | 17 3,495 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

| | | | | | |
|-----------------|--|--|---------|----|-----|
| 20 a Class life | | | | | |
| b 12-year | | | 12 yrs. | | S/L |
| c 40-year | | | 40 yrs. | MM | S/L |

Part IV Summary (See instructions.)

| | | |
|---|----|-------|
| 21 Listed property. Enter amount from line 28 | 21 | 3,954 |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 7,449 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| 24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
|---|----------------------------------|--|----------------------------|--|--|------------------------------|----------------------------------|------------------------------------|---|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | |
| VEHICLES | 1/20/2012 | 100.00% | 80,000 | 34,320 | 5 | 200DB - HY | 3,954 | | |
| VEHICLES - OLD | 1/1/2006 | 100.00% | 20,000 | 20,000 | 5 | 200DB - HY | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | |
| | | % | | | | S/L | | | |
| | | % | | | | S/L | | | |
| | | % | | | | S/L - | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | 3,954 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 | 0 |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner" or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| | Yes | No |
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year | |
|--|------------------------------------|---------------------------|---------------------|--|-----------------------------------|---------|
| 42 Amortization of costs that begins during your 2015 tax year (see instructions): | | | | | | |
| | | | | | | |
| 43 Amortization of costs that began before your 2015 tax year | | | | | 43 | 295,149 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 | 295,149 |

Line 19 (1120S) - Other Deductions

| | | | |
|----|---|-------|------------|
| 1 | Travel, Meals and Entertainment | | |
| | a Travel | | 1a 17,282 |
| | b Meals and entertainment, subject to 50% limit | 1b 67 | |
| | c Meals and entertainment, subject to 80% limit (DOT) | 1c | |
| | d Less disallowed | 1d 34 | |
| | e Subtract line d from lines b and c | | 1e 33 |
| 2 | From Form 4562 - Amortization | | 2 295,149 |
| 3 | Automobile and truck expenses | | 3 562 |
| 4 | Bank charges | | 4 4,682 |
| 5 | Consulting fees | | 5 109,968 |
| 6 | Dues and subscriptions | | 6 6,382 |
| 7 | Insurance | | 7 92,831 |
| 8 | Janitorial | | 8 5,274 |
| 9 | Legal and professional fees | | 9 59,652 |
| 10 | Maintenance | | 10 45,731 |
| 11 | Miscellaneous | | 11 2,094 |
| 12 | Office expenses | | 12 35,395 |
| 13 | Postage | | 13 231 |
| 14 | Printing | | 14 715 |
| 15 | Security | | 15 11,134 |
| 16 | Supplies | | 16 166,372 |
| 17 | Telephone | | 17 11,613 |
| 18 | Utilities | | 18 45,173 |
| 19 | Staff training | | 19 2,094 |
| 20 | Payroll processing fees | | 20 4,834 |
| 21 | Payroll expenses | | 21 2,106 |
| 22 | Laboratory fess | | 22 69,308 |
| 23 | Total other deductions | | 23 988,615 |

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Line 22a (1120S) - Excess Net Passive Income Tax

| | | | |
|----|---|----|---------|
| 1 | Enter gross receipts for the tax year (see section 1362(d)(3)(B) for gross receipts from the sale of capital assets)* | 1 | |
| 2 | Enter passive investment income as defined in section 1362(d)(3)(C)* | 2 | |
| 3 | Enter 25% of line 1 (If line 2 is less than line 3, stop here. You are not liable for this tax.) | 3 | 0 |
| 4 | Excess passive investment income - Subtract line 3 from line 2 | 4 | 0 |
| 5 | Enter deductions directly connected with the production of income on line 2 (see section 1375(b)(2))* | 5 | |
| 6 | Net passive income - Subtract line 5 from line 2 | 6 | 0 |
| 7 | Divide amount on line 4 by amount on line 2 | 7 | 0.0000% |
| 8 | Excess net passive income - Multiply line 6 by line 7 | 8 | 0 |
| 9 | Enter taxable income (see instructions for taxable income below) | 9 | 0 |
| 10 | Enter smaller of line 8 or line 9 | 10 | 0 |
| 11 | Excess net passive income tax - Enter 35% of line 10 | 11 | 0 |

*Income and deductions on lines 1, 2, and 5 are from total operations for the tax year. This includes applicable income and expenses from page 1, Form 1120S, as well as those reported separately on Schedule K. See section 1375(b)(4) for an exception regarding lines 2 and 5.

Line 9 worksheet - Computation of Corporate Taxable Income - (1120 Computation)

Line 9 taxable income is defined in Regulations section 1.1374-1(d). Figure this income by completing lines 1 through 28 of Form 1120, U.S. Corporation Income Tax Return. Include the Form 1120 computation with the worksheet computation you attach to Form 1120S. You do not have to attach the schedules, etc., called for on Form 1120. However, you may want to complete certain Form 1120 schedules, such as Schedule D (Form 1120), if you have capital gains or losses.

Income

| | | | |
|----|---|----|-----------|
| 1 | Gross receipts or sales (less returns and allowances) | 1 | 3,479,307 |
| 2 | Cost of goods sold (from 1125-A) | 2 | 0 |
| 3 | Gross profit. Subtract line 2 from line 1 | 3 | 3,479,307 |
| 4 | Dividends | 4 | 0 |
| 5 | Interest | 5 | 0 |
| 6 | Gross rents | 6 | 0 |
| 7 | Gross royalties | 7 | 0 |
| 8 | Capital gain net income (Schedule D (Form 1120)) | 8 | 0 |
| 9 | Net gain or (loss) from Form 4797, Part II, line 17 | 9 | 0 |
| 10 | Other income | 10 | 0 |
| 11 | Total income. Add lines 3 through 10 | 11 | 3,479,307 |

Deductions

| | | | |
|-----|---|-----|-----------|
| 12 | Compensation of officers | 12 | 579,377 |
| 13 | Salaries and wages (less employment credits) | 13 | 1,516,611 |
| 14 | Repairs and maintenance | 14 | 37,925 |
| 15 | Bad debts | 15 | 0 |
| 16 | Rents | 16 | 296,312 |
| 17 | Taxes and licenses | 17 | 147,145 |
| 18 | Interest | 18 | 22,523 |
| 19 | Charitable contributions (see instructions for 10% limitation) | 19 | 0 |
| 20a | Depreciation (from Form 4562) | 20a | 7,449 |
| 20b | Less depreciation claimed elsewhere | 20b | 0 |
| 20c | | 20c | 7,449 |
| 21 | Depletion | 21 | 0 |
| 22 | Advertising | 22 | 2,000 |
| 23 | Pension, profit-sharing, etc. plans | 23 | 0 |
| 24 | Employee benefit programs | 24 | 59,621 |
| 25 | Domestic production activities deduction | 25 | |
| 26 | Other deductions | 26 | 988,615 |
| 27 | Total deductions. Add lines 12 through 26 | 27 | 3,657,578 |
| 28 | Taxable income for line 9 of the Excess Net Passive Income Tax. Subtract line 27 from line 11 | 28 | -178,271 |

Line 22c (1120S) - Additional Taxes

This return MUST be filed electronically!
DO NOT MAIL paper return to DRS.

Department of Revenue Services
State of Connecticut
(Rev. 01/16)

Form CT-1065/CT-1120SI

CT-1065/CT-1120SI

Connecticut Composite Income Tax Return

2015

Complete this form in blue or black ink only. See instructions before completing this return.

Visit www.ct.gov/TSC to file and pay this return electronically.

For calendar year 2015, or other taxable year beginning _____, 2015, and ending _____

| | | | |
|--|-------------|-------------------|--|
| Name of pass-through entity (PE) ▶ NEW ERA REHABILITATION CENTER INC. | | | Federal Employer ID Number (FEIN) 02-0596949 |
| Number and street ▶ 3715 MAIN STREET | | PO Box | DRS use only - - 20 |
| City or town ▶ BRIDGEPORT | State CT | ZIP code 06606 | Connecticut Tax Registration Number 0000554-000 |

Type of PE ▶ Electing large partnership (ELP) ▶ General partnership (GP) ▶ S corporation
▶ Limited liability partnership (LLP) ▶ Limited partnership (LP) ▶ Partnership (LLC treated as a partnership)

Pass-Through Entity Information

Complete this section first and then complete Part I, Schedule C.

A. Check here if Final return (out of business in Connecticut) Date of dissolution: _____
 Amended return Short period return Explanation: _____

B. Change of address. See instructions, Page 16.

C. Total number of noncorporate members as of the close of the PE's taxable year:
 Resident (RI, RE, RT) ▶ 2 Nonresident (NI, NE, NT, PE) ▶ 0

D. Enter the six-digit Business Code Number from federal Form 1065 or federal Form 1120S.
 Business Code Number ▶ 621498

E. Date business began: 3/2/2002 Date business began in Connecticut: 3/2/2003

F. Does this PE own, directly or indirectly, an interest in Connecticut real property? If the answer to this question is Yes, and either answer to Item G or H is Yes, provide a listing of all Connecticut real property owned. Yes No

G. Was a controlling interest in this PE transferred? If Yes, enter transferor name and Social Security Number (SSN) or FEIN, transferee name, and date of transfer below. Yes No
 Transferor name: _____ SSN or FEIN: _____
 Transferee name: _____ Date of transfer: _____

H. Did this PE transfer a controlling interest in an entity that owns, directly or indirectly, an interest in Connecticut real property? If Yes, enter name and FEIN, transferee name, and date of transfer below. Yes No
 Name: _____ FEIN: _____
 Transferee name: _____ Date of transfer: _____

You are required to file this form and remit payments electronically. See instructions.

Part I Schedule A -- PE Computation of Composite Tax Due

| | | |
|---|-----|------|
| 1. Total Connecticut-sourced income included in composite return from Part I, Schedule B, Line 10, Column C. | 1. | 0 00 |
| 2. Multiply Line 1 by 6.99% (.0699). | 2. | 0 00 |
| 3. Members' credits from Part II, Schedule B, Line 12, Column E. | 3. | 0 00 |
| 4. Tax liability: Subtract Line 3 from Line 2. | 4. | 0 00 |
| 5. Payment made with Form CT-1065/CT-1120SI EXT. | 5. | 0 00 |
| 6. Parent PE only: Enter amount from Part I, Schedule D, Line 10, Column C. | 6. | 0 00 |
| 7. Add Line 5 and Line 6. | 7. | 0 00 |
| 8. Amount to be refunded to PE. If Line 7 is more than Line 4, subtract Line 4 from Line 7. For faster refund, use Direct Deposit by completing Lines 8a, 8b, and 8c. | 8. | 0 00 |
| 8a. Checking <input type="checkbox"/> Savings <input type="checkbox"/> 8b. Routing number ▶ _____ | | |
| 8c. Account number ▶ _____ 8d. Will this refund go to a bank account outside the U.S.? <input type="checkbox"/> Yes | | |
| 9. Amount of tax owed: If Line 4 is more than Line 7, subtract Line 7 from Line 4. | 9. | 0 00 |
| 10. If late, enter penalty. See instructions. | 10. | 0 00 |
| 11. If late, enter interest. Multiply the amount on Line 9 by 1% (.01). Multiply the result by the number of months or fraction of a month late. | 11. | 0 00 |
| 12. Balance due with this return: Add Lines 9 through 11. | 12. | 0 00 |

Partnership: Attach a complete copy of federal Form 1065 (excluding federal K-1s).

S corporation: Attach a complete copy of federal Form 1120S (excluding federal K-1s).

For a faster refund, choose direct deposit (Lines 8a - 8c).

Part I Schedule B – PE Member Composite Return Attach supplemental attachment(s), if needed.

| Column A Member # From Part IV | Column B Identification Number See instructions. | Column C Connecticut-Sourced Income See instructions. | Column D Multiply Column C by 6.99% (0.0699) | Column E Members' Credit Schedule CT K-1, Part IV, Line 5, Col. B | Column F Connecticut Income Tax Liability Column D minus Column E |
|---|--|---|--|--|---|
| 1. | ▶ | ▶ | 00 | ▶ | 00 |
| 2. | ▶ | ▶ | 00 | ▶ | 00 |
| 3. | ▶ | ▶ | 00 | ▶ | 00 |
| 4. | ▶ | ▶ | 00 | ▶ | 00 |
| 5. | ▶ | ▶ | 00 | ▶ | 00 |
| 6. | ▶ | ▶ | 00 | ▶ | 00 |
| 7. | ▶ | ▶ | 00 | ▶ | 00 |
| 8. | ▶ | ▶ | 00 | ▶ | 00 |
| 9. Subtotal(s) from supplemental attachment(s) | | 0 00 | 0 00 | 0 00 | 0 00 |
| 10. Add Lines 1 through 9, Column C. Enter amount here and on Part I, Schedule A, Line 1. | | 0 00 | | | |
| 11. Add Lines 1 through 9, Column D. | | | 0 00 | | |
| 12. Add Lines 1 through 9, Column E. Enter amount here and on Part I, Schedule A, Line 3. | | | | 0 00 | |
| 13. Total composite return tax liability. Add Lines 1 through 9, Column F. | | | | | 0 00 |

Part I Schedule C – Federal Schedule K Information (Form 1065 or Form 1120S)

| All PEs must complete this schedule. | | Column A Amounts Reported by This PE on Federal Schedule K | Column B Amount From Subsidiary PE(s) | Column C Column A minus Column B |
|--|-------|---|---|--|
| 1. Ordinary business income (loss) | 1. ▶ | 178,271 00 | ▶ 0 00 | -178,271 00 |
| 2. Net rental real estate income (loss) | 2. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 3. Other net rental income (loss) | 3. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 4. Guaranteed payments | 4. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 5. Interest income | 5. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 6a. Ordinary dividends | 6a. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 6b. Qualified dividends | 6b. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 7. Royalties | 7. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 8. Net short-term capital gain (loss) | 8. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 9a. Net long-term capital gain (loss) | 9a. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 9b. Collectibles (28%) gain (loss) | 9b. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 9c. Unrecaptured section 1250 gain | 9c. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 10. Net section 1231 gain (loss) | 10. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 11. Other income (loss): Attach statement. | 11. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 12. Section 179 deduction | 12. ▶ | 0 00 | ▶ 0 00 | 0 00 |
| 13. Other deductions: Attach statement. | 13. ▶ | 200 00 | ▶ 0 00 | 200 00 |

Part I Schedule D – Connecticut-Sourced Income From Subsidiary PE(s) Attach supplemental attachment(s), if needed.

Only a parent PE must complete this schedule.

- Refer to federal Schedule K-1 and Schedule CT K-1 for amounts to enter in Columns A, B, and C.
- Amounts reported in Column B are subject to the passive activity limitations, at-risk limitations, and capital loss limitations.

| Name of Subsidiary PE | FEIN | Column A Amount Reported on Federal K-1 | Column B Amount From Connecticut Sources | Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1 |
|---|------|---|--|--|
| 1. ▶ | ▶ | ▶ | 0 00 | ▶ 0 00 |
| 2. ▶ | ▶ | ▶ | 0 00 | ▶ 0 00 |
| 3. ▶ | ▶ | ▶ | 0 00 | ▶ 0 00 |
| 4. ▶ | ▶ | ▶ | 0 00 | ▶ 0 00 |
| 5. ▶ | ▶ | ▶ | 0 00 | ▶ 0 00 |
| 6. ▶ | ▶ | ▶ | 0 00 | ▶ 0 00 |
| 7. ▶ | ▶ | ▶ | 0 00 | ▶ 0 00 |
| 8. ▶ | ▶ | ▶ | 0 00 | ▶ 0 00 |
| 9. Subtotal(s) from supplemental attachment(s) | | 0 00 | 0 00 | 0 00 |
| 10. Add Lines 1 through 9, Column C. Enter amount here and on Part I, Schedule A, Line 6. | | | | 0 00 |

Part II – Allocation and Apportionment of Income

Complete only if all of the following apply:

- There are one or more nonresident noncorporate members or one or more members that are PEs;
- The PE carries on business both within and outside Connecticut; and
- The PE does not maintain books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources.

| | Column A Totals Everywhere | Column B Connecticut Only | Column C Fraction Enter as a decimal |
|---|-------------------------------|------------------------------|--|
| 1. Real property owned | 0 00 | 0 00 | Divide Column B by Column A |
| 2. Real property rented from others | 0 00 | 0 00 | |
| 3. Tangible personal property owned or rented | 0 00 | 0 00 | |
| 4. Property owned or rented: Add Lines 1, 2, and 3. | 0 00 | 0 00 | 0.000000 |
| 5. Employee wages and salaries | 0 00 | 0 00 | 0.000000 |
| 6. Gross income from sales and services | 0 00 | 0 00 | 0.000000 |
| 7. Total: Add Lines 4, 5, and 6, Column C. | | | 0.000000 |
| 8. Apportionment fraction: Divide Line 7 by three or actual number of fractions. | | | 0.000000 |

Part III Place(s) of Business Attach supplemental attachment(s), if needed.

Complete only if the PE carries on business both within and outside Connecticut.

| Location | Description | Owned or Rented to PE | Activity |
|----------|-------------|-----------------------|----------|
| | | | |
| | | | |
| | | | |

Part IV – Member Information Attach supplemental attachment(s), if needed.

| Member # | Member Name and Address <small>See instructions for order in which to list and for member type codes</small> | Member Type Code | FEIN or SSN | Profit Sharing % <small>Enter as a decimal.</small> | Loss Sharing % <small>Enter as a decimal.</small> | Capital Ownership % <small>Enter as a decimal.</small> |
|----------|---|------------------|-------------|--|--|---|
| 1 | EBENEZER KOLADE 38 CRAWFORD ROAD WESTPORT, CT 06880 | RI | | | | 50.0000% |
| 2 | CHRISTINA KOLADE 38 CRAWFORD ROAD WESTPORT, CT 06880 | RI | | | | 50.0000% |
| | | | | | | |
| | | | | | | |

Part V – Member's Share of Connecticut Modifications Attach supplemental attachment(s), if needed.

| | Member # 1 | Member # 2 | Member # | Totals for All Members |
|---|------------|------------|----------|------------------------|
| Additions: Enter all amounts as positive numbers. | | | | |
| 1. Interest on state and local government obligations other than Connecticut. | 0 00 | 0 00 | 00 | 0 00 |
| 2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations. | 0 00 | 0 00 | 00 | 0 00 |
| 3. Certain deductions relating to income exempt from Connecticut income tax. | 0 00 | 0 00 | 00 | 0 00 |
| 4. Reserved for future use | | | | |
| 5. Other - specify: | 0 00 | 0 00 | 00 | 0 00 |
| Subtractions: Enter all amounts as positive numbers. | | | | |
| 6. Interest on U.S. government obligations | 0 00 | 0 00 | 00 | 0 00 |
| 7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations. | 0 00 | 0 00 | 00 | 0 00 |
| 8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax. | 0 00 | 0 00 | 00 | 0 00 |
| 9. Reserved for future use | | | | |
| 10. Other - specify: | 0 00 | 0 00 | 00 | 0 00 |

Part VI – Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S.
 Include member's share of Connecticut modifications from Part V.
 Attach supplemental attachment(s), if needed.

| | Member # | Member # | Member # | Totals for All Members |
|--|----------|----------|----------|------------------------|
| 1. Ordinary business income (loss) | 1. ▶ | 00 ▶ | 00 ▶ | 00 |
| 2. Net rental real estate income (loss) | 2. ▶ | 00 ▶ | 00 ▶ | 00 |
| 3. Other net rental income (loss) | 3. ▶ | 00 ▶ | 00 ▶ | 00 |
| 4. Guaranteed payments | 4. ▶ | 00 ▶ | 00 ▶ | 00 |
| 5. Interest income | 5. ▶ | 00 ▶ | 00 ▶ | 00 |
| 6a. Ordinary dividends | 6a. ▶ | 00 ▶ | 00 ▶ | 00 |
| 6b. Qualified dividends | 6b. ▶ | 00 ▶ | 00 ▶ | 00 |
| 7. Royalties | 7. ▶ | 00 ▶ | 00 ▶ | 00 |
| 8. Net short-term capital gain (loss) | 8. ▶ | 00 ▶ | 00 ▶ | 00 |
| 9a. Net long-term capital gain (loss) | 9a. ▶ | 00 ▶ | 00 ▶ | 00 |
| 9b. Collectibles (28%) gain (loss) | 9b. ▶ | 00 ▶ | 00 ▶ | 00 |
| 9c. Unrecaptured section 1250 gain | 9c. ▶ | 00 ▶ | 00 ▶ | 00 |
| 10. Net section 1231 gain (loss) | 10. ▶ | 00 ▶ | 00 ▶ | 00 |
| 11. Other income (loss): Attach statement. | 11. ▶ | 00 ▶ | 00 ▶ | 00 |
| 12. Section 179 deduction | 12. ▶ | 00 ▶ | 00 ▶ | 00 |
| 13. Other deductions: Attach statement. | 13. ▶ | 00 ▶ | 00 ▶ | 00 |

Part VII – Connecticut Income Tax Credit Summary

Attach supplemental attachment(s), if needed.

| | Member # 1 | Member # 2 | Member # | Totals for All Members |
|---|------------|------------|----------|------------------------|
| 1. Reserved for future use | 1. ▶ | ▶ | ▶ | ▶ |
| 2. Job expansion tax credit | 2. ▶ | 0 00 ▶ | 0 00 ▶ | 0 00 |
| 3. Angel investor tax credit | 3. ▶ | 0 00 ▶ | 0 00 ▶ | 0 00 |
| 4. Insurance reinvestment fund tax credit | 4. ▶ | 0 00 ▶ | 0 00 ▶ | 0 00 |
| 5. Total credits: Add Lines 2 through 4. | 5. ▶ | 0 00 ▶ | 0 00 ▶ | 0 00 |

The PE must furnish Schedule CT K-1 to all members.

Visit the DRS website at www.ct.gov/TSC to use the Taxpayer Service Center (TSC) to file and pay this return electronically.

Paper returns may **only** be submitted by taxpayers who have been granted an electronic filing waiver from DRS or amended returns.

To pay by mail, make check payable to **Commissioner of Revenue Services**.

Mail return **with** payment to: Department of Revenue Services, State of Connecticut, PO Box 5019, Hartford CT 06102-5019.

Mail return **without** payment to: Department of Revenue Services, State of Connecticut, PO Box 2967, Hartford CT 06104-2967.

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| | | | |
|--|---|------------------|--|
| Sign Here | Signature of general partner or corporate officer | Date | May DRS contact the preparer shown below about this return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See instructions, Page 30.) |
| | Title | Telephone number | |
| Keep a copy of this return for your records. | Email address of general partner or corporate officer | | |
| | Paid preparer's signature | | Date |
| | Paid preparer's name (printed) | | Preparer's SSN or PTIN |
| | Firm's name and address | | Telephone number |

5/11/2016

ANIKE BOLARINWA

ANNCO CONSULTING LLC, CERTIFIED PUBLIC ACCOUNTANT

4634 WHITE PLAINS ROAD, BRONX, NY 10470

(718) 882-7500

Schedule CT K-1
Member's Share of Certain Connecticut Items

2015

For calendar year 2015 or other taxable year beginning _____, 2015, and ending _____, 20____.
 Complete in blue or black ink only.

| Pass-through entity (PE) information | | | Member information | | |
|--|---|---|--------------------|--|--|
| Federal Employer ID Number (FEIN) ▶ [REDACTED] | CT Tax Registration Number ▶ 0000554-000 | Member's Social Security Number (SSN) or FEIN ▶ <input checked="" type="checkbox"/> SSN ▶ <input type="checkbox"/> FEIN | | | |
| Name ▶ NEW ERA REHABILITATION CENTER INC. | | Name ▶ EBENEZER KOLADE Member: 1 | | | |
| Number and street address ▶ 3715 MAIN STREET | | Number and street address ▶ 38 CRAWFORD ROAD | | | |
| City or town ▶ BRIDGEPORT | State CT | ZIP code 06606 | | | |
| City or town ▶ WESTPORT | | State CT | | | |
| ZIP code 06680 | | | | | |
| Check the box if this is an amended or a final Schedule CT K-1. ▶ <input type="checkbox"/> Amended Schedule CT K-1 ▶ <input type="checkbox"/> Final Schedule CT K-1 | | | | | |
| Type of member (check one): ▶ <input checked="" type="checkbox"/> RI ▶ <input type="checkbox"/> RE ▶ <input type="checkbox"/> RT ▶ <input type="checkbox"/> PE ▶ <input type="checkbox"/> NI ▶ <input type="checkbox"/> NE ▶ <input type="checkbox"/> NT ▶ <input type="checkbox"/> CM | | | | | |

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

| Additions | No. | Amount | 00 |
|---|-----|--------|----|
| 1. Interest on state and local obligations other than Connecticut | 1. | 0 | 00 |
| 2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 2. | 0 | 00 |
| 3. Certain deductions relating to income exempt from Connecticut income tax | 3. | 0 | 00 |
| 4. Reserved for future use | 4. | | |
| 5. Other - specify | 5. | 0 | 00 |
| Subtractions Enter all amounts as positive numbers. | | | |
| 6. Interest on U.S. government obligations | 6. | 0 | 00 |
| 7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 7. | 0 | 00 |
| 8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax | 8. | 0 | 00 |
| 9. Reserved for future use | 9. | | |
| 10. Other - specify | 10. | 0 | 00 |

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

| Item | Column A | | Column B | |
|--|---------------------------|--------|--------------------------------------|--------|
| | From Federal Schedule K-1 | Amount | From Form CT-1065/CT-1120SI, Part VI | Amount |
| 1. Ordinary business income (loss) | 1. | 0 00 | ▶ | 0 00 |
| 2. Net rental real estate income (loss) | 2. | 0 00 | ▶ | 0 00 |
| 3. Other net rental income (loss) | 3. | 0 00 | ▶ | 0 00 |
| 4. Guaranteed payments | 4. | 0 00 | ▶ | 0 00 |
| 5. Interest income | 5. | 0 00 | ▶ | 0 00 |
| 6a. Ordinary dividends | 6a. | 0 00 | ▶ | 0 00 |
| 6b. Qualified dividends | 6b. | 0 00 | ▶ | 0 00 |
| 7. Royalties | 7. | 0 00 | ▶ | 0 00 |
| 8. Net short-term capital gain (loss) | 8. | 0 00 | ▶ | 0 00 |
| 9a. Net long-term capital gain (loss) | 9a. | 0 00 | ▶ | 0 00 |
| 9b. Collectibles 28% gain (loss) | 9b. | 0 00 | ▶ | 0 00 |
| 9c. Unrecaptured section 1250 gain | 9c. | 0 00 | ▶ | 0 00 |
| 10. Net section 1231 gain (loss) | 10. | 0 00 | ▶ | 0 00 |
| 11. Other income (loss): Attach statement. | 11. | 0 00 | ▶ | 0 00 |
| 12. Section 179 deduction | 12. | 0 00 | ▶ | 0 00 |
| 13. Other deductions: Attach statement. | 13. | 0 00 | ▶ | 0 00 |

Part III - Connecticut Income Tax Information

| | | | |
|---|----|---|----|
| 1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, Schedule B, Column F | 1. | 0 | 00 |
|---|----|---|----|



Part IV - Connecticut Income Tax Credit Summary

| | | Column A Total credit earned by member in 2015 (from Form CT-1065/CT-1120SI, Part VII) | Column B Credit allowed on behalf of member on composite return (amounts from worksheet below) |
|---|----|---|---|
| 1. Reserved for future use | 1. | | |
| 2. Job expansion tax credit | 2. | 0 00 | 0 00 |
| 3. Angel investor tax credit | 3. | 0 00 | 0 00 |
| 4. Insurance reinvestment fund tax credit | 4. | 0 00 | 0 00 |
| 5. Total credits: Add Lines 2 through 4. | 5. | 0 00 | 0 00 |

Income Tax Credit Worksheet

| Completed for nonresident, noncorporate, and PE members only | Column A Tax credit limitation | Column B 2015 credit amount earned (enter amounts from Part IV, Column A) | Column C Amount of credit applied to 2015 income tax liability |
|--|-----------------------------------|--|---|
| 1. Income tax liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part I, Schedule B, Column D. | 1. 0 00 | | |
| 2. Reserved for future use. | 2. | | |
| 3. Reserved for future use. | 3. | | |
| 4. Job expansion tax credit: Enter in Column C the lesser of Line 4, Column B, or Line 1, Column A. | | 0 00 | 0 00 |
| 5. Balance of income tax liability: Subtract Line 4, Column C from Line 1, Column A. If less than zero, enter "0." | 5. 0 00 | | |
| 6. Angel investor tax credit: Enter in Column C the lesser of Line 6, Column B, or Line 5, Column A. | | 0 00 | 0 00 |
| 7. Balance of income tax liability: Subtract Line 6, Column C from Line 5, Column A. If less than zero, enter "0." | 7. 0 00 | | |
| 8. Insurance reinvestment fund tax credit: Enter in Column C the lesser of Line 8, Column B, or Line 7, Column A. | | 0 00 | 0 00 |

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Form CT K-1T
Transmittal of Schedule CT K-1,
Member's Share of Certain Connecticut Items

2015

(Rev. 12/15)

For DRS use only
 - 20

Complete this form in blue or black ink only.

Pass-Through Entity Information

| | | | |
|--|--|--|-------------------|
| Federal Employer ID Number (FEIN) [REDACTED] | | CT Tax Registration Number [REDACTED] | |
| Pass-through entity name NEW ERA REHABILITATION CENTER INC. | | | |
| Number and street address 3715 MAIN STREET | | PO Box | |
| City or town BRIDGEPORT | | State CT | ZIP code 06606 |

Part I - Schedule CT K-1s Submitted

| | | |
|--|----|---|
| 1. Total number of Schedule CT K-1s submitted with this Form CT K-1T | 1. | 2 |
|--|----|---|

Part II - Number of Members

| | Column A Number of Members | Column B Ownership Percentage by Member Type |
|---------------------------------|-------------------------------|--|
| 1. Resident (RI, RT, RE) | 2 | 100.000000% |
| 2. Nonresident (NI, NT, NE, PE) | 0 | 0.000000% |
| 3. Corporate (CM) | 0 | 0.000000% |

Part III - Summary of Schedule CT K-1 Information

| | | |
|---|----|------|
| 1. Total Connecticut-sourced income (NI, NT, NE) | 1. | 0 00 |
| 2. Total Connecticut-sourced income (PE) | 2. | 0 00 |
| 3. Connecticut-sourced income: Amount from Form CT-1065/CT-1120SI, Part I, Schedule A, Line 1 | 3. | 0 00 |
| 4. Connecticut tax liability: Amount from Form CT-1065/CT-1120SI, Part I, Schedule A, Line 4 | 4. | 0 00 |

Part IV - Summary of Income Tax Credits

| | Total Credit Allocated to Members | |
|---|--------------------------------------|------------|
| 1. Reserved for future use | 1. | [REDACTED] |
| 2. Job expansion tax credit | 2. | 0 00 |
| 3. Angel investor tax credit | 3. | 0 00 |
| 4. Insurance reinvestment fund tax credit | 4. | 0 00 |
| 5. Total credits earned in 2015: Add lines 2 through 4. | 5. | 0 00 |

Do not attach Form CT K-1T, or copies of Schedule CT K-1, Member's Share of Certain Connecticut Items to Form CT-1065/CT-1120SI, Connecticut Composite Income Tax Return, Form CT K-1T and copies of Schedule CT K-1 must be mailed separately.

Attach Schedule CT K-1s to Form CT K-1T and mail to:

Department of Revenue Services
 State of Connecticut
 PO Box 150420
 Hartford CT 06115 - 0420

A penalty of \$5 per schedule (up to a total of \$2,000 per calendar year) will be imposed for failure to provide a copy of Schedule CT K-1 to DRS unless the failure is due to reasonable cause and not to willful neglect.

Declaration: I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

| | | |
|---|-----------|------------------|
| Sign Here Keep a copy of this return for your records. | Signature | Date |
| | Title | Telephone number |

Schedule CT K-1
Member's Share of Certain Connecticut Items

2015

For calendar year 2015 or other taxable year beginning _____, 2015, and ending _____, 20____.
 Complete in blue or black ink only.

| Pass-through entity (PE) information | | | Member information | | |
|--|--|--|--|--|--|
| Federal Employer ID Number (FEIN) ▶ [REDACTED] | CT Tax Registration Number ▶ [REDACTED] | | Member's Social Security Number (SSN) or FEIN ▶ <input checked="" type="checkbox"/> SSN ▶ <input type="checkbox"/> FEIN | | |
| Name ▶ NEW ERA REHABILITATION CENTER INC. | | | Name ▶ CHRISTINA KOLADE Member: 2 | | |
| Number and street address ▶ 3715 MAIN STREET | | | Number and street address ▶ 38 CRAWFORD ROAD | | |
| City or town ▶ BRIDGEPORT | | | City or town ▶ WESTPORT | | |
| State CT | | | State CT | | |
| ZIP code 06606 | | | ZIP code 06880 | | |
| Check the box if this is an amended or a final Schedule CT K-1. ▶ <input type="checkbox"/> Amended Schedule CT K-1 ▶ <input type="checkbox"/> Final Schedule CT K-1 | | | Type of member (check one): ▶ <input checked="" type="checkbox"/> RI ▶ <input type="checkbox"/> RE ▶ <input type="checkbox"/> RT ▶ <input type="checkbox"/> PE ▶ <input type="checkbox"/> NI ▶ <input type="checkbox"/> NE ▶ <input type="checkbox"/> NT ▶ <input type="checkbox"/> CM | | |

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

| | | |
|---|------|------|
| 1. Interest on state and local obligations other than Connecticut | ▶ 1. | 0 00 |
| 2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | ▶ 2. | 0 00 |
| 3. Certain deductions relating to income exempt from Connecticut income tax | ▶ 3. | 0 00 |
| 4. Reserved for future use | ▶ 4. | |
| 5. Other - specify | ▶ 5. | 0 00 |

Subtractions Enter all amounts as positive numbers.

| | | |
|---|-------|------|
| 6. Interest on U.S. government obligations | ▶ 6. | 0 00 |
| 7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | ▶ 7. | 0 00 |
| 8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax | ▶ 8. | 0 00 |
| 9. Reserved for future use | ▶ 9. | |
| 10. Other - specify | ▶ 10. | 0 00 |

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

| | Column A | | Column B | |
|---|---------------------------|--------|--------------------------------------|------|
| | From Federal Schedule K-1 | | From Form CT-1065/CT-1120SI, Part VI | |
| 1. Ordinary business income (loss) | 1. | 0 00 ▶ | 1. | 0 00 |
| 2. Net rental real estate income (loss) | 2. | 0 00 ▶ | 2. | 0 00 |
| 3. Other net rental income (loss) | 3. | 0 00 ▶ | 3. | 0 00 |
| 4. Guaranteed payments | 4. | 0 00 ▶ | 4. | 0 00 |
| 5. Interest income | 5. | 0 00 ▶ | 5. | 0 00 |
| 6a. Ordinary dividends | 6a. | 0 00 ▶ | 6a. | 0 00 |
| 6b. Qualified dividends | 6b. | 0 00 ▶ | 6b. | 0 00 |
| 7. Royalties | 7. | 0 00 ▶ | 7. | 0 00 |
| 8. Net short-term capital gain (loss) | 8. | 0 00 ▶ | 8. | 0 00 |
| 9a. Net long-term capital gain (loss) | 9a. | 0 00 ▶ | 9a. | 0 00 |
| 9b. Collectibles 28% gain (loss) | 9b. | 0 00 ▶ | 9b. | 0 00 |
| 9c. Unrecaptured section 1250 gain | 9c. | 0 00 ▶ | 9c. | 0 00 |
| 10. Net section 1231 gain (loss) | 10. | 0 00 ▶ | 10. | 0 00 |
| 11. Other income (loss): Attach statement. | 11. | 0 00 ▶ | 11. | 0 00 |
| 12. Section 179 deduction | 12. | 0 00 ▶ | 12. | 0 00 |
| 13. Other deductions: Attach statement. | 13. | 0 00 ▶ | 13. | 0 00 |

Part III - Connecticut Income Tax Information

| | | |
|---|------|------|
| 1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, Schedule B, Column F | ▶ 1. | 0 00 |
|---|------|------|

Part IV - Connecticut Income Tax Credit Summary

| | | Column A Total credit earned by member in 2015 (from Form CT-1065/CT-1120SI, Part VII) | Column B Credit allowed on behalf of member on composite return (amounts from worksheet below) |
|---|----|--|--|
| 1. <i>Reserved for future use.</i> | 1. | | |
| 2. Job expansion tax credit | 2. | 0 00 | 0 00 |
| 3. Angel investor tax credit | 3. | 0 00 | 0 00 |
| 4. Insurance reinvestment fund tax credit | 4. | 0 00 | 0 00 |
| 5. Total credits: Add Lines 2 through 4. | 5. | 0 00 | 0 00 |

Income Tax Credit Worksheet

| Completed for nonresident, noncorporate, and PE members only | | Column A Tax credit limitation | Column B 2015 credit amount earned (enter amounts from Part IV, Column A) | Column C Amount of credit applied to 2015 income tax liability |
|--|----|--|---|--|
| 1. Income tax liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part I, Schedule B, Column D. | 1. | 0 00 | | |
| 2. <i>Reserved for future use.</i> | 2. | | | |
| 3. <i>Reserved for future use.</i> | 3. | | | |
| 4. Job expansion tax credit: Enter in Column C the lesser of Line 4, Column B, or Line 1, Column A. | 4. | | 0 00 | 0 00 |
| 5. Balance of income tax liability: Subtract Line 4, Column C from Line 1, Column A. If less than zero, enter "0." | 5. | 0 00 | | |
| 6. Angel investor tax credit: Enter in Column C the lesser of Line 6, Column B, or Line 5, Column A. | 6. | | 0 00 | 0 00 |
| 7. Balance of income tax liability: Subtract Line 6, Column C from Line 5, Column A. If less than zero, enter "0." | 7. | 0 00 | | |
| 8. Insurance reinvestment fund tax credit: Enter in Column C the lesser of Line 8, Column B, or Line 7, Column A. | 8. | | 0 00 | 0 00 |

CLIENT COPY

Item F (CT 1065, 1120SI, K1) - Connecticut Real Property Owned

| Property Name | Street Address | Street Address 2 | City | State | Zip Code |
|---------------|----------------|------------------|------|-------|----------|
| 1 | | | | | |

UNIVERSAL TAX SYSTEMS INC. COPYRIGHT

Part III (CT 1065, 1120SI, K1) - Places of Business

| 1 | Address1 | Address2 | City | State | Zip Code | Country | Description | Owned or Rented | Activity |
|---|----------|----------|------|-------|----------|---------|-------------|-----------------|----------|
| | | | | | | | | | |

COPYRIGHT

Linda Mascolo, DNP, MSN, CNS-BC, APRN, CWON
378 Hawthorne Ave.
Derby, Connecticut 06418
(203) 736-0681
Linda.mascolo@yahoo.com

CLINICAL NURSE SPECIALIST

OBJECTIVE: Clinical Nurse Specialist/APRN position in adult healthcare. To support and coordinate health education and care while providing optimal multidisciplinary care.

SUMMARY: Experienced Nursing Specialist with strong clinical background. Successful track record in education planning and presentation. Several years experience in various leadership roles, including administrative, managerial, and financial. Skilled author and presentation speaker.

Key Qualifications:

- National Speaker
- Education Material Development
- Respected Nursing Expert
- Industry Thought Leader
- Accomplished Author
- Leadership Training Skills

EXPERIENCE

- | | |
|--|---------------------|
| Milford Hospital, Milford, CT | 2013-Present |
| Director of Nurses | |
| Responsibility, authority and accountability for patient care administration and practice of identified nursing units and services. Provides leadership and direction to respective Patient Care Managers and contributes to and supports the philosophy and objectives of the Nursing Department and hospital to effect quality patient care, staff development and patient and staff satisfaction. | |
| Incorporated Skin, Wound and Ostomy Education, LLC | 2009-Present |
| Director for Athena Online Wound Care Course | |
| Serves as director for online wound care course. Develops educational materials and programs. Reviews, proofreads, and comments on learning materials. Regularly updates materials and presentations to ensure highest quality education standards. | |
| Norwalk Hospital, Norwalk, CT | 2006-2013 |
| APRN/Wound and Ostomy Care Specialist | |
| Coordinates and facilitates various aspects of wound-related care. Organized and expanded the ostomy program, establishing the first ostomy support group in the facility. Updates care policy and procedure. Manages program budgeting and finances. | |
| Kinetic Concept Inc., San Antonio, TX | 2005-2006 |
| Regional Wound Closure Specialist | |
| Regional educational consultant. Support sales staff as well as clients regarding current wound care evidence and best practice. Work in collaboration with the R&D department to implement marketing and product education. Support product promotion at regional and national conferences and seminars. | |
| Hospital of St. Raphael, New Haven, CT | 2003-2005 |

Clinical Nurse Specialist in Wound, Skin and Ostomy

Provided clinical support to three surgical units. Led monthly continuing education unit for wound and ostomy care nurses. Performed wound and ostomy-related nursing duties on all medical and surgical units as needed.

Hospital of St. Raphael, New Haven, CT 2001-2003
Staff Development, Education and Clinical Resource

Served as clinical support for all surgical floors. Coordinated and facilitated the wound and ostomy service. Held the following offices/titles:

- o Cardiac Arrest Team Co-Chairperson
- o Stroke Program Data Coordinator

Hospital of St. Raphael, New Haven, CT 1999-2001
Emergency Department Staff Nurse

Experienced staff nurse in a Level 2 Trauma Center. Taught Advanced Cardiac Life Support to both nursing and physician staff. Mentored staff new to the Emergency Room setting.

Hospital of St. Raphael, New Haven, CT 1992-1999
Staff Development, Education and Clinical Resource

Provided support to the off-shift clinical staff. Assisted in the implementation of mandatory education for the off-shift staff. Coordinated the Certified Nurse Aid Program, in addition to Graduate Nurse orientation programs.

Hospital of St. Raphael, New Haven, CT 1987-1992
Surgical Intensive Care Unit – Nurse Care Coordinator

Served as Nurse Care Coordinator. Presented educational in-services to night staff in the unit. Supervised nursing staff, providing education and resources to the unit. Oversaw patient selection. Responsible for patient resuscitation in the event of collapse.

Griffin Hospital, Derby, CT 1972-1987
Intensive Care Unit Staff Nurse/Manager

Served as staff nurse for 8 years, before being promoted to acting manager.

EDUCATION

| | |
|--|--------------------------------|
| Sacred Heart University <i>Doctorate of Nursing</i> | Fairfield, Connecticut 2013 |
| Southern Connecticut State University <i>Master of Science in Nursing</i> | New Haven, Connecticut 2004 |
| Southern Connecticut State University <i>Bachelor of Science in Nursing</i> | New Haven, Connecticut 2000 |
| Greenwich Hospital School of Nursing <i>Diploma Registered Nurse</i> | Greenwich, Connecticut 1972 |

PROFESSIONAL ACCREDITATION

CWCN – Certified Wound Care Nurse

COCN – Certified Ostomy Care Nurse

CCRN – Certified Critical Care Nurse (1990 – 2005)

Served on the board of the South Central Chapter of the American Critical Care Association for 2 years

American Heart Association ACLS Instructor (1994-2008)

TNCC – Trauma Nurse Certification 1995-2004

CATN- Advanced Trauma Nurse Certification

SANE – Sexual Assault Nurse Certification 2000-2003

PROFESSIONAL AFFILIATIONS

Wound, Ostomy and Continence Nurses Society
Sigma Theta Tau International Nursing Honor Society
American Heart Association
Norwalk Hospital Institutional Review Board

PUBLICATIONS

"Perioperative Wound Documentation." *Journal of Wound, Ostomy and Continence* 36.(3S) (2009): S14.

"Skin Care Team Improves Assessment and Documentation." *Nursing* 36.10 (2006): 66-67.

"Wound VAC Management for Spinal or Bone Graft Infections." *Spine Surgery: Tricks of the Trade*. Ed. Alex R. Vaccaro and Todd J. Albert. New York: Thieme, 2003. Print.

PRESENTATIONS

June 22, 2013 A Retrospective Study of the Impact of Preoperative Stoma Siting on Hospital Length of Stay at National WOCN Conference in Seattle, WA

October, 2012 Stoma Site Marking :Impact on Patient Outcomes and Hospital Length of Stay presented at the New England Regional Conference In Danvers, MA.

June 2010 Poster Presentation at WOCN conference in Phoenix, AZ

March 2009 Fistula Control Presentation at WOCN Regional Meeting in Fairfax, VA

Oct. 2004 Improved Patient Outcomes Post Lower Extremity Amputation at National Skin and Wound Conference in Phoenix, AZ

Local Presentations given on various topics e.g. Skin and Wounds, Blood Pressure and Stroke.

HONORS

- 2012 Carol Bauer Scholarship Award
- 2011 Nurse Exemplar Award
- 2010 Norwalk Hospital Quality Award
- 2009 Norwalk Hospital Presidents Award
- 2005 "Woman of Note" in New Haven, CT
- 2005 Seton Clinical Excellence Award
- 2005 Nightingale Nurse Award

Maurice E. Bunnell

38 Leigh Drive

East Haven, CT 06512

203-927-7309

bunnell@aya.yale.edu

LICENSURE

Advanced Practice Registered Nurse, 2002—Present.

Registered Nurse, 1976—Present.

PROFESSIONAL POSITIONS

Psychiatric APRN: Liberty HealthCare: Independent Contractor with
“Connections, Inc.” Medication Evaluation, Medication Management, 6/2014-
Present.

Psychiatric APRN: Waterbury Hospital. Medication Evaluation, Medication
Management, 6/2015-4/2016.

Director of Education; Psychiatric Home Care Nurse; VNS of Southern CT,
4/2013—Present.

Psychiatric Home Care Nurse; In-Service Director; Total Care Visiting Nurses;
New Haven, CT, 02/2010—4/2013.

Psychiatric Home Care Nurse, All About You; East Haven, CT, 01/2009—02/2010.

Commissioner of Mental Health, Town of East Haven; East Haven, CT,
2009—2010.

- Responsible for overseeing Town of East Haven Counseling Services.

Educated the public on eliminating the stigma of mental illness.
Presentation on the History of Mental Illness.

Adult Nurse Practitioner; Hill Health Center; Dual Diagnosis Clinic; New Haven, CT, 2005.

Psychiatric Home Care Nurse; In-Service Director; New England Homecare; New Haven, CT, 1997–2009.

Administrator; Psychiatric Home Care Nurse; PrimeCare of CT; New Haven, CT, 1995–1997.

Yale-New Haven Hospital; New Haven, CT.

- Charge Nurse; Ear, Nose, and Throat Clinic, 1994–1995.
- Staff nurse; Cardio-Thoracic Intensive Care Unit, 1993–1994.
- Nursing Analyst; Clinical Care Support System Project, 1990–1993.
- Private Duty Nurse; Medical and Surgical Units, 1982–1989.
- Researcher; Phrenic Pacemaker (Dr. William Glenn), 1982–1989.
- Staff Nurse; In-Patient Psychiatry, 1981–1982.
- Assistant Head Nurse and Staff Nurse; Orthopaedics/Ear, Nose & Throat Unit, 1976–1981.

EDUCATION

Sacred Heart University; Bridgeport, CT: Doctor of Nursing Practice Student.

Yale University School of Nursing; New Haven CT: M. S. N., 2002. Completion of Scholarly Praxis, “QTc Prolongation and Torsades de Pointes Associated with Antipsychotic Agents”.

ANCC Board Certification Adult Psychiatric and Mental Health Nurse Practitioner.

ANCC Board Certification Adult Nurse Practitioner.

Southern Connecticut State University; New Haven, CT: B. S. N., 1994.

Quinnipiac University; Hamden, CT: A. D. N., 1976.

AWARDS

Florence Nightingale Excellence in Nursing, 1994.

Who's Who in American Nursing, 1996.

PROFESSIONAL MEMBERSHIPS

Sigma Theta Tau; Delta Mu Chapter.

American Nurses Association.

Neuroscience Institute.

Ebenezer A. Kolade, M.D., FASAM

38 Crawford Rd. | Westport, CT 06880
Office: 203.372.3333 | Fax: 203.374.7515
Email: ekolade@sbcglobal.net

PROFESSIONAL EXPERIENCE

- | | |
|--|--------------------------------|
| New Era Rehabilitation Center Inc, Bridgeport, CT/ New Haven, CT <i>Chief Executive Director Medical Director</i> <ul style="list-style-type: none">Supervising Medical, Nursing, Administration and Counseling Department.Clinical evaluation of all patients admitted into the program. | 06/02 – Present |
| St. Barnabas Union Hospital, Bronx, NY <i>Medical Director of the Alcohol and Drug Detoxification Inpatient Program</i> <ul style="list-style-type: none">Supervising Medical, Nursing, Administration and Counseling Department.Clinical evaluation of patients admitted into the program. | 07/90 – 05/02 07/01 – 05/02 |
| <i>Medical Supervisor of Alcohol and Drug Detoxification Inpatient Program</i> <ul style="list-style-type: none">Supervising all Medical StaffClinical evaluation of patients admitted into the program. | 10/98 – 06/01 |
| <i>Emergency Attending Physician</i> <ul style="list-style-type: none">Managing medical inpatients and running outpatient clinic.Managing inpatient alcohol and drug detoxification unitMedical consultation in surgical, psychiatric, Obstetrics and Gynecology unit | 07/92 – 09/98 |
| <i>Residency in Internal Medicine</i> | 07/90 – 06/92 |
| Brookdale Hospital Medical Center, Brooklyn, NY <i>Intern in Internal Medicine</i> | 07/89 – 06/90 |
| Parkway Medical Office, Brooklyn, NY <i>Medical Physician</i> | 08/86 – 06/89 |
| University College Hospital, Ibadan, Nigeria <i>OB/GYN Resident</i> <ul style="list-style-type: none">Outpatient and Inpatient management.Medical Student and Resident teaching | 07/83 – 06/86 |
| Mariere Memorial Hospital, Ughelli, Nigeria <i>General Medicine Practitioner</i> | 07/82 – 06/83 |
| University of Ibadan, Nigeria <i>Rotating Internship</i> | 07/81 – 06/82 |

Ebenezer A. Kolade, M.D., FASAM

38 Crawford Rd. | Westport, CT 06880
Office: 203.372.3333 | Fax: 203.374.7515
Email: ekolade@sbcglobal.net

PROFESSIONAL EXPERIENCE

| | |
|--|--|
| New Era Rehabilitation Center Inc, Bridgeport, CT/ New Haven, CT <i>Chief Executive Director Medical Director</i> <ul style="list-style-type: none">• Supervising Medical, Nursing, Administration and Counseling Department.• Clinical evaluation of all patients admitted into the program. | 06/02 – Present |
| St. Barnabas Union Hospital, Bronx, NY <i>Medical Director of the Alcohol and Drug Detoxification Inpatient Program</i> <ul style="list-style-type: none">• Supervising Medical, Nursing, Administration and Counseling Department.• Clinical evaluation of patients admitted into the program. | 07/90 – 05/02 07/01 – 05/02 |
| <i>Medical Supervisor of Alcohol and Drug Detoxification Inpatient Program</i> <ul style="list-style-type: none">• Supervising all Medical Staff• Clinical evaluation of patients admitted into the program. | 10/98 – 06/01 |
| <i>Emergency Attending Physician</i> <ul style="list-style-type: none">• Managing medical inpatients and running outpatient clinic.• Managing inpatient alcohol and drug detoxification unit• Medical consultation in surgical, psychiatric, Obstetrics and Gynecology unit | 07/92 – 09/98 |
| <i>Residency in Internal Medicine</i> | 07/90 – 06/92 |
| Brookdale Hospital Medical Center, Brooklyn, NY <i>Intern in Internal Medicine</i> | 07/89 – 06/90 |
| Parkway Medical Office, Brooklyn, NY <i>Medical Physician</i> | 08/86 – 06/89 |
| University College Hospital, Ibadan, Nigeria <i>OB/GYN Resident</i> <ul style="list-style-type: none">• Outpatient and Inpatient management.• Medical Student and Resident teaching | 07/83 – 06/86 |
| Mariere Memorial Hospital, Ughelli, Nigeria <i>General Medicine Practitioner</i> | 07/82 – 06/83 |
| University of Ibadan, Nigeria <i>Rotating Internship</i> | 07/81 – 06/82 |

Adeoluwa A. Kolade
38 Crawford Road, Westport, 06880
Dakolade@gmail.com
, Tel-2035439950

EDUCATION

Emory University

Master's Degree: Management & Policy

Relevant Coursework: Finance, Financial Accounting, Portfolio Management, Securities Analysis, Statistics

Atlanta, GA
May 2009

The George Washington University

Bachelor of Criminal Law

Relevant Coursework: Microeconomics, Macroeconomics, Statistics

Washington, DC
May 2007

WORK EXPERIENCE

New Era Rehabilitation Center – Operations Department

Director of Operations

Bridgeport, CT
Jan 2014 - Present

- Responsible for the supervision of 40+ employees between 2 facilities
- Visionary with a track record for finding innovative ways to grow revenue and increase margins
- Manage all the accounts payable and receivable within the organization with full P&L responsibilities
- Forward-thinker with the ability to implement all new technology within the facility including electronic medical records
- Developed internal outreach and referral program that consistently generated 5 patient leads per week
- Well versed in conducting presentations, accustomed to conducting all formal correspondence with the state agencies and corporations
- Articulate communicator, capable of building lasting relationships with senior management of clients, partners and vendors
- Expertise in collecting, managing and interpreting key operation metrics and statistics
- Calm under pressure with the ability to manage crises

Stanbic IBTC- Investment Banking

Analyst

Lagos, Nigeria
Jan 2012- Jan 2013

- Lead analyst on the \$20mm minority buy-out of a network and communications provider
- Lead analyst on a \$50mm equity capital raising for Computer Warehouse Group, a top tier ICT company (private placement)
- Assisted in the rights issue of Flour Mills of Nigeria PLC
- Assisted in the Pre-IPO financing of SEPLAT: a large scale indigenous oil and gas exploration company
- Assisted in the dual IPO of SEPLAT: a large scale indigenous oil and gas exploration company
- Assisted in the IPO of a REIT with a total offer size of \$180mm

Afrinvest –Wealth Management/Business Development

Analyst

Lagos, Nigeria
Aug 2010 – Dec 2011

- Performed securities valuations (DCF and Comparables) and contributed to the design of an in-house factor model in order to guide investment decisions for the Afrinvest Equity Fund
- Conducted a comprehensive global economic analysis that was used to guide the departments investment strategy for the year
- Contributed in the structuring of the Afrinvest Principles and Value Fund, a fund backed with convertible notes possessing both equity and debt properties
- Assisted in the creation of the fund structure, pitch book, information memorandum and conducted the due diligence of a possible acquisition of Access Asset Management as well as two potential funds that have not yet been released

New Era Rehabilitation Center – Operations Department

Operations Manager

Bridgeport, CT
Aug 2009 - Aug 2010

- Created detailed presentations in response to Requests For Proposals to provide treatment for a number of patients in the Fairfield County area that resulted in a \$500k increase in revenue
- Developed financial models that were used for financial due diligence required for an acquisition and constructed 5-year strategic plan including SWOT analysis, financial budgets and growth projections
- Implemented and managed relevant statistics and metrics for the facility, including Counselor to Patient ratio, Census, Charge per patient, Reimbursement per Patient, number of billed patients per week etc.

PriceWaterhouseCoopers LLP. -Public Sector and Healthcare

Consultant

Atlanta, GA
Jan 2009-Aug 2009

- Developed a model to estimate the economic impact of substance abuse in various states
- Contributed to the re-organization of the Blanchard Valley Hospital Emergency Department which decreased patient wait times by 31% and patient length of stay by 27%
- Analyzed over 47,000 emergency department claims to determine service trend in order to implement re-organization strategy for Blanchard Valley Hospital
- Conducted statistical analysis on various facets of the U.S. health care industry in order to identify inefficiencies and made recommendations to rectify them; specifically a cost-benefit analysis on the effects of incarcerating substance abusers vs. treatment for substance abusers

Kathleen Whelan Ulm, Consultant
4 Madaket Court
Guilford, CT 06437

To Whom It May Concern,

I am writing to support the New Era Rehabilitation Center In their applications to become a provider of Mental Health Services at their Bridgeport and New Haven locations.

As a clinician in the field of mental health and addiction services for thirty years, I am aware of how mental health and other psychosocial needs complicate the treatment of this population.

Today, New Era must turn to these two major communities to provide those services.

As a consultant for New Era over the past year, I have witnessed the challenges of connecting mentally ill substance abusers on methadone and Medicaid to resources in the community. And when they do find willing providers, they are often not well versed in the nuances of methadone maintenance, such as the interaction of psychotropic drugs with methadone. Communication between agencies is another challenge.

Studies conducted by Dartmouth and available through SAMHSA show evidence that if all services can be provided at the same agency, outcomes improve. This is especially important when working with clients in a special modality such as methadone maintenance. New Era is an expert in this modality. New Era MUST provide these services.

Sincerely,

Kathleen Whelan-Ulm, MA, LADC, CCS

Kathleen Whelan Ulm, MA, LADC, CCS

Order Confirmation

| | | |
|--------------------------------------|--|---|
| <u>Ad Order Number</u> 0002181842 | <u>Customer</u> MACK, MICHELLE | <u>Payor Customer</u> MACK, MICHELLE |
| <u>Sales Rep.</u> asasser | <u>Customer Account</u> 236833 | <u>Payor Account</u> 236833 |
| <u>Order Taker</u> asasser | <u>Customer Address</u> 3851 Main st BRIDGEPORT CT 06606 USA | <u>Payor Address</u> 3851 Main st BRIDGEPORT CT 06606 USA |
| <u>Ordered By</u> Michelle | <u>Customer Phone</u> 203-372-3333 | <u>Payor Phone</u> 203-372-3333 |
| <u>Order Source</u> Phone | | |
| <u>PO Number</u> | <u>Customer Fax</u> | <u>Customer EMail</u> m.mack@newerarehab.com |

Ad Content Proof

EXPANSION OF Services New Era Rehabilitation plan to expand services for mental health treatment.

| | | | | |
|--------------------|---------------|-------------------|------------------------|-------------------|
| <u>Tear Sheets</u> | <u>Proofs</u> | <u>Affidavits</u> | <u>Special Pricing</u> | <u>Promo Type</u> |
| 0 | 0 | 0 | None | |

Order Notes:

Invoice Text:

| | | |
|------------------|------------------|-----------------------|
| <u>Blind Box</u> | <u>Materials</u> | <u>Payment Method</u> |
| | | Credit Card |

| | | | | |
|-------------------|-------------------|---------------------|--------------------|-------------------|
| <u>Net Amount</u> | <u>Tax Amount</u> | <u>Total Amount</u> | <u>Payment Amt</u> | <u>Amount Due</u> |
| \$146.82 | \$0.00 | \$146.82 | \$146.82 | \$0.00 |

| | | | |
|------------------|----------------|----------------|-----------------------|
| <u>Ad Number</u> | <u>Ad Type</u> | <u>Ad Size</u> | <u>Pick Up Number</u> |
| 0002181842-01 | CLS Liner | 1.0 X 4 Li | |

| | | |
|----------------------|--------------------|----------------------|
| <u>External Ad #</u> | <u>Ad Released</u> | <u>Ad Attributes</u> |
| | No | |

| | | |
|--------------|--------------------------|-------------------------|
| <u>Color</u> | <u>Production Method</u> | <u>Production Notes</u> |
| <NONE> | AdBooker | |

| <u>Product</u> | <u>Placement/Class</u> | <u># Inserts</u> | <u>Cost</u> |
|--|------------------------|------------------|-------------|
| <u>Run Dates</u> <u>Sort Text</u> <u>Run Schedule Invoice Text</u> | | | |
| Connecticut Post:: 7/13/2016, 7/14/2016, 7/15/2016 EXPANSIONOFSERVICENEWERAREHABILITATIONPLANTOEXPANDSERVICESFORMENTAL Expansion of Services New Era Rehabilitation plan to expand serv | Announcements | 3 | \$142.82 |
| Connpost.com:: 7/13/2016, 7/14/2016, 7/15/2016 EXPANSIONOFSERVICENEWERAREHABILITATIONPLANTOEXPANDSERVICESFORMENTAL Expansion of Services New Era Rehabilitation plan to expand serv | Announcements | 3 | \$4.00 |

ERN CT JOBS

MARKETPLACE

203-333-4151

classifieds@hearstmediac

Hours: 8:30 a.m. - 4:30 p.

Major Credit Cards Acce

WANTED

EXPERIENCED
SALES
SALE AUTOS
CT'S #1
LEADERSHIP
UNLIMITED
MOTIVATED
ABILITY TO

ANNOUNCEMENTS

EXPANSION OF Services New Era
Rehabilitation plan to expand serv
ices for mental health treatment.

LOST AND FOUND

STRATFORD
ANIMAL CONTROL

MERCHANDISE

BATHR WOOD
GREAT FOR TC
\$25 CALL 203-3

BATHROOM V
deep. Whit sirl
cabinet 203-8

BATH TOW
QUALITY SE

Order Confirmation

Ad Content Proof

Certificate of Need for additional service for Mental Health and Co-occurring program, New Era Rehab 3851 Main St, Bridgeport, CT 06606 .

| | | |
|--------------------------------------|--|---|
| <u>Ad Order Number</u> 0002194359 | <u>Customer</u> New Era ,Rehab | <u>Payor Customer</u> New Era ,Rehab |
| <u>Sales Rep.</u> asasser | <u>Customer Account</u> 236833 | <u>Payor Account</u> 236833 |
| <u>Order Taker</u> asasser | <u>Customer Address</u> 3851 Main st BRIDGEPORT CT 06606 USA | <u>Payor Address</u> 3851 Main st BRIDGEPORT CT 06606 USA |
| <u>Ordered By</u> Cindy | <u>Customer Phone</u> 203-372-3333 | <u>Payor Phone</u> 203-372-3333 |
| <u>Order Source</u> E-mail | | |
| <u>PO Number</u> | <u>Customer Fax</u> | <u>Customer EMail</u> ccarroll@newerarehab.com |

| | | | | |
|--------------------|---------------|-------------------|------------------------|-------------------|
| <u>Tear Sheets</u> | <u>Proofs</u> | <u>Affidavits</u> | <u>Special Pricing</u> | <u>Promo Type</u> |
| 0 | 0 | 0 | None | |

Order Notes:

Invoice Text:

| | | | | |
|-------------------|-------------------|-----------------------|--------------------|-------------------|
| <u>Blind Box</u> | <u>Materials</u> | <u>Payment Method</u> | | |
| | | | | |
| <u>Net Amount</u> | <u>Tax Amount</u> | <u>Total Amount</u> | <u>Payment Amt</u> | <u>Amount Due</u> |
| \$235.59 | \$0.00 | \$235.59 | \$0.00 | \$235.59 |

| | | | |
|------------------|----------------|----------------|-----------------------|
| <u>Ad Number</u> | <u>Ad Type</u> | <u>Ad Size</u> | <u>Pick Up Number</u> |
| 0002194359-01 | CLS Liner | 1.0 X 7 Li | 0002181842 |

| | | |
|----------------------|--------------------|----------------------|
| <u>External Ad #</u> | <u>Ad Released</u> | <u>Ad Attributes</u> |
| | No | |

| | | |
|--------------|--------------------------|-------------------------|
| <u>Color</u> | <u>Production Method</u> | <u>Production Notes</u> |
| <NONE> | AdBooker | |

| | | | |
|----------------|------------------------|------------------|-------------|
| <u>Product</u> | <u>Placement/Class</u> | <u># Inserts</u> | <u>Cost</u> |
|----------------|------------------------|------------------|-------------|

Run Dates

Sort Text

Run Schedule Invoice Text

| | | | |
|--|---------------|---|----------|
| Connecticut Post:: | Announcements | 3 | \$231.59 |
| 9/2/2016, 9/3/2016, 9/4/2016 | | | |
| CERTIFICATEOFNEEDFORADDITIONALSERVICEFORMENTALHEALTHANDCOOCCURRINGPF | | | |
| Certificate of Need for additional service for Mental Health and | | | |
| Connpost.com:: | Announcements | 3 | \$4.00 |
| 9/2/2016, 9/3/2016, 9/4/2016 | | | |
| CERTIFICATEOFNEEDFORADDITIONALSERVICEFORMENTALHEALTHANDCOOCCURRINGPF | | | |
| Certificate of Need for additional service for Mental Health and | | | |

RECEIPT

New Haven Register
100 Gando Drive
New Haven, CT 06513
 Phone: **1-203-850-6628**

09/01/16

| | | |
|---|---|---|
| Account: 1013910 Name: Company: NEW ERA REHABILITAION Address: 3851 MAIN ST, 2ND FLOOR BRIDGEPORT, CT 06606 Telephone: (203) 372-3333 Description: certificate of need FOR Additional s | Date: 09/01/16 Ad Date: 09/02/16 Class: 1060 Ad ID: 1114059 Ad Taker: CRDHENDRIC30 Sales Person: Denise Hendricks (200316) Words: 23 Lines: 7 Agate Lines: 9 Column width: 1 Depth: 0.931 Inserts: 7 Blind Box: | <p style="text-align: center;">Publication</p> New Haven Register, nhregister.com, nhregister.com2 |
| Gross: \$155.45 Paid Amount: - \$155.45 Amount Due: \$0.00 | | |

Ad sample

**CERTIFICATE OF NEED FOR
 Additional service
 for mental health &
 co-occurring program.
 New Era Rehab Center
 311 East Street
 New Haven, CT 06511**

*We Appreciate Your Business!
Thank You !*

Greer, Leslie

From: Walker, Shauna
Sent: Wednesday, October 19, 2016 7:34 AM
To: akolade@newerarehab.com
Cc: User, OHCA; Riggott, Kaila; Walker, Shauna; Armah, Olga
Subject: Completeness Questions on CON Application # 16-32115
Attachments: 16-32115 Completeness.docx

Dear Mr. Kolade,

Please see attached request for additional information regarding CON application 16-32115 – Establishment of a Psychiatric Outpatient Clinic for Adults in Bridgeport. There are additional items that need to be addressed.

Please contact me if you have any questions. Responses are due by **Monday December 19, 2016**.

Much Regards,

Shauna L. Walker

Office of Health Care Access

Connecticut Department of Public Health

410 Capitol Avenue

Hartford, CT 06134

Phone: (860) 418-7069

Email: Shauna.Walker@ct.gov



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

October 19, 2016
akolade@newerarehab.com
Adeoluwa Kolade
New Era Rehabilitation Center, Inc.
38 Crawford Road
Westport, CT 06880

VIA EMAIL

RE: Certificate of Need Application, Docket Number 16-32115-CON
Establishment of a Psychiatric Outpatient Clinic for Adults

Dear Mr. Kolade:

On September 26th, 2016, the Department of Public Health ("DPH"), Office of Health Care Access ("OHCA") received the Certificate of Need ("CON") application on behalf of New Era Rehabilitation Center, Inc., ("NERC" or "Applicant") proposing to establish a psychiatric outpatient clinic for adults in Bridgeport.

OHCA requests additional information pursuant to Connecticut General Statutes §19a-639a(c). *Please electronically confirm receipt of this email as soon as you receive it.* Provide responses to the questions below in both a Word document and PDF format at the earliest convenience as an attachment to a responding email. *Please email your responses to all of the following email addresses:* OHCA@ct.gov; shauna.walker@ct.gov; olga.armah@ct.gov; and kaila.riggott@ct.gov.

Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information no later than sixty days after the date that this request was transmitted. Therefore, please provide your written responses to OHCA no later than **December 19, 2016**, otherwise your application will be automatically considered withdrawn.



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

Repeat each question before providing your response and paginate and date your response, i.e., each page, in its entirety. Information filed after the initial CON application submission (e.g., completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant’s document preceding it. Please begin your submission using **Page 105** and reference “**Docket Number: 16-32115-CON.**”

1. Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the applicant.
2. Place a checkmark (✓) in the “Needed for Proposal” column for each license that the Applicant is seeking from the State’s Department of Public Health (DPH) in relation to the proposal.

Table 1: DPH Licenses Needed for the Proposal

| License | Needed for Proposal |
|---|--------------------------|
| Psychiatric Outpatient Clinic for Adults | <input type="checkbox"/> |
| Mental Health Day Treatment (outpatient- one unit of service must be four (4) hours or more per person daily also known as Partial Hospitalization) | <input type="checkbox"/> |
| Mental Health Residential Living Center | <input type="checkbox"/> |
| Mental Health Community Residence | <input type="checkbox"/> |
| Facility for the Care or the Treatment of Substance Abusive or Dependent Persons: Select at least one of the following if proposing substance abuse treatment services: <ul style="list-style-type: none"> Ambulatory Chemical Detox (outpatient) <input type="checkbox"/> Day or Evening Treatment (outpatient, one unit of service is less than four (4) hours per person daily, includes IOP & OP) <input type="checkbox"/> Chemical Maintenance (outpatient, administers Methadone, DEA involved in approval) <input type="checkbox"/> Outpatient Treatment (outpatient) <input type="checkbox"/> Care or Rehab (residential) <input type="checkbox"/> Intermediate and long term treatment and rehab (residential) <input type="checkbox"/> Detoxification & Evaluation (residential) <input type="checkbox"/> | <input type="checkbox"/> |

3. Explain how the proposed mental health treatment program will operate, including the services to be provided, treatment approaches and structure.
4. Identify the Standard of Practice Guidelines that will be utilized in relation to the proposal. Attach copies of relevant sections and briefly describe how the Applicant proposes to meet each of the guidelines.
5. Describe how other residents in the proposed service area of the NERC New Haven location would access the proposed services. How are these potential clients currently receiving mental health treatment?
6. Provide the number of months covered in Table 8 on page 31. Also, please update the table to reflect utilization by town for the Bridgeport location only.
7. Page 42 states that 20% of the total population will utilize the proposed program within 3 years, yet page 18 states that over 90% of NERC clients receiving substance abuse treatment are also suffering from mental illness. What proportion of NERC Bridgeport clients are currently suffering from co-occurring disorders? Explain how they will access and utilize the proposed services.
8. The data in the table below is taken from Tables 5 and 6 on page 29. Please revise Tables 5 and 6 to include utilization for the Bridgeport location only. Provide the unit of measure (clients, sessions or visits) for the utilization data provided in the table. Confirm that the volume for IOP is included in the projected utilization for the mental health outpatient program. Also, provide the method of annualizing and the number of actual months covered for fiscal year 2016. Explain the 90% increase in the projected utilization for methadone maintenance in 2017 compared with the current fiscal year, should this still exist after revising the data.

| Service** | Actual Volume | | | CFY Volume | Projected Volume | | |
|--------------------------|---------------|---------|---------|------------|------------------|---------|---------|
| | FY 2013 | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
| Methadone Maintenance | N/A | 22,672 | 23,400 | 24,232 | 46,410 | 48,731 | 48,731 |
| IOP | N/A | 75 | 540 | 540 | | | |
| Mental Health Outpatient | | | | | 4,420 | 5,525 | 6,630 |
| Total | N/A | 22,747 | 23,940 | 24,772 | 50,830 | 54,256 | 55,361 |

9. According to the Behavioral Health Treatment Services Locator on the Substance Abuse and Mental Health Services Administration website (<https://findtreatment.samhsa.gov>), NERC of Bridgeport currently accepts cash or self-pay. Does this location accept Access to Recovery (ATR) Vouchers and have the availability of a sliding fee scale, similar to the New Haven location? Will this be extended to the proposed mental health treatment program? Provide a copy of the charity care policy if it applies to the proposal.

| Payer | Current | | | Projected | | | | | | | | |
|-----------------------------|--------------|---|------------|--------------|---|------------|--------------|---|------------|--------------|---|------------|
| | FY 2016 | | | FY 2017 | | | FY 2018 | | | FY 2019 | | |
| | Patient Vol. | % | Visit Vol. |
| Uninsured | | | | | | | | | | | | |
| Workers Compensation | | | | | | | | | | | | |
| Total Non-Government | | | | | | | | | | | | |
| Total Payer Mix | | | | | | | | | | | | |

If you have any questions concerning this letter, please feel free to contact me or Olga Armah at (860) 418-7001.

Sincerely,

Shauna Walker
Research Analyst

Greer, Leslie

From: Walker, Shauna
Sent: Wednesday, November 02, 2016 11:24 AM
To: akolade@newerarehab.com
Cc: User, OHCA; Riggott, Kaila; Armah, Olga
Subject: RE: Completeness Questions on CON Application # 16-32115
Attachments: 16-32115 Completeness.docx

Dear Mr. Kolade,

Please reply all to this e-mail confirming receipt of the attachment. Responses are due on **Monday December 19, 2016**.

Shauna L. Walker

Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: (860) 418-7069
Email: Shauna.Walker@ct.gov



From: Walker, Shauna
Sent: Wednesday, October 19, 2016 7:34 AM
To: 'akolade@newerarehab.com' <akolade@newerarehab.com>
Cc: User, OHCA <OHCA@ct.gov>; Riggott, Kaila <Kaila.Riggott@ct.gov>; Walker, Shauna <Shauna.Walker@ct.gov>; Armah, Olga <Olga.Armah@ct.gov>
Subject: Completeness Questions on CON Application # 16-32115

Dear Mr. Kolade,

Please see attached request for additional information regarding CON application 16-32115 – Establishment of a Psychiatric Outpatient Clinic for Adults in Bridgeport. There are additional items that need to be addressed.

Please contact me if you have any questions. Responses are due by **Monday December 19, 2016**.

Much Regards,

Shauna L. Walker

Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: (860) 418-7069

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

October 19, 2016
akolade@newerarehab.com
Adeoluwa Kolade
New Era Rehabilitation Center, Inc.
38 Crawford Road
Westport, CT 06880

VIA EMAIL

RE: Certificate of Need Application, Docket Number 16-32115-CON
Establishment of a Psychiatric Outpatient Clinic for Adults

Dear Mr. Kolade:

On September 26th, 2016, the Department of Public Health ("DPH"), Office of Health Care Access ("OHCA") received the Certificate of Need ("CON") application on behalf of New Era Rehabilitation Center, Inc., ("NERC" or "Applicant") proposing to establish a psychiatric outpatient clinic for adults in Bridgeport.

OHCA requests additional information pursuant to Connecticut General Statutes §19a-639a(c). *Please electronically confirm receipt of this email as soon as you receive it.* Provide responses to the questions below in both a Word document and PDF format at the earliest convenience as an attachment to a responding email. *Please email your responses to all of the following email addresses:* OHCA@ct.gov; shauna.walker@ct.gov; olga.armah@ct.gov; and kaila.riggott@ct.gov.

Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information no later than sixty days after the date that this request was transmitted. Therefore, please provide your written responses to OHCA no later than **December 19, 2016**, otherwise your application will be automatically considered withdrawn.



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

Repeat each question before providing your response and paginate and date your response, i.e., each page, in its entirety. Information filed after the initial CON application submission (e.g., completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant’s document preceding it. Please begin your submission using **Page 105** and reference “**Docket Number: 16-32115-CON.**”

1. Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the applicant.
2. Place a checkmark (✓) in the “Needed for Proposal” column for each license that the Applicant is seeking from the State’s Department of Public Health (DPH) in relation to the proposal.

Table 1: DPH Licenses Needed for the Proposal

| License | Needed for Proposal |
|--|--------------------------|
| Psychiatric Outpatient Clinic for Adults | <input type="checkbox"/> |
| Mental Health Day Treatment (outpatient- one unit of service must be four (4) hours or more per person daily also known as Partial Hospitalization) | <input type="checkbox"/> |
| Mental Health Residential Living Center | <input type="checkbox"/> |
| Mental Health Community Residence | <input type="checkbox"/> |
| Facility for the Care or the Treatment of Substance Abusive or Dependent Persons: Select at least one of the following if proposing substance abuse treatment services: | <input type="checkbox"/> |
| Ambulatory Chemical Detox (outpatient) | <input type="checkbox"/> |
| Day or Evening Treatment (outpatient, one unit of service is less than four (4) hours per person daily, includes IOP & OP) | <input type="checkbox"/> |
| Chemical Maintenance (outpatient, administers Methadone, DEA involved in approval) | <input type="checkbox"/> |
| Outpatient Treatment (outpatient) | <input type="checkbox"/> |
| Care or Rehab (residential) | <input type="checkbox"/> |
| Intermediate and long term treatment and rehab (residential) | <input type="checkbox"/> |
| Detoxification & Evaluation (residential) | <input type="checkbox"/> |

3. Explain how the proposed mental health treatment program will operate, including the services to be provided, treatment approaches and structure.
4. Identify the Standard of Practice Guidelines that will be utilized in relation to the proposal. Attach copies of relevant sections and briefly describe how the Applicant proposes to meet each of the guidelines.
5. Describe how other residents in the proposed service area of the NERC New Haven location would access the proposed services. How are these potential clients currently receiving mental health treatment?
6. Provide the number of months covered in Table 8 on page 31. Also, please update the table to reflect utilization by town for the Bridgeport location only.
7. Page 42 states that 20% of the total population will utilize the proposed program within 3 years, yet page 18 states that over 90% of NERC clients receiving substance abuse treatment are also suffering from mental illness. What proportion of NERC Bridgeport clients are currently suffering from co-occurring disorders? Explain how they will access and utilize the proposed services.
8. The data in the table below is taken from Tables 5 and 6 on page 29. Please revise Tables 5 and 6 to include utilization for the Bridgeport location only. Provide the unit of measure (clients, sessions or visits) for the utilization data provided in the table. Confirm that the volume for IOP is included in the projected utilization for the mental health outpatient program. Also, provide the method of annualizing and the number of actual months covered for fiscal year 2016. Explain the 90% increase in the projected utilization for methadone maintenance in 2017 compared with the current fiscal year, should this still exist after revising the data.

| Service** | Actual Volume | | | CFY Volume | Projected Volume | | |
|--------------------------|---------------|---------|---------|------------|------------------|---------|---------|
| | FY 2013 | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
| Methadone Maintenance | N/A | 22,672 | 23,400 | 24,232 | 46,410 | 48,731 | 48,731 |
| IOP | N/A | 75 | 540 | 540 | | | |
| Mental Health Outpatient | | | | | 4,420 | 5,525 | 6,630 |
| Total | N/A | 22,747 | 23,940 | 24,772 | 50,830 | 54,256 | 55,361 |

9. According to the Behavioral Health Treatment Services Locator on the Substance Abuse and Mental Health Services Administration website (<https://findtreatment.samhsa.gov>), NERC of Bridgeport currently accepts cash or self-pay. Does this location accept Access to Recovery (ATR) Vouchers and have the availability of a sliding fee scale, similar to the New Haven location? Will this be extended to the proposed mental health treatment program? Provide a copy of the charity care policy if it applies to the proposal.

| Payer | Current | | | Projected | | | | | | | | |
|-----------------------------|--------------|---|------------|--------------|---|------------|--------------|---|------------|--------------|---|------------|
| | FY 2016 | | | FY 2017 | | | FY 2018 | | | FY 2019 | | |
| | Patient Vol. | % | Visit Vol. |
| Uninsured | | | | | | | | | | | | |
| Workers Compensation | | | | | | | | | | | | |
| Total Non-Government | | | | | | | | | | | | |
| Total Payer Mix | | | | | | | | | | | | |

If you have any questions concerning this letter, please feel free to contact me or Olga Armah at (860) 418-7001.

Sincerely,

Shauna Walker
Research Analyst

User, OHCA

From: Adeoluwa Kolade <akolade@newerarehab.com>
Sent: Tuesday, December 20, 2016 5:33 AM
To: User, OHCA
Cc: Walker, Shauna; Riggott, Kaila; Armah, Olga
Subject: RE: Certificate of Need Application, Docket Number 16-32115-CON
Attachments: NERC Licenses 2016.pdf; Financial Worksheet A NERC BPT 2016.pdf; NERC x St. Vincent Interagency Agreement.pdf; NERC MH CON Follow up questions 12.9.16.docx; NERC MH CON Follow up questions 12.9.16.pdf; Services by Location CON MH.pdf; Collocation of MH and SA.pdf

Good Afternoon,

Please find the attached.

Best Regards,

Deolu Kolade, MPH
Director of Operations
New Era Rehabilitation Center
akolade@newerarehab.com
Mobile: 203-543-9950
Office: 203-372-3333 Ext. 28



STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0381

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:

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

New Era Rehabilitation Center, Inc. is located at 311 East St, New Haven, CT 06511
with:

Ebenezer Adekunle Kolade, MD as Executive Director.

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

- Ambulatory Chemical Detoxification Treatment
- Chemical Maintenance Treatment
- Day or Evening Treatment
- Outpatient Treatment

This license expires **September 30, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2016. **RENEWAL**



Raul Pino, MD, MPH
Commissioner

OPIOID TREATMENT PROGRAM CERTIFICATION

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
Rockville, MD 20850

OTP NUMBER

CT-10091-M

EXPIRATION DATE

April 30, 2018

New Era Rehabilitation Center, Inc.
311 East Street
New Haven, CT 06511

This certificate is issued under authority of 42 CFR § 8.11 (21 U.S.C. 823(g)(1))



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Daryl W. Kade
Acting Director,
Center for Substance Abuse Treatment

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY OR VALID AFTER EXPIRATION DATE

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0266

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:

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

New Era Rehabilitation Center, Inc. is located at 3851 Main St, Bridgeport, CT 06606 with:

Ebenezer A. Kolade, MD as Executive Director.

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

- Chemical Maintenance Treatment
- Ambulatory Chemical Detoxification Treatment
- Day or Evening Treatment
- Outpatient Treatment

This license expires **June 30, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2016. RENEWAL



Raul Pino, MD, MPH
Commissioner

OPIOID TREATMENT PROGRAM CERTIFICATION

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
Rockville, MD 20850

OTP NUMBER
CT-10082-M

EXPIRATION DATE
March 31, 2018

New Era Rehabilitation Center, Inc
3851 Main St. 2nd Fl.
Bridgeport, CT 06606

This certificate is issued under authority of 42 CFR § 8.11 (21 U.S.C. 823(g)(1))



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

A handwritten signature in black ink, appearing to read "Daryl W. Kade".

Daryl W. Kade
Acting Director,
Center for Substance Abuse Treatment

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY OR VALID AFTER EXPIRATION DATE



Certificate of Need
Additional Information
Docket Number 16-32115-CON

1. Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the applicant.

See Attachment

2. Place a checkmark (✓) in the “Needed for Proposal” column for each license that the Applicant is seeking from the State’s Department of Public Health (DPH) in relation to the proposal.

Table 1: DPH Licenses Needed for the Proposal

| License | Needed for Proposal |
|--|--------------------------|
| Psychiatric Outpatient Clinic for Adults | ✓ |
| Mental Health Day Treatment (outpatient- one unit of service must be four (4) hours or more per person daily also known as Partial Hospitalization) | ✓ |
| Mental Health Residential Living Center | <input type="checkbox"/> |
| Mental Health Community Residence | <input type="checkbox"/> |
| Facility for the Care or the Treatment of Substance Abusive or Dependent Persons: Select at least one of the following if proposing substance abuse treatment services: Ambulatory Chemical Detox (outpatient) <input type="checkbox"/> Day or Evening Treatment (outpatient, one unit of service is less than four (4) hours per person daily, includes IOP & OP) <input type="checkbox"/> Chemical Maintenance (outpatient, administers Methadone, DEA involved in approval) <input type="checkbox"/> Outpatient Treatment (outpatient) <input type="checkbox"/> Care or Rehab (residential) <input type="checkbox"/> Intermediate and long term treatment and rehab (residential) <input type="checkbox"/> Detoxification & Evaluation (residential) <input type="checkbox"/> | <input type="checkbox"/> |

3. Explain how the proposed mental health treatment program will operate, including the services to be provided, treatment approaches and structure.

NERC's goal is to provide comprehensive, recovery-oriented care for adults 18 years and older with mental health and/or co-occurring disorders. NERC's treatment approach to recovery-oriented care is based on DMHAS Practice Guidelines that define recovery and recovery-oriented care:

- Recovery refers to the ways in which persons with mental illness, addiction, and/or medical/physical issues experience and manage their disorder in the process of maintaining and/or reclaiming their life in the community
- Recovery-oriented care is what psychiatric, addiction, primary medical treatment and rehabilitation practitioners offer in support of the person's recovery and/or management of his or her chronic illness/condition

NERC provides mental health services to clients in any of the substance abuse programs toward improving access, engagement and continuity of care. Individual person-centered recovery plans for clients will address all identified behavioral health needs. Clients are not expected or required to progress in treatment through a pre-determined continuum of care.

The services will be provided by a combination of licensed psychiatrists, psychiatric APRNs, Licensed Professional Counselors and Licensed Marriage and Family Therapists. The interdisciplinary team will be employing medication therapy, individual and group counseling, staged interventions, motivational enhancement therapy, cognitive behavioral therapy and social support interventions. The structure of the treatment ranging from intake to discharge planning is outlined in the policy and procedures for the mental health program.

4. Identify the Standard of Practice Guidelines that will be utilized in relation to the proposal. Attach copies of relevant sections and briefly describe how the Applicant proposes to meet each of the guidelines.

NERC's treatment approach will be based on DMHAS Practice guidelines that define recovery and recovery-oriented care.

5. Describe how other residents in the proposed service area of the NERC New Haven location would access the proposed services. How are these potential clients currently receiving mental health treatment?

NERC is located at 311 East Street, New Haven, CT. The facility is approximately 500 feet from the Grand Ave and East Street bus stop. This bus stop is on the CT Transit C and D lines, making it very accessible from surrounding towns. In addition the facility is located less than a mile from Exit 2 on Interstate 91 and about 2 miles from Exit 46 on Interstate 95. NERC NH currently possesses a client base of nearly 400 MMTP clients who have no trouble accessing services by both public and private transportation methods.

Currently these patients receive treatment at the following facilities:

Connection Inc
Outpatient Clinic
205-209 Orange Street
1st Floor
New Haven, CT 06510

Yale New Haven Psychiatric Hospital
Adult Intensive Outpatient
425 George Street
New Haven, CT 06511

Cornell Scott Hill Health Center
Northside Community Outpatient Servs
226 Dixwell Avenue
2nd Floor Suite 200
New Haven, CT 06511

6. Provide the number of months covered in Table 8 on page 31. Also, please update the table to reflect utilization by town for the Bridgeport location only.

**TABLE 8
UTILIZATION BY TOWN**

| Town | Utilization FY 2016** |
|-------------------|--------------------------|
| Ansonia, CT | 14 |
| Beacon Falls, CT | 4 |
| Bethel, CT | 5 |
| Bridgeport, CT | 235 |
| Bridgewater, CT | 1 |
| Bristol, CT | 2 |
| Brookfield, CT | 4 |
| Danbury, CT | 14 |
| Derby, CT | 8 |
| Easton, CT | 2 |
| Faifield, CT | 11 |
| Milford, CT | 9 |
| Monroe, CT | 5 |
| Naugatuck, CT | 16 |
| New Canaan, CT | 1 |
| New Fairfield, CT | 1 |
| New Haven, CT | 1 |
| New Milford, CT | 4 |
| Norwalk, CT | 4 |
| Orange, CT | 1 |
| Oxford, CT | 6 |
| Redding, CT | 1 |
| Ridgefield, CT | 3 |
| Seymour, CT | 9 |
| Shelton, CT | 34 |
| Sandy Hook, CT | 2 |
| Seymour, CT | 12 |
| Shelton, CT | 32 |
| Shelton, CT | 2 |
| Southbury, CT | 1 |
| Staffordville, CT | 2 |
| Stamford, CT | 31 |
| Stratford, CT | 1 |
| Thomaston, CT | 3 |
| Torrington, CT | 20 |
| Trumbull, CT | 29 |
| Waterbury, CT | 1 |

| | |
|----------------|-----|
| Watertown, CT | 1 |
| West Haven, CT | 1 |
| Westport, CT | 2 |
| Winsted, CT | 2 |
| Wolcott, CT | 471 |
| Total | |

** Table 8 represents a period of 9 months; 01/01/16 - 09/30/16.

- 7. Page 42 states that 20% of the total population will utilize the proposed program within 3 years, yet page 18 states that over 90% of NERC clients receiving substance abuse treatment are also suffering from mental illness. What proportion of NERC Bridgeport clients are currently suffering from co-occurring disorders? Explain how they will access and utilize the proposed services.**

According to NERC data 85% of BPT patients are suffering from co-occurring disorders. This number is approximated from the number of patients who are utilizing the facilities in house psychiatrist to be stabilized prior to being referred out as well as the number of clients receiving prescriptions from an external psychiatrist.

All patients being treated at NERC will have access to our mental health services. If a client is

currently receiving substance about treatment from NERC, the client will alert their SA counselor that they are interested in receiving MH services as well. The SA counselor will alert the designated MH counselor who will complete a Mental Health Screening Form III (MSFIII). If the client is appropriate for treatment at NERC based on needed level of care as well as capacity the patient will be referred to the proposed NERC MH program. Once formally admitted into the program, the client will be assigned a specific MH counselor who will be charged with creating and maintaining the client's treatment plan as well as liaising between the client and the medical professional.

8. The data in the table below is taken from Tables 5 and 6 on page 29. Please revise Tables 5 and 6 to include utilization for the Bridgeport location only. Provide the unit of measure (clients, sessions or visits) for the utilization data provided in the table. Confirm that the volume for IOP is included in the projected utilization for the mental health outpatient program. Also, provide the method of annualizing and the number of actual months covered for fiscal year 2016. Explain the 90% increase in the projected utilization for methadone maintenance in 2017 compared with the current fiscal year, should this still exist after revising the data.

| Service** | Actual Volume | | | CFY Volume | Projected Volume | | |
|--------------------------|---------------|---------|---------|------------|------------------|---------|---------|
| | FY 2013 | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
| Methadone Maintenance | N/A | 22,672 | 23,400 | 24,232 | 26,410 | 28,731 | 28,756 |
| IOP | N/A | 75 | 540 | 540 | | | |
| Mental Health Outpatient | | | | | 4,136 | 5,657 | 5,657 |
| Total | N/A | 22,747 | 23,940 | 24,772 | | | |

**TABLE 5
HISTORICAL UTILIZATION BY SERVICE**

| Service** | Actual Volume (Last 3 Completed FYs) | | | CFY Volume* |
|-----------------------|---|---------------|---------------|---------------|
| | FY 2013*** | FY 2014*** | FY 2015*** | FY 2016*** |
| Methadone Maintenance | N/A | 22,672 claims | 23,400 claims | 25,012 claims |
| IOP | N/A | 75 sessions | 540 sessions | 540 sessions |
| Total | N/A | 22,747 | 23,940 | 24,772 |

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than 6 months, report actual volume and identify the period covered.

** Identify each service type and level adding lines as necessary. Provide the number of visits or discharges as appropriate for each service type and level listed.

*** Fill in years. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

Methadone maintenance is billed as a weekly bundle. Each claim for this service represents 1 week of treatment per 1 client. The FY of 2016 is a projected number comprised of 11 months of actual data (January-September) while the remainder of the year assumes a consistent rate of treatment through year end. The 90% jump is actually the result of a typo. NERC expects to conclude 2016 with a total of 481 clients. Assuming we obtain the mental health license in Q1 2017, we expect increased interest from underserved populations suffering from co-occurring mental health and substance abuse disorders. The interest will bring our patient population to increase about 5.6%. This will bring our 2017 census to 508 clients. The following year we forecast the rate increasing by a 3.25% to increase by roughly 8.8% to 553 clients and approximately remain steady at that census through 2019.

Although NERC possesses an IOP license it does not have the ability to mandate IOP attendance. Historically, this has made IOP attendance highly variable and difficult to forecast. However going forward we expect the majority of the IOP patients to be mental health patients suffering from co-occurring conditions. According to NERC internal data, 85% of our current population exhibit signs of co-occurring disorders (see question 7). Applying this to the projected 2017 census of 508 clients, NERC possesses a comorbid population of 432 clients. Assuming 20% of these clients opt to receive mental health treatment with NERC, NERC will add 86 clients (or 17%) to the proposed mental health program in 2017. In 2018 we expect the mental health program to grow to 111 clients or 20% of the projected 2018 census. In 2019 we expect the growth to taper and remain steady at that census. Utilizing NERC internal data, we expect clients in our mental health program to attend an average of 2 sessions per month.

**TABLE 6
 PROJECTED UTILIZATION BY SERVICE**

| Service* | Projected Volume | | |
|--------------------------|------------------|---------------|---------------|
| | FY 2017** | FY 2018** | FY 2019** |
| Mental Health Outpatient | 4,420 | 5,525 | 6,630 |
| Methadone Maintenance | 46,410 | 48,731 | 48,731 |
| Total | 50,830 | 54,256 | 55,361 |

* Identify each service type by location and add lines as necessary. Provide the number of visits/discharges as appropriate for each service listed.

** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

- 9. According to the Behavioral Health Treatment Services Locator on the Substance Abuse and Mental Health Services Administration website (<https://findtreatment.samhsa.gov>), NERC of Bridgeport currently accepts cash or self-pay. Does this location accept Access to Recovery (ATR) Vouchers and have the availability of a sliding fee scale, similar to the**

New Haven location? Will this be extended to the proposed mental health treatment program? Provide a copy of the charity care policy if it applies to the proposal.

10. Provide the referral sources for the substance abuse treatment program for the Bridgeport location only.

Currently the majority of Bridgeport clients enroll in the facility through client to client referrals. However we do regularly receive referrals from The Summit House, First Step Detox, alongside a number a handful of private physicians in the area.

11. Include any copies of agreements (e.g. memorandum of understanding, transfer agreement, operating agreement) related to the proposal. This includes any key referral and/or transfer agreements with local providers.

See Attachment

12. Update and resubmit the Financial Worksheet (A) on pages 62 and 63 based on the Bridgeport location only. Include the net patient service revenue for commercial insurers in line 9. Verify any revenue included under "Other" non-government net patient service revenue. Also, verify there is no projected incremental income from Medicaid in line 6, column 12. Please include labels identifying the fiscal years.

See Attachment

13. Update Table 4 on page 28 based on the updated Financial Worksheet (A) for the Bridgeport location. Also, the table shows that fiscal year 2016 is projected to have \$40,000 in incremental operating expenses. Please reflect this appropriately in Financial Worksheet (A).

**Table 4
 PROJECTED INCREMENTAL REVENUES AND EXPENSES**

| | FY 2016* | FY 2017* | FY 2018* |
|---------------------------|----------|-----------|-----------|
| Revenue from Operations | \$46,344 | \$195,782 | \$213,124 |
| Total Operating Expenses | \$40,000 | \$40,000 | \$40,000 |
| Gain/Loss from Operations | \$6,344 | \$155,782 | \$173,124 |

* Fill in years using those reported in the Financial Worksheet attached.

14. Page 14 states that the existing location was chosen for the mental health treatment program to improve client health outcomes, including reduced rates of relapse. What is the rate of relapse for the Bridgeport location clients? Provide evidence such as scholarly articles, studies or reports which demonstrate how the location of the proposed services impacts rates of relapse.

NERC intends to locate the mental health treatment program in the same location as its current substance abuse treatment program, 3851 Main Street, Bridgeport, CT. The idea that the location will help reduce the rate of relapse and improve client health outcomes is not related to the physical location itself, but instead the theory of collocation. NERC believes by collocating both the substance abuse and the mental health treatment programs this will ensure better continuity of care.

This is supported in the following excerpt from the book: Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series.

“Collocation and clinical integration of services Physical proximity of would-be collaborators facilitates collaboration (IOM, 2004a). This point is exemplified by the multiple studies of mental or substance-use health care showing that same-site delivery of both types of care or primary care is more effective in identifying comorbid conditions (Weisner et al., 2001), effectively links clients to the collocated services (Druss et al., 2001; Samet et al., 2001), and can improve treatment outcomes (Unutzer et al., 2001; Weisner et al., 2001). In a 1995 study of a nationally representative sample of all outpatient drug-use treatment units, same-site delivery of services was more effective than formal arrangements with external providers, referral agreements, or case management in ensuring that patients would utilize necessary services (a first step in collaborative care) (Friedmann et al., 2000a). For these reasons, the collocation of multiple services (mental, substance-use, and/or general health) at the same site is a frequently cited feature of many care collaboration programs. The congressionally mandated study of prevention and treatment of co-occurring substance-use and mental conditions (SAMHSA, undated) highlighted “integrated treatment” as an evidence-based approach for co-occurring disorders, defined, in part, as services delivered “in one setting.” The report noted that such integrated treatment programs can take place in either the mental or substance-use treatment setting, but require that treatment and service for both conditions be delivered by appropriately trained staff “within the same setting.”

15. Update the list of services and service locations of existing providers on pages 33 and 34 based on the service area for the Bridgeport location only.

See Attachment

16. Update Table 7 on page 30 to reflect the payer mix of the Bridgeport location only, based on patient and visit volume. Utilize the table format below. Ensure visit totals are consistent with “Outpatient Visits” in the Financial Worksheet (A). Also, please explain the basis and the assumptions used to project the reported numbers.

**CURRENT AND PROJECTED PAYER MIX FOR
NEW ERA REHABILITATION CENTER, INC., BY NUMBER OF CLIENTS AND VISITS**

| Payer | Current | | | | Projected | | | | | | | | |
|----------------------------------|--------------------|--------------|-------------------|---------------|--------------|--------------|---------------|--------------|--------------|---------------|--------------|--------------|---------------|
| | FY 2016 9/27/16 | FY 2016 | | | FY 2017 | | | FY 2018 | | | FY 2019 | | |
| | Patient Vol. | Pat. Vol. | % | Claim Vol. | Pat. Vol. | % | Claim Vol. | Pat. Vol. | % | Claim Vol. | Pat. Vol. | % | Claim Vol. |
| Medicare* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medicaid* | 430 | 448 | 93% | 23,296 | 475 | 94% | 24,700 | 520 | 94% | 27,040 | 520 | 94% | 27,040 |
| CHAMPUS & TriCare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Government | 430 | 448 | 93.1 % | 23,296 | 475 | 93.5% | 24,700 | 520 | 94.0% | 27,040 | 520 | 94.0% | 27,040 |
| Commercial Insurers | 5 | 5 | 1.0% | 260 | 5 | 1.0% | 260 | 5 | 0.9% | 260 | 5 | 0.9% | 260 |
| Self-pay | 28 | 28 | 5.8% | 1,456 | 28 | 5.5% | 1,456 | 28 | 5.1% | 1,456 | 28 | 5.1% | 1,456 |
| Uninsured | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Workers Comp. | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Non- Government | 33 | 33 | 7% | 1,716 | 33 | 6% | 1,716 | 33 | 6.0% | 1,716 | 33 | 6% | 1,716 |
| Total Payer Mix | 463 | 481 | 100% | 25,012 | 508 | 100% | 26,416 | 553 | 100% | 28,756 | 553 | 100% | 28,756 |

Collaboration also is typically characterized by necessary precursors. Clinicians are more likely to collaborate when they perceive each other as having the knowledge necessary for good clinical care (Baggs and Schmitt, 1997). Mutual respect and trust are necessary precursors to collaboration as well (Baggs and Schmitt, 1988; Rice, 2000); personal respect and trust are intertwined with respect for and trust in clinical competence.

Care coordination is the outcome of effective collaboration. Coordinated care prevents drug–drug interactions and redundant care processes. It does not waste the patient’s time or the resources of the health care system. Moreover, it promotes accurate diagnosis and treatment because all providers receive relevant diagnostic and treatment information from all other providers caring for a patient.

Care integration is related to care coordination. As defined by experts in health care organization and management (Shortell et al., 2000), integration of care and services can be of three types:

- “*Clinical integration* is the extent to which patient care services are *coordinated* across people, functions, activities, and sites over time so as to maximize the value of services delivered to patients” (p. 129).
- *Physician (or clinician) integration* is the extent to which clinicians are economically linked to an organized delivery system, use its facilities and services, and actively participate in its planning, management and governance.
- *Functional integration* is “the extent to which key support functions and activities (such as financial management, strategic planning, human resources management, and information management) are coordinated across operating units so as to add the greatest overall value to the system” (p. 31). The most important of these functions and activities are human resources deployment strategies, information technologies, and continuous improvement processes.

Shortell et al.’s *clinical* integration corresponds to care coordination as addressed in the *Quality Chasm* report.

In the context of co-occurring mental and substance-use problems and illnesses, the Substance Abuse and Mental Health Services Administration (SAMHSA) similarly identifies three levels of integration (SAMHSA, undated):

- *Integrated treatment* refers to interactions *between clinicians* to address the individual needs of the client/patient, and consists of “any mechanism by which treatment interventions for co-occurring disorders are combined within the context of a primary treatment relationship or service setting” (p. 61).

- *Integrated program* refers to an organizational structure that ensures the provision of staff or linkages with other programs to address all of a client's needs.
- *Integrated systems* refers to an organizational structure that supports an array of programs for individuals with different needs through funding, credentialing/licensing, data collection/reporting, needs assessment, planning, and other system planning and operation functions.

SAMHSA's *integrated treatment* corresponds to Shortell et al.'s *clinical integration*; both appear to equate to *coordination of care* as used in the *Quality Chasm* report. In this report, we use the *Quality Chasm* terminology of *care coordination* and address the coordination of care at the level of the patient. We do not address issues surrounding the other levels of coordination or integration represented by Shortell et al.'s *clinician* and *functional integration* or SAMHSA's *integrated programs* and *systems*.

FAILED COORDINATION OF CARE FOR CO-OCCURRING CONDITIONS

Co-Occurring Mental, Substance-Use, and General Health Problems and Illnesses

Mental or substance-use problems and illnesses seldom occur in isolation. Approximately 15–43 percent of the time they occur together (Kessler et al., 1996; Kessler, 2004; Grant et al., 2004a,b; SAMHSA, 2004). They also accompany a wide variety of general medical conditions (Katon, 2003; Mertens et al., 2003), sometimes masquerade as separate somatic problems (Katon, 2003; Kroenke, 2003), and often go undetected (Kroenke et al., 2000; Saitz et al., 1997). As a result, individuals with M/SU problems and illnesses have a heightened need for coordinated care.

Co-Occurring Mental and Substance-Use Problems and Illnesses

The 1990–1992 National Comorbidity Survey well documented the high rates of co-occurring mental and substance use conditions, finding an estimated 42.7 percent of adults aged 15–54 with an alcohol or drug “disorder” also having a mental disorder, and 14.7 percent of those with a mental disorder also having an alcohol or drug disorder (Kessler et al., 1996; Kessler 2004). These findings are reaffirmed by more recent studies. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions, 19.7 percent of the general adult (18 and older) U.S. population with any substance-use disorder is estimated to have at least one

Applicant Name: **FOR-PROFIT**
 Financial Worksheet (B)
 Please provide one year of actual results and three years of projections of Total Entity revenue, expense and volume statistics without incremental to and with the CON proposal in the following reporting format:

| LINE | Total Entity | FY 2016 (YTD 9/27/16) | | FY 2017 | | FY 2018 | | FY 2019 | | FY 2019 | |
|--|--|-----------------------|-------------|-------------|-------------|-------------|------------|-------------|------------|-------------|------------|
| | | Actual | Projected | Projected | Projected | Projected | Projected | Projected | Projected | Projected | Projected |
| | | Without CON | With CON | Without CON | With CON | Without CON | With CON | Without CON | With CON | Without CON | With CON |
| A. OPERATING REVENUE | | | | | | | | | | | |
| 1 | Total Gross Patient Revenue | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2 | Less Allowances | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 3 | Less Charity Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 4 | Less Other Discounts | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5 | Net Patient Service Revenue | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 6 | Medicaid | \$1,684,273 | \$1,119,283 | \$2,292,377 | \$2,388,271 | \$2,348,687 | \$1,95,762 | \$2,467,171 | \$2,13,124 | \$2,467,171 | \$2,13,124 |
| 7 | CHAMPUS & Tricare | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 8 | Other | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 9 | Total Commercial | \$1,684,273 | \$1,119,283 | \$2,292,377 | \$2,388,271 | \$2,348,687 | \$1,95,762 | \$2,467,171 | \$2,13,124 | \$2,467,171 | \$2,13,124 |
| 10 | Commercial Insurers | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 11 | Uninsured | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 12 | Workers Compensation | \$46,697 | \$0 | \$57,308 | \$57,308 | \$58,742 | \$58,742 | \$61,679 | \$61,679 | \$61,679 | \$61,679 |
| 13 | Other | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Total Non-Government | \$46,697 | \$0 | \$57,308 | \$57,308 | \$58,742 | \$58,742 | \$61,679 | \$61,679 | \$61,679 | \$61,679 |
| | Net Patient Service Revenue* | \$1,910,880 | \$1,119,283 | \$2,349,685 | \$2,388,271 | \$2,407,429 | \$1,95,762 | \$2,528,850 | \$2,13,124 | \$2,528,850 | \$2,13,124 |
| 14 | Less: Provision for Bad Debts | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Provider Bad Debts | \$1,910,880 | \$1,119,283 | \$2,349,685 | \$2,388,271 | \$2,407,429 | \$1,95,762 | \$2,528,850 | \$2,13,124 | \$2,528,850 | \$2,13,124 |
| 15 | Net Operating Revenue | \$1,910,880 | \$1,119,283 | \$2,349,685 | \$2,388,271 | \$2,407,429 | \$1,95,762 | \$2,528,850 | \$2,13,124 | \$2,528,850 | \$2,13,124 |
| 16 | Net Operating Revenue | \$1,910,880 | \$1,119,283 | \$2,349,685 | \$2,388,271 | \$2,407,429 | \$1,95,762 | \$2,528,850 | \$2,13,124 | \$2,528,850 | \$2,13,124 |
| B. OPERATING EXPENSES | | | | | | | | | | | |
| 1 | Salaries and Wages | \$847,513 | \$589,899 | \$759,698 | \$799,696 | \$771,398 | \$40,000 | \$977,000 | \$40,000 | \$977,000 | \$40,000 |
| 2 | Physician Fees | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 3 | Supplies and Drugs | \$96,845 | \$0 | \$104,377 | \$104,377 | \$106,664 | \$0 | \$109,126 | \$0 | \$109,126 | \$0 |
| 4 | Depreciation and Amortization | \$181,559 | \$0 | \$181,559 | \$181,559 | \$181,559 | \$0 | \$183,403 | \$0 | \$183,403 | \$0 |
| 5 | Provision for Bad Debts-Other ^a | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 6 | Malpractice Insurance Cost | \$13,514 | \$0 | \$13,514 | \$13,514 | \$13,514 | \$0 | \$13,514 | \$0 | \$13,514 | \$0 |
| 7 | Lease Expense | \$19,206 | \$0 | \$19,206 | \$19,206 | \$19,206 | \$0 | \$19,206 | \$0 | \$19,206 | \$0 |
| 8 | Lease Expense | \$196,590 | \$0 | \$196,590 | \$196,590 | \$196,590 | \$0 | \$196,590 | \$0 | \$196,590 | \$0 |
| 9 | Other Operating Expenses | \$385,151 | \$0 | \$385,151 | \$385,151 | \$423,666 | \$0 | \$444,849 | \$0 | \$444,849 | \$0 |
| 10 | Total Operating Expenses | \$1,721,841 | \$589,899 | \$1,778,934 | \$1,788,934 | \$1,778,937 | \$40,000 | \$1,785,086 | \$40,000 | \$1,785,086 | \$40,000 |
| | INCOME/(LOSS) FROM OPERATIONS | \$189,039 | \$529,384 | \$570,751 | \$607,337 | \$629,032 | \$155,762 | \$743,765 | \$173,124 | \$743,765 | \$173,124 |
| C. RETAINED EARNINGS, BEGINNING OF YEAR | | | | | | | | | | | |
| | NON-OPERATING INCOME | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Income before provision for income taxes | \$189,039 | \$529,384 | \$570,751 | \$607,337 | \$629,032 | \$155,762 | \$743,765 | \$173,124 | \$743,765 | \$173,124 |
| | Provision for income taxes | \$75,616 | \$0 | \$74,008 | \$0 | \$74,008 | \$0 | \$74,008 | \$0 | \$74,008 | \$0 |
| | NET INCOME | \$113,423 | \$529,384 | \$500,743 | \$607,337 | \$555,024 | \$155,762 | \$669,757 | \$173,124 | \$669,757 | \$173,124 |
| D. PROFITABILITY SUMMARY | | | | | | | | | | | |
| 1 | Hospital Operating Margin | 5.9% | 10.0% | 25.6% | 13.7% | 26.1% | 26.6% | 26.4% | 26.4% | 26.4% | 26.4% |
| 2 | Hospital Non-Operating Margin | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 3 | Hospital Total Margin | 5.9% | 10.0% | 25.6% | 13.7% | 26.1% | 26.6% | 26.4% | 26.4% | 26.4% | 26.4% |
| E. VOLUME STATISTICS* | | | | | | | | | | | |
| 1 | Volume Discharges | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | Outpatient Visits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | TOTAL VOLUME | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

*Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.
^aProvide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASS, No.2011-07, July 2011.
^bProvide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.
^cProvide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.



Certificate of Need
Additional Information
Docket Number 16-32115-CON

1. Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the applicant.

See Attachment

2. Place a checkmark (✓) in the “Needed for Proposal” column for each license that the Applicant is seeking from the State’s Department of Public Health (DPH) in relation to the proposal.

Table 1: DPH Licenses Needed for the Proposal

| License | Needed for Proposal |
|---|--------------------------|
| Psychiatric Outpatient Clinic for Adults | ✓ |
| Mental Health Day Treatment (outpatient- one unit of service must be four (4) hours or more per person daily also known as Partial Hospitalization) | ✓ |
| Mental Health Residential Living Center | <input type="checkbox"/> |
| Mental Health Community Residence | <input type="checkbox"/> |
| Facility for the Care or the Treatment of Substance Abusive or Dependent Persons: Select at least one of the following if proposing substance abuse treatment services: <ul style="list-style-type: none"> Ambulatory Chemical Detox (outpatient) <input type="checkbox"/> Day or Evening Treatment (outpatient, one unit of service is less than four (4) hours per person daily, includes IOP & OP) <input type="checkbox"/> Chemical Maintenance (outpatient, administers Methadone, DEA involved in approval) <input type="checkbox"/> Outpatient Treatment (outpatient) <input type="checkbox"/> Care or Rehab (residential) <input type="checkbox"/> Intermediate and long term treatment and rehab (residential) <input type="checkbox"/> Detoxification & Evaluation (residential) <input type="checkbox"/> | <input type="checkbox"/> |

3. Explain how the proposed mental health treatment program will operate, including the services to be provided, treatment approaches and structure.

NERC's goal is to provide comprehensive, recovery-oriented care for adults 18 years and older with mental health and/or co-occurring disorders. NERC's treatment approach to recovery-oriented care is based on DMHAS Practice Guidelines that define recovery and recovery-oriented care:

- Recovery refers to the ways in which persons with mental illness, addiction, and/or medical/physical issues experience and manage their disorder in the process of maintaining and/or reclaiming their life in the community
- Recovery-oriented care is what psychiatric, addiction, primary medical treatment and rehabilitation practitioners offer in support of the person's recovery and/or management of his or her chronic illness/condition

NERC provides mental health services to clients in any of the substance abuse programs toward improving access, engagement and continuity of care. Individual person-centered recovery plans for clients will address all identified behavioral health needs. Clients are not expected or required to progress in treatment through a pre-determined continuum of care.

The services will be provided by a combination of licensed psychiatrists, psychiatric APRNs, Licensed Professional Counselors and Licensed Marriage and Family Therapists. The interdisciplinary team will be employing medication therapy, individual and group counseling, staged interventions, motivational enhancement therapy, cognitive behavioral therapy and social support interventions. The structure of the treatment ranging from intake to discharge planning is outlined in the policy and procedures for the mental health program.

4. Identify the Standard of Practice Guidelines that will be utilized in relation to the proposal. Attach copies of relevant sections and briefly describe how the Applicant proposes to meet each of the guidelines.

NERC's treatment approach will be based on DMHAS Practice guidelines that define recovery and recovery-oriented care.

5. Describe how other residents in the proposed service area of the NERC New Haven location would access the proposed services. How are these potential clients currently receiving mental health treatment?

NERC is located at 311 East Street, New Haven, CT. The facility is approximately 500 feet from the Grand Ave and East Street bus stop. This bus stop is on the CT Transit C and D lines, making it very accessible from surrounding towns. In addition the facility is located less than a mile from Exit 2 on Interstate 91 and about 2 miles from Exit 46 on Interstate 95. NERC NH currently possesses a client base of nearly 400 MMTP clients who have no trouble accessing services by both public and private transportation methods.

Currently these patients receive treatment at the following facilities:

Connection Inc
Outpatient Clinic
205-209 Orange Street
1st Floor
New Haven, CT 06510

Yale New Haven Psychiatric Hospital
Adult Intensive Outpatient
425 George Street
New Haven, CT 06511

Cornell Scott Hill Health Center
Northside Community Outpatient Servs
226 Dixwell Avenue
2nd Floor Suite 200
New Haven, CT 06511

6. Provide the number of months covered in Table 8 on page 31. Also, please update the table to reflect utilization by town for the Bridgeport location only.

**TABLE 8
UTILIZATION BY TOWN**

| Town | Utilization FY 2016** |
|-------------------|--------------------------|
| Ansonia, CT | 14 |
| Beacon Falls, CT | 4 |
| Bethel, CT | 5 |
| Bridgeport, CT | 235 |
| Bridgewater, CT | 1 |
| Bristol, CT | 2 |
| Brookfield, CT | 4 |
| Danbury, CT | 14 |
| Derby, CT | 8 |
| Easton, CT | 2 |
| Faifield, CT | 11 |
| Milford, CT | 9 |
| Monroe, CT | 5 |
| Naugatuck, CT | 16 |
| New Canaan, CT | 1 |
| New Fairfield, CT | 1 |
| New Haven, CT | 1 |
| New Milford, CT | 4 |
| Norwalk, CT | 4 |
| Orange, CT | 1 |
| Oxford, CT | 6 |
| Redding, CT | 1 |
| Ridgefield, CT | 3 |
| Seymour, CT | 9 |
| Shelton, CT | 34 |
| Sandy Hook, CT | 2 |
| Seymour, CT | 12 |
| Shelton, CT | 32 |
| Southbury, CT | 2 |
| Staffordville, CT | 1 |
| Stamford, CT | 2 |
| Stamford, CT | 31 |
| Stratford, CT | 1 |
| Thomaston, CT | 3 |
| Torrington, CT | 20 |
| Trumbull, CT | 29 |
| Waterbury, CT | 1 |

| | |
|----------------|-----|
| Watertown, CT | 1 |
| West Haven, CT | 1 |
| Westport, CT | 2 |
| Winsted, CT | 2 |
| Wolcott, CT | 471 |
| Total | |

** Table 8 represents a period of 9 months; 01/01/16 - 09/30/16.

7. **Page 42 states that 20% of the total population will utilize the proposed program within 3 years, yet page 18 states that over 90% of NERC clients receiving substance abuse treatment are also suffering from mental illness. What proportion of NERC Bridgeport clients are currently suffering from co-occurring disorders? Explain how they will access and utilize the proposed services.**

According to NERC data 85% of BPT patients are suffering from co-occurring disorders. This number is approximated from the number of patients who are utilizing the facilities in house psychiatrist to be stabilized prior to being referred out as well as the number of clients receiving prescriptions from an external psychiatrist.

All patients being treated at NERC will have access to our mental health services. If a client is currently receiving substance abuse treatment from NERC, the client will alert their SA counselor that they are interested in receiving MH services as well. The SA counselor will alert the designated MH counselor who will complete a Mental Health Screening Form III (MSFIII). If the client is appropriate for treatment at NERC based on needed level of care as well as capacity the patient will be referred to the proposed NERC MH program. Once formally admitted into the program, the client will be assigned a specific MH counselor who will be charged with creating and maintaining the client's treatment plan as well as liaising between the client and the medical professional.

8. **The data in the table below is taken from Tables 5 and 6 on page 29. Please revise Tables 5 and 6 to include utilization for the Bridgeport location only. Provide the unit of measure (clients, sessions or visits) for the utilization data provided in the table. Confirm that the volume for IOP is included in the projected utilization for the mental health outpatient**

program. Also, provide the method of annualizing and the number of actual months covered for fiscal year 2016. Explain the 90% increase in the projected utilization for methadone maintenance in 2017 compared with the current fiscal year, should this still exist after revising the data.

| Service** | Actual Volume | | | CFY Volume | Projected Volume | | |
|--------------------------|---------------|---------|---------|------------|------------------|---------|---------|
| | FY 2013 | FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
| Methadone Maintenance | N/A | 22,672 | 23,400 | 24,232 | 26,410 | 28,731 | 28,756 |
| IOP | N/A | 75 | 540 | 540 | | | |
| Mental Health Outpatient | | | | | 4,136 | 5,657 | 5,657 |
| Total | N/A | 22,747 | 23,940 | 24,772 | | | |

**TABLE 5
HISTORICAL UTILIZATION BY SERVICE**

| Service** | Actual Volume (Last 3 Completed FYs) | | | CFY Volume* |
|-----------------------|---|---------------|---------------|---------------|
| | FY 2013*** | FY 2014*** | FY 2015*** | FY 2016*** |
| Methadone Maintenance | N/A | 22,672 claims | 23,400 claims | 25,012 claims |
| IOP | N/A | 75 sessions | 540 sessions | 540 sessions |
| Total | N/A | 22,747 | 23,940 | 24,772 |

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than 6 months, report actual volume and identify the period covered.
** Identify each service type and level adding lines as necessary. Provide the number of visits or discharges as appropriate for each service type and level listed.
*** Fill in years. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

Methadone maintenance is billed as a weekly bundle. Each claim for this service represents 1 week of treatment per 1 client. The FY of 2016 is a projected number comprised of 11 months of actual data (January-September) while the remainder of the year assumes a consistent rate of treatment through year end. The 90% jump is actually the result of a typo. NERC expects to conclude 2016 with a total of 481 clients. Assuming we obtain the mental health license in Q1 2017, we expect increased interest from underserved populations suffering from co-occurring mental health and substance abuse disorders. The interest will bring our patient population to increase about 5.6%. This will bring our 2017 census to 508 clients. The following year we forecast the rate increasing by a 3.25% to increase by roughly 8.8% to 553 clients and approximately remain steady at that census through 2019.

Although NERC possesses an IOP license it does not have the ability to mandate IOP attendance. Historically, this has made IOP attendance highly variable and difficult to forecast. However going forward we expect the majority of the IOP patients to be mental health patients suffering from co-occurring conditions. According to NERC internal data, 85% of our current population exhibit signs of co-occurring disorders (see question 7). Applying this to the projected 2017 census of 508 clients, NERC possesses a comorbid population of 432 clients. Assuming 20% of these clients opt to receive mental health treatment with NERC, NERC will add 86 clients (or 17%) to the proposed mental health program in 2017. In 2018 we expect the mental health program to grow to 111 clients or 20% of the projected 2018 census. In 2019 we expect the growth to taper and remain steady at that census. Utilizing NERC internal data, we expect clients in our mental health program to attend an average of 2 sessions per month.

**TABLE 6
PROJECTED UTILIZATION BY SERVICE**

| Service* | Projected Volume | | |
|--------------------------|------------------|---------------|---------------|
| | FY 2017** | FY 2018** | FY 2019** |
| Mental Health Outpatient | 4,420 | 5,525 | 6,630 |
| Methadone Maintenance | 46,410 | 48,731 | 48,731 |
| Total | 50,830 | 54,256 | 55,361 |

* Identify each service type by location and add lines as necessary. Provide the number of visits/discharges as appropriate for each service listed.

** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary. If the time period reported is not *identical* to the fiscal year reported in Table 4 of the application, provide the date range using the mm/dd format as a footnote to the table.

9. According to the Behavioral Health Treatment Services Locator on the Substance Abuse and Mental Health Services Administration website (<https://findtreatment.samhsa.gov>), NERC of Bridgeport currently accepts cash or self-pay. Does this location accept Access to Recovery (ATR) Vouchers and have the availability of a sliding fee scale, similar to the New Haven location? Will this be extended to the proposed mental health treatment program? Provide a copy of the charity care policy if it applies to the proposal.

10. Provide the referral sources for the substance abuse treatment program for the Bridgeport location only.

Currently the majority of Bridgeport clients enroll in the facility through client to client referrals. However we do regularly receive referrals from The Summit House, First Step Detox, alongside a number a handful of private physicians in the area.

11. Include any copies of agreements (e.g. memorandum of understanding, transfer agreement, operating agreement) related to the proposal. This includes any key referral and/or transfer agreements with local providers.

See Attachment

- 12. Update and resubmit the Financial Worksheet (A) on pages 62 and 63 based on the Bridgeport location only. Include the net patient service revenue for commercial insurers in line 9. Verify any revenue included under “Other” non-government net patient service revenue. Also, verify there is no projected incremental income from Medicaid in line 6, column 12. Please include labels identifying the fiscal years.**

See Attachment

- 13. Update Table 4 on page 28 based on the updated Financial Worksheet (A) for the Bridgeport location. Also, the table shows that fiscal year 2016 is projected to have \$40,000 in incremental operating expenses. Please reflect this appropriately in Financial Worksheet (A).**

**Table 4
 PROJECTED INCREMENTAL REVENUES AND EXPENSES**

| | FY 2016* | FY 2017* | FY 2018* |
|---------------------------|----------|-----------|-----------|
| Revenue from Operations | \$46,344 | \$195,782 | \$213,124 |
| Total Operating Expenses | \$40,000 | \$40,000 | \$40,000 |
| Gain/Loss from Operations | \$6,344 | \$155,782 | \$173,124 |

* Fill in years using those reported in the Financial Worksheet attached.

- 14. Page 14 states that the existing location was chosen for the mental health treatment program to improve client health outcomes, including reduced rates of relapse. What is the rate of relapse for the Bridgeport location clients? Provide evidence such as scholarly articles, studies or reports which demonstrate how the location of the proposed services impacts rates of relapse.**

NERC intends to locate the mental health treatment program in the same location as its current substance abuse treatment program, 3851 Main Street, Bridgeport, CT. The idea that the location will help reduce the rate of relapse and improve client health outcomes is not related to the physical location itself, but instead the theory of collocation. NERC believes by collocating both the substance abuse and the mental health treatment programs this will ensure better continuity of care.

This is supported in the following excerpt from the book: *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*.

“Collocation and clinical integration of services Physical proximity of would-be collaborators facilitates collaboration (IOM, 2004a). This point is exemplified by the multiple studies of mental or substance-use health care showing that same-site delivery of both types of care or primary care is more effective in identifying comorbid conditions (Weisner et al., 2001), effectively links clients to the collocated services (Druss et al., 2001; Samet et al., 2001), and can improve treatment outcomes (Unutzer et al., 2001; Weisner et al., 2001). In a 1995 study of a nationally representative sample of all outpatient drug-use treatment units, same-site delivery of services was more effective than formal arrangements with external providers, referral agreements, or case management in ensuring that patients would utilize necessary services (a first step in collaborative care) (Friedmann et al., 2000a). For these reasons, the collocation of multiple services (mental, substance-use, and/or general health) at the same site is a frequently cited feature of many care collaboration programs. The congressionally mandated study of prevention and treatment of co-occurring substance-use and mental conditions (SAMHSA, undated) highlighted “integrated treatment” as an evidence-based approach for co-occurring disorders, defined, in part, as services delivered “in one setting.” The report noted that such integrated treatment programs can take place in either the mental or substance-use treatment setting, but require that treatment and service for both conditions be delivered by appropriately trained staff “within the same setting.”

- 15. Update the list of services and service locations of existing providers on pages 33 and 34 based on the service area for the Bridgeport location only.**

See Attachment

16. Update Table 7 on page 30 to reflect the payer mix of the Bridgeport location only, based on patient and visit volume. Utilize the table format below. Ensure visit totals are consistent with "Outpatient Visits" in the Financial Worksheet (A). Also, please explain the basis and the assumptions used to project the reported numbers.

**CURRENT AND PROJECTED PAYER MIX FOR
NEW ERA REHABILITATION CENTER, INC., BY NUMBER OF CLIENTS AND VISITS**

| Payer | | Current | | | Projected | | | | | | | | |
|----------------------------------|--------------------|--------------|-------------------|---------------|--------------|--------------|---------------|--------------|--------------|---------------|--------------|--------------|---------------|
| | FY 2016 9/27/16 | FY 2016 | | | FY 2017 | | | FY 2018 | | | FY 2019 | | |
| | Patient Vol. | Pat. Vol. | % | Claim Vol. | Pat. Vol. | % | Claim Vol. | Pat. Vol. | % | Claim Vol. | Pat. Vol. | % | Claim Vol. |
| Medicare* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medicaid* | 430 | 448 | 93% | 23,296 | 475 | 94% | 24,700 | 520 | 94% | 27,040 | 520 | 94% | 27,040 |
| CHAMPUS & TriCare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Government | 430 | 448 | 93.1 % | 23,296 | 475 | 93.5% | 24,700 | 520 | 94.0% | 27,040 | 520 | 94.0% | 27,040 |
| Commercial Insurers | 5 | 5 | 1.0% | 260 | 5 | 1.0% | 260 | 5 | 0.9% | 260 | 5 | 0.9% | 260 |
| Self-pay | 28 | 28 | 5.8% | 1,456 | 28 | 5.5% | 1,456 | 28 | 5.1% | 1,456 | 28 | 5.1% | 1,456 |
| Uninsured | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Workers Comp. | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Non- Government | 33 | 33 | 7% | 1,716 | 33 | 6% | 1,716 | 33 | 6.0% | 1,716 | 33 | 6% | 1,716 |
| Total Payer Mix | 463 | 481 | 100% | 25,012 | 508 | 100% | 26,416 | 553 | 100% | 28,756 | 553 | 100% | 28,756 |

NEW ERA REHABILITATION CENTER
3851 MAIN STREET
BRIDGEPORT, CT 06606

INTERAGENCY AGREEMENT

New Era Rehabilitation Center seeks to provide adequately for our client's healthcare requirements. We desire to establish interagency service agreements with other service area providers to make available health care services and resources not available directly in our clinic.

New Era Rehabilitation Center will consequently like to establish an agreement with St. Vincent's Medical Center whereby St. Vincent's will agree to provide necessary and appropriate assessment and treatment to our clients. The intention of this agreement is to establish such a relationship officially so as to facilitate the continuity of patient care.

St. Vincent's, where judged appropriate for the individual patient, accepts the transfer or admission of patients consistent with Dr. Kolade's status as a member of the Medical Staff of St. Vincent's Medical Center and consistent with St. Vincent's mission, policies and procedures; provided, however, that this agreement is not predicated upon any undertaking between the parties as to the existence, volume or value of any referrals between them. The parties hereto will not discriminate in accepting a patient on the basis of race, creed, sex or national origin and will comply with State and Federal Regulations.

As part of the agreement both New Era and St. Vincent's shall provide the other with pertinent information as needed directly related to the expeditious and efficacious treatment of patients, so as to assure appropriate and continued care. Any exchange of patient information shall be conducted in accordance with applicable State and Federal Regulations with regards to patient confidentiality, notably Federal Regulations on Confidentiality Alcohol and Substance Abuse Patient Records (Title 42CFR, Part 2) and Health Insurance Portability and Accountability Act of 1996 (HIPAA).

New Era Rehabilitation Center

By: *E. Kolade*
Ebenizer Kolade, M. D.

Its: *Executive Director*

Date: *6-16-08*

St. Vincent's Medical Center

By: *Jose Missri*
Jose Missri, M. D.

Its: *Chief Medical Officer*

Date: *6-16-08*

SERVICES AND SERVICE LOCATIONS OF EXISTING PROVIDERS

| Facility Name | Provider Name | Facility Address | City | Hours of Operation | NPI | Current Utilization |
|---|------------------------------------|-------------------------|-------------|---------------------------|------------|----------------------------|
| FSW, Inc. CT | FSW, Inc. CT | 475 Clinton Avenue | Bridgeport | N/A | N/A | N/A |
| New Prospects | Recovery Network of Programs, Inc. | 392 Prospect Street | Bridgeport | 8:30am-8:30pm | 1407033152 | N/A |
| Recovery Network of Programs Inc Southwest Connecticut MH Systems | Recovery Network of Programs, Inc. | 480 Bond Street | Bridgeport | 8:30am-8:30pm | N/A | N/A |
| Saint Vincents Medical Center Outpatient Behavioral Health | Southwest Connecticut MH Systems | 1635 Central Avenue | Bridgeport | N/A | N/A | N/A |
| Recovery Counseling Services | Saint Vincents Medical Center | 2400 Main Street | Bridgeport | N/A | N/A | N/A |
| CASA/Project Courage Day Treatment | Recovery Network of Programs, Inc. | 1438 Park Avenue | Bridgeport | 8:30am-8:30pm | N/A | N/A |
| Chemical Abuse Services Agency Inc {CASA}/Eugenio Maria de Hostos | Chemical Abuse Services Agency Inc | 592 Kossuth St. | Bridgeport | N/A | N/A | N/A |
| Connecticut Renaissance Inc Behavioral Health OP Clinic | Chemical Abuse Services Agency Inc | 690 Arctic Street | Bridgeport | N/A | N/A | N/A |
| | Connecticut Renaissance Inc | 1 Lafayette Circle | Bridgeport | 9:00am-8:00pm | N/A | N/A |