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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF HEALTH STRATEGY

SISU INTEGRATED HEALTH, LLC (24-32709-CON)

CERTIFICATE OF NEED APPLICATION and PUBLIC HEARING

Re: Sisu Integrated Health, LLC, Establishment of a Psychiatric Outpatient Clinic for Adults and Freestanding Facility for the Care or Treatment of Substance Abuse or Dependence in Westport, Connecticut

HELD BEFORE: ALICIA NOVI, ESQ.,
THE HEARING OFFICER

DATE: October 9, 2024

TIME: 9 a.m.

PLACE: (Held Via Teleconference)

Reporter: Robert G. Dixon, N.P., CVR-M #857

APPEARANCES

OHS Staff:

STEVEN LAZARUS,
CON Program Supervisor

OLIVIA MARIANO,
Planning Analyst

YADIRA McLAUGHLIN,
Healthcare Analyst

FAYE FENTIS,
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For THE APPLICANT (SISU INTEGRATED HEALTH, LLC):

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(Begin: 9:00 a.m.)

THE HEARING OFFICER: All right. Good morning, everybody. It is October 9th, at 9 a.m. This is the S-i-s-u Integrated Health, LLC, Docket Number 24-32709-CON. The S-i-s-u Integrated Health, LLC, the Applicants in this matter, seek a certificate of need for the establishment of a healthcare facility pursuant to Connecticut General Statute Section 19a-638(a)(10).

Specifically, S-i-s-u seeks authorization to establish a psychiatric outpatient clinic for adults and a freestanding facility for the care or treatment of substance abuse or dependence. Throughout this proceeding I'll be interchangeably referring to S-i-s-u Integrated Health, LLC, as S-i-s-u for brevity purposes.

Today is October 9, 2024. My name is Alicia Novi. Dr. Deidre S. Gifford, the Commissioner of the Office of Health Strategy, designated me to serve as the Hearing Officer for this matter to hear on all motions and recommend findings of facts and conclusions of law upon completion of the hearing.

Public Act Number 21-2, as amended by Public

Act 22-3, authorizes an agency to hold public hearings by means of electronic equipment. In accordance with this legislation, any person who participates orally in an electronic meeting shall make a good-faith effort to state his, her, or their name and title at the onset of each occasion that the person participates orally during an uninterrupted dialogue or series of questions and answers.

We ask that all members of the public to mute their device that they are using to access the hearing, and silence any additional devices that are around them.

This public hearing is held pursuant to Connecticut General Statute Section 19a-639a(f)(2) which provides that HSP may hold a public hearing with respect to any certificate of need application submitted under -- oh, actually, hold on one second.

Let me just make sure I do have the right -- for some reason, I am now -- I do apologize. I think when I did this that I did not -- Attorney Lazarus, is this an F2? Or do I have that wrong?

(Pause.)

THE HEARING OFFICER: All right -- Mr. Lazarus.

I do apologize.

THE REPORTER: I'll just pause the record.

THE HEARING OFFICER: Yes, please. If we could just pause for a quick second?

I just wanted to check something.

(Pause.)

THE HEARING OFFICER: We'll go ahead back on record.

THE REPORTER: Back on the record.

THE HEARING OFFICER: I do apologize. I just wanted to make sure I had the right hearing and I was giving the right notices for this. All right.

Mr. Dixon -- a second to get re-situated.

All right. So, this is being held pursuant to Connecticut General Statutes 19a-639a(f)(2), which provides that HSP may hold a public hearing with respect to any certificate of need application submitted under Chapter 638(z).

Although this is a discretionary hearing, the manner in which OHS conducts these proceedings will be guided by Chapter 54 of the Uniform Administrative Procedures Act and the regulations of Connecticut state agencies codified in Sections

19a-9 through 24.

The Office of Health Strategy is here to assist me in gathering facts related to this application and will be asking the applicant witnesses questions if warranted.

I'm going to ask each staff person assisting with questions today to identify themselves with their name and the spelling of their last name, and their OHS title.

We'll begin with Mr. Lazarus.

MR. LAZARUS: Good morning. Stephen Lazarus, L-a-z-a-r-u-s, and I'm the Certificate of Need Program Supervisor.

THE HEARING OFFICER: Thank you.

Ms. McLaughlin?

MS. McLAUGHLIN: Good morning. My name is Yadira McLaughlin, and I am an analyst at the Office of Health Strategy for the CON team.

THE HEARING OFFICER: Thank you.

All right. Ms. Mariano?

MS. MARIANO: Good morning. My name is Olivia Mariano. I'm a planning analyst with the Office of Health Strategy, and my last name is spelled M-a-r-i-a-n-o. Thanks.

THE HEARING OFFICER: I do apologize for the spelling

of your last name.

MS. MARIANO: No worries.

THE HEARING OFFICER: Also present is Faye Fentis, and her last name is spelled F-e-n-t-i-s, a staff member from our agency who is assisting with hearing logistics and will also gather the names for public comment. If you would like to register to make a public comment, that is open at this time, and you may do so in the chat function.

The certificate of need process is a regulatory process, and as such, the highest level of respect will be accorded to the Applicant, members of the public, and our staff. Our priority is the integrity and transparency of this process. Accordingly, decorum must be maintained by all present during these proceedings.

This hearing is being transcribed and recorded, and the video will be made available on the OHS website and its YouTube account. All documents related to this hearing that have been or will be submitted to the Office of Health Strategy are available for review on our Certificate of Need portal, which is accessible through the Office of Health Strategy's CON webpage. In making my decision, I will consider

and make written findings in accordance with Section 19a-639 of the Connecticut General Statutes.

Lastly, as Zoom has notified you of either upon entering this hearing or at the start of this hearing, I wish to point out that by appearing on camera in this virtual hearing you are consenting to being filmed. If you wish to revoke your consent, please do so at this time.

The CON portal contains the pre-hearing table of record in this case. At the time of 4 p.m. on Tuesday, exhibits were identified in the table from A to R, though, there are some others that I will get to.

The Applicant is hereby noticed that I am taking administrative notice of the following documents; the statewide healthcare facilities and services plan, both the current 2024 and the previous editions; the facilities and services inventory; and the OHS acute care hospital discharge database and all-payer claims data -- let me say this again -- all-payer claims database claims data.

I may take administrative notice of the hospital reporting systems, HRS, and financial and

utilization data, and also prior OHS decisions, agreed settlements, and determinations that may be relevant to this matter.

Counsel for the Applicants, can you please identify yourself for the record at this time?

ATTORNEY COWHERD: (Inaudible) -- Cowherd of Pullman & Comley; S-t-e-p-h-e-n, C-o-w-h-e-r-d; representing the Applicant, S-i-s-u Integrated Health, LLC.

THE HEARING OFFICER: Okay. Attorney Cowherd, we only kicked in at Cowherd, so I missed everything that came before that. So if you would like to just start at the beginning -- or at least get through before Cowherd.

ATTORNEY COWHERD: Certainly, Hearing Officer Novi.

Again, it's Stephen Cowherd of Pullman & Comley. The spelling of my name is S-t-e-p-h-e-n, C-o-w-h-e-r-d, and I am here representing the Applicant, S-i-s-u Integrated Health, LLC.

THE HEARING OFFICER: Thank you very much, Attorney Cowherd.

All right. So as I said, as of last night at 4 p.m -- and when I was writing these, making sure these instructions were finalized at 4 p.m., in the portal at that time were Exhibits A through R, which was up through the Applicants' request to

supplement the record.

ATTORNEY COWHERD: Yes.

THE HEARING OFFICER: I do notice that we have two new exhibits that came in this morning, which we can deal with.

Are there any objections to A through R?

ATTORNEY COWHERD: Yes, there is. We'd like to address Exhibit D, and oppose that --

THE HEARING OFFICER: I'm sorry. Was that -- just for my clarification, was that E as in elephant? Or D as in dog?

ATTORNEY COWHERD: That is D as in dog, Hearing Officer.

THE HEARING OFFICER: Okay.

ATTORNEY COWHERD: Thank you. That is the initial letter submitted by Connecticut Center for Recovery.

We have evidence, Hearing Officer, that we'd like to submit either after this hearing or during the hearing with respect to the origination of that unsigned letter from Mr. Livolsi. It was instigated by another party for what we believe was an improper purpose and ghostwritten by yet another party and who did not identify themselves, and the metadata shows that. On top of that, it

was provided to others for a reason that is not substantive in terms of need. It was, and appears to be, out of personal animosity. In sum, we believe it was written for an inappropriate purpose to influence this agency. We'd like it stricken.

We understand that there's been a supplemental letter uploaded this morning. We do not object to that one, but we do feel that the supplemental letter is tainted by the origins of this letter, and we'd like it stricken from the record. And we'd also like the opportunity to present the evidence that we have as to the motivation of that letter to the agency in either a late file, or however the Hearing Officer deems appropriate. We will let the agency, obviously, deem and decide the appropriateness of what we're opposing.

THE HEARING OFFICER: Okay. I have read both of those. I do want to give you proper time to respond to both. So, I feel that it would be appropriate for you to do a late file with your response to those, considering that Exhibit S, which was a public comment, did not go up until 6:54 today. I do feel that it is appropriate.

We'll address it for a timeframe of getting that back to us later when we address all the late files, but I do feel that Late-File A will be the response to both public comments.

ATTORNEY COWHERD: Yes. And now, I understand, Hearing Officer, and respect that the letters uploaded this morning have not been formally deemed exhibits in this proceeding, but to the extent that the Greater Boston Addiction Center submitted a letter regarding one of the principals for the Applicant, who we'll introduce it in a moment.

We'd also like the opportunity, not only to submit a late file with respect to that letter and its origins, but also have Mr. Silva address that in his remarks to the agency this morning.

THE HEARING OFFICER: Yes, Mr. Attorney Cowherd, I'm going to allow him to do both. So why don't we have Late-File A will be the Applicant's response to both Exhibits D and S. You may address them at the same time. You may address them in different documents, and then -- or if you'd like to go separately and just attach them as one filing, that is also okay, but we will go ahead.

And I will allow them in because they are public comments. I will give them the weight I

deem appropriate, however, I also am giving you a chance to respond to both of those.

ATTORNEY COWHERD: I think that's appropriate.

And for administrative convenience, I will combine it all in one motion to strike.

THE HEARING OFFICER: Okay.

We'll make that Late-File A.

(Late-Filed Exhibit Letter A, marked for identification and noted in index.)

THE HEARING OFFICER: So, am I correct when I heard you say that you have no objection to Exhibit S coming in?

ATTORNEY COWHERD: Can you repeat exactly --

THE HEARING OFFICER: That was the public comment that was submitted this morning that you're going to respond to.

ATTORNEY COWHERD: No.

THE HEARING OFFICER: Okay. And then Exhibit T, which was a letter of support that came in at 9:05 this morning, I have not viewed that yet. We are in the hearing, so I haven't seen anything that came in from about ten minutes before the hearing onwards.

But do you have any objection to this letter of support coming in as an exhibit?

ATTORNEY COWHERD: Well, we uploaded to the appropriate website the letters of support from Nuvance Health, from High Focus Recovery, and others, and we have no objections to those letters of support that are coming in.

THE HEARING OFFICER: Okay. So, I will mark everything through Exhibit T as a full exhibit.

(CON Exhibit Letters A through T, marked for identification and noted in index.)

THE HEARING OFFICER: All right. Attorney Cowherd, do you have any additional exhibits you wish to enter to at this time?

ATTORNEY COWHERD: No. And at the appropriate time, Hearing Officer, I'd like to address the motion to supplement the record that was submitted.

We appreciate and we think appropriate to, even though this application was filed before October 1, 2024, to let in the more recent statewide healthcare facilities and services plan. We appreciate that.

Given that the two hospitals did their 2022

Connecticut and community health needs assessments for their Connecticut service areas, which are a prime focus of this application and the implementation plans, we respectfully ask that the Norwalk Hospital and Stamford Hospital CHNAs and those implementation plans for 2022 be part of this record as they are submitted per statute and in the files of OHS currently.

THE HEARING OFFICER: I'm going to go ahead and grant that order.

ATTORNEY COWHERD: Thank you.

THE HEARING OFFICER: We did have the statewide facilities plan coming in previously. That was included in my instructions -- but, yeah, we will let in the community health needs assessment for both Norwalk and Stamford as well.

ATTORNEY COWHERD: With that, Hearing Officer, I have no preliminary issues with respect to the record.

If you would like me to introduce the principals of the Applicants, I can have --

THE HEARING OFFICER: I'm going to ask you to just pause for a second.

I'm going to go through a little -- I still have a little bit more in my introduction that I have to go through. I'm going to just now go back

to some instructions for everybody.

We're going to proceed in the order established for the agenda for today's hearing. I would like to advise the Applicants that we may ask questions related to your application that will feel that you have already addressed. We will do this for the purpose of ensuring that the public has knowledge of your proposal and for the purposes of clarification. I want to reassure you that we have reviewed your application, your completeness responses, and pre-filed testimony, and I will do so many times before making a decision.

As this hearing is being held virtually, we ask that all participants, to the extent possible, should enable the use of video cameras when testifying or commenting during proceedings.

I'm going to ask also that if you have a last name that may be difficult to spell, that you spell that for our stenographer at the beginning of your testimony.

Applicants shall mute their devices and shall disable cameras when we go off record or take a break. Please be advised that we will try to shut off the recording during breaks, however, it may

continue. If the recording is on, any audio or video not disabled will be accessible to all participants to this hearing.

Public comment taken during the hearing will likely go in the order established by OHS during the registration process. However, I may allow public officials to testify out of order. I or OHS staff will call each individual by name when it is his, her, or their turn to speak. Registration for public comment is open and is scheduled to start after the technical portion. Applicants' witnesses must be available after public comment, as OHS may have follow-up questions based on public comments.

All right. Are there any additional housekeeping matters or procedural questions we need to address before we start, Attorney Cowherd?

ATTORNEY COWHERD: Not from the Applicant.

THE HEARING OFFICER: All right. So, at this point I'm going to ask Attorney Cowherd, do you wish to make an opening statement?

ATTORNEY COWHERD: I will waive the opening statement. We'll get right to the testimony in the interests of time, but I will reserve closing remarks.

THE HEARING OFFICER: Of course. And we will have

those after public comment.

ATTORNEY COWHERD: Understood.

THE HEARING OFFICER: So, Attorney Cowherd, would you please identify all individuals by name and title who are going to be testifying on behalf of the application?

And if they're in the room with you, if you could just state which direction, left or right they are of you in the room so that we can put that on the record as well?

ATTORNEY COWHERD: Yes, to my left is Reggie Silva, the Executive Director of S-i-s-u Integrated Health, LLC; R-e-g-g-i-e, S-i-l-v-a.

THE HEARING OFFICER: And do you want to -- we'll do the swearing in after.

ATTORNEY COWHERD: Yeah. To my right is Kirsten Clarke, who is the Clinical Director for S-i-s-u, the Applicant; and it is K-i-r-s-t-e-n, C-l-a-r-k-e.

THE HEARING OFFICER: All right. Thank you very much.

All right. Ms. Clarke and Mr. Silva, if you could please both raise your right hands? I'm going to go ahead and swear you both in the same time.

ATTORNEY COWHERD: Hearing Officer?

THE HEARING OFFICER: Yes?

ATTORNEY COWHERD: Before you swear in, also on camera is Brian Krulick; B-r-i-a-n, K-r-u-l-i-c-k; who has served as outside counsel and is also an investor with respect to S-i-s-u, who has advised them from the start.

As you know, Mr. Silva met with OHS in the process to speak about the application before it even came in, and Mr. Krulick has been involved in that. So, he's also on camera for that purpose.

THE HEARING OFFICER: Okay. I apologize for -- all right. I'm going to do the two that are in the room first, and then I will go to Mr. Krulick to swear him in. That way, in case he answers questions later, he's already sworn in.

All right. Ms. Clarke and Mr. Silva, if you could please raise your right hands.

K I R S T E N C L A R K E,

R E G I N A L D S I L V A,

called as witnesses, being first duly sworn by THE HEARING OFFICER, were examined and testified under oath as follows:

THE HEARING OFFICER: Mr. Krulick, if I could please have you raise your right hand?

B R I A N K R U L I C K,

called as a witness, being first duly sworn by THE HEARING OFFICER, was examined and testified under oath as follows:

THE HEARING OFFICER: All right. I would just like to remind everybody that when giving testimony, please make sure to state your full name and adopt any written testimony that you have submitted on the record prior to testifying.

The Applicants may now proceed with testimony. And just before they do that, I ask that any witnesses define acronyms that you are using for the benefit of the public and the clarity of the record. Okay?

All right. With that, Attorney Cowherd.

ATTORNEY COWHERD: Hearing officer, thank you. I apologize in advance if the agency is hearing background noise. It seems to have dulled in here from our office, but I can't control that this morning.

For just the convenience of the agency, is it appropriate for Mr. Silva to address from where he's sitting? Can you see him? Or would you like us to shift to the center of the frame? We'll do

either.

THE HEARING OFFICER: Oh, no. I can see both of them at the same time. So, they may remain where they are and testify from where they're currently located.

ATTORNEY COWHERD: Mr. Silva, go right ahead.

THE WITNESS (Silva): So, I adopt my pre-trial --

ATTORNEY COWHERD: Pre-file.

THE WITNESS (Silva): -- pre-file testimony.

THE HEARING OFFICER: And if you could just state your name and title for the record, sir?

THE WITNESS (Silva): Sure. My name is Reginald Silva. I'm the Executive Director of Sisu Integrated Health, also the managing member, and I adopt my pre-trial testimony.

THE HEARING OFFICER: Okay. Attorney Cowherd, do you have any questions, or would you like --

ATTORNEY COWHERD: No. What we'd appreciate is the opportunity for Mr. Silva, and for that matter, Ms. Clarke, to address the, you know, hearing issues and other aspects of their testimony, and the CON application.

So, Reggie, why don't you go right ahead and address the Hearing Officer and OHS staff.

THE WITNESS (Silva): Okay. My name is Reginald Silva.

I'm the Executive Director of Sisu Integrated Health. And before I touch on those specific issues, I just want to give a quick overview of my background and how this project came to fruition.

So, as stated in my testimony, I had a family member who attempted suicide back in 2019. I also take care of two of my nephews who are adopted. My mother has custody of them. Their mother is currently in -- well, she has issues of substance use, and last year their father passed away from a drug overdose. They're 13 and 14 now, but I've had them since the ages of three or four.

So, I think those two kind of traumatic events, the attempted suicide and having to explain the absence of their mother, their growing up without a father kind of pushed me in a direction to change my career path.

So, I have familiarity with the state of Connecticut. I've worked in the state of Connecticut previously before starting this venture. So, I'm familiar with the Fairfield County area and the need for service in this area.

So, I just want to touch on Sisu Integrated Health's services and why I think our services are -- are needed in the area. When putting this

project together, the overview was really to create a holistic delivery of treatment. So, combining substance abuse and the POCA, but really in addition to that, allowing more extensive wraparound services through partnerships with step-down bundles of care with focuses on holistic treatment like vocational profile, which we mentioned in our application, working with clients to build their resumes.

So, the thought process was, you know, you go through treatment and you're sober, and maybe at some point you go to alumni, or you feel like you're -- you're in a better space. But what coping skills or new skills are we actually teaching people in that process so that they can be productive members of society?

And through my experience and interaction with people based on their readmission rate, which in the Northeast, is 85 percent, I tried to get a better understanding of people that had sobriety under their belt, you know, what things made them successful. And I think things that we incorporated in our program are a reflection of the -- the things that I've learned from those individuals.

So, I think a few other things that make our services a bit more unique, as far as holistic treatment, is just our -- our approach and process to treatment in general. So, really having a robust programming system around tracking clients from when they are initially in our care.

So, we're using a CRM to track, you know, initial intakes for inquiries for service, and then having a repository within that CRM of either step-down or step-up providers that we partner with so that we're really aligning clients with the appropriate services. We do that with a system called Kipu, Kipu -- Kipu CRM. And --

THE HEARING OFFICER: I'm sorry. I couldn't quite make out what that system is. That is what?

THE WITNESS (Silva): Kipu, K-i-p-u, Kipu CRM.

THE HEARING OFFICER: Thank you.

THE WITNESS (Silva): And that's really for all activity with clients up to the point of admission or referral. And then, once we get to the point of admission, we use a system called Kipu EMR.

So, these, these two systems integrate. We're able to push clients from the CRM, which is -- which is a management tool, our client management software, and we can push them over to

the EMR, which is really the more clinical side of treatment.

And I'm going to have Kirsten elaborate on some of the more clinical aspects of Kipu EMR.

ATTORNEY COWHERD: Yeah -- if appropriate, I would just like to ask a follow-up question before we move to Ms. Clarke, if that's okay, of the Witness?

THE HEARING OFFICER: Oh, yes, go ahead.

ATTORNEY COWHERD: Mr. Silva, could you elaborate on how the CMR allows you to track either step-up or step-down services when it's appropriate to refer a patient out of S-i-s-u integrated, how you've used it in the situations that right now you're practicing -- it's clinical.

Could you just elaborate that? Because I think it would help provide some context for the importance of that system.

THE WITNESS (Silva): Sure. So, we're utilizing the system right now. We've been utilizing the system since July of this year to really track service inquiries and to track any of our either intakes or referrals.

So, we do our initial assessment on the CRM, and then we have a repository of partnerships. Right? So, we have a partnership with Paramount.

We have a partnership with Stonington. We -- we work with Hartford Health. Right? Hartford HealthCare for the inpatient behavioral health. So, New Beginnings Recovery for a step-down level of care. But we're able to house all of our referral partnerships in the CRM. And then based on our initial intake, or our initial assessment, we have the ability to send clients to the appropriate referral department based on their needs. And we've -- we've done that since July.

It also gives us the ability to track this information. So, we have a really clear understanding of how many clients we've referred out, where we've referred them, and then it allows us to kind of elaborate on that process as far as starting the client with us through their assessment, but then getting consent if they go to a step-up level of care, and really tracking them through that treatment so that when they come back to us for a step-down level of care we have a robust understanding of -- of how their treatment went and at the higher level of care.

ATTORNEY COWHERD: One more follow-up question in regard to that, Hearing Officer, for the Witness.

In terms of the holistic services, the

wraparound services, that in the completeness questions it was asked, will you be or are you now furnishing the services, all the services described at pages 10 and 11 -- not the Bates numbers, but the actual numbers for the agency -- of this initial CON application?

Can you speak to those issues with respect to housing, legal services, and any context in terms of actual use of that?

THE WITNESS (Silva): Absolutely. So, right now, based on our -- our size and our anticipation of this certificate of need and licensing process, we've been able to provide the services that are reflected in our -- our business plan, which are vocational profile, resume building, you know, working with the community to help, you know, maybe some incarcerated individuals.

We -- so, resume building is a regular part of our programming. We have multiple clients with us currently who we've worked through resume-building activities, put those resumes out into the market, and we're actually able to get them employment.

We have clients who -- I was able to reach out to a bail bondsman, worked closely with them,

and communicated personally with a clinician for someone who was incarcerated, waiting for a bed. Right? A treatment bed. So, looking for substance use higher level of care service.

But instead of waiting, incarcerated, I worked with the clinician to have him released, and then released to our program so that we could -- we could treat him, as opposed to having him, you know, not get the treatment he needed and kind of wait for a bed.

So I think those are some of the -- some of the services that make our programming unique. And based on the feedback that we've gotten, I think that that's -- those are services that are needed, and I think those are services that clients appreciate and that help them kind of build a new purpose after finding sobriety.

ATTORNEY COWHERD: With that, I've at least concluded -- we'll leave time obviously for OHS's questions, but I will now introduce Kirsten Clarke, once again, the Clinical Director, who will speak to some of the more clinical aspects of the care that individuals receive.

And I know she wants to --

THE HEARING OFFICER: Before you -- I just -- sometimes

it is difficult to hear you guys. If you notice me putting my ear towards the computer, it's because I'm trying to hear. So if you could keep your voice up while you speak?

Attorney Cowherd, I can hear you loud and clear. The other two were getting a little soft, and that's why I had to jump in and ask for things to be repeated, or make sure I had the right letter. So if you could keep your voices louder, that would really help me, because I'm trying to hear -- but sometimes if you see me sticking my ear towards the computer, I'm just trying to make sure I can continue to hear.

ATTORNEY COWHERD: I appreciate it. We'll do that. We took care of the leaf blower. So we're --

THE HEARING OFFICER: Yes.

ATTORNEY COWHERD: You know, we're moving ahead, and I hope that helps.

But go right ahead, Ms. Clarke.

THE WITNESS (Clarke): Good morning. My name is Kirsten Clarke. Am a licensed clinical social worker, and I am the clinical director for Sisu Integrated Health.

I adopt my pre-filed testimony, and in my testimony, I did reference that I have a mental

health condition that was one of the reasons why I transitioned to working in Connecticut.

I was diagnosed with a significant mental health condition when I was 19 years old, and it paved the way for me to become a social worker. As a social worker seeking services in the state in which I live I encountered firsthand the barriers of access to care for myself, and ultimately for my son, and I wanted to change that. So I left New York where I was practicing and came to Connecticut.

I have been fortunate to work in this community for a number of years. I participate as a member of the community care team through Norwalk Hospital. I also have worked with DMHAS, and I am familiar with many of their processes and protocols.

I am here because I believe in the mission of Sisu Integrated Health. I believe in what we do every single day, and that is we strive to make a difference. There are many agencies in any state that you can talk about that can connect people to services by giving them a referral. We do more than that. We do what we're supposed to do as social workers and as providers, and that is we

pave the way for the person to receive the service that they need.

At Sisu, we have never turned any client away that has sought our services. Instead, we partner with them with their consent to follow them on their recovery journey, even if that recovery journey requires that they step up to a higher level of care initially from what we can provide. Other aspects of our programming that make us different are the fact that -- Reggie mentioned our Kipu electronic medical record.

In our electronic medical record, we have clinical assessments that we use to assess aspects such as trauma, anxiety, depression, substance use, et cetera. We are different from other agencies in that we use those assessments ongoing from the point of admission and throughout treat -- treatment up until discharge. Many other agencies only use these types of assessments at the point of admission and directly at discharge, which gives an incomplete picture as to how the person is truly progressing.

Our process allows for us to change the client's treatment plan in response to what we are seeing in those assessments, ultimately resulting

in better outcomes, which is what we want for all clients that we serve.

The other aspects related to our system that I think set us apart is that we have such a robust level of programming that incorporates many different evidence-based practices such as dialectical behavioral therapy, motivational interviewing, and cognitive behavioral therapy, but one aspect that definitely sets us apart is the use of cognitive processing therapy. CPT is a specific form of cognitive behavioral therapy that addresses trauma.

Studies have shown that the vast majority of individuals have experienced trauma at some point in their lives. Cognitive processing therapy is a condensed version of therapy that focuses specifically on trauma without requiring the individual to talk endlessly about the traumatic event. This allows the person to address their kind of maladaptive thought patterns related to that trauma in a safer way so they are not re-traumatized. As a clinician that has always been my goal, is to not re-traumatize any individual that I work with.

I also think that our use of the

psychiatrists that we have is extremely beneficial. All of our clients receive a comprehensive psychiatric evaluation within the first week of admission. That diagnosis by the psychiatrist cements what we are working with clinically and allows us as clinicians to again formulate and adjust the treatment planning as necessary throughout the time that the client is with us.

It is my opinion that our use of a needs assessment is also a comprehensive factor that could be missing in many other agencies. This needs assessment adds -- asks clients questions about such things as, are you in need of medical treatment? Are you in need of legal support, vocational, employment? And we can then take that needs assessment and use it, as Mr. Silva said, to help them create things such as resumes or get into contact with an educational program.

Through my participation with the community care team I collaborate with other providers that are in the community. So if there are needs that a client has that we at Sisu may not be able to provide, I can reach out to one of these members and help pave the way for the person to achieve

those services.

ATTORNEY COWHERD: If I may, Hearing Officer?

THE HEARING OFFICER: Yes.

ATTORNEY COWHERD: Ms. Clarke, could you talk a little bit more about your knowledge of provider networks and your work with provider networks through the Norwalk Community Care Team, and also just navigating the DMHAS system and working collaboratively with that state agency?

THE WITNESS (Clarke): Can -- I'm sorry. Can you clarify what you mean by provider networks?

ATTORNEY COWHERD: Well, just who the other providers in the community who might be able to supplement the work that S-i-s-u Integrated Health is doing.

THE WITNESS (Clarke): Sure. So, some of the provider agencies that I collaborate with are Norwalk Community Health Center, the F.S. Dubois Center. We also have collaborations with the area shelters, Open Doors, the Smilow Center. There's also even extending further into the Community Health Center, Inc., which as you know, has locations all over, and then other elements such as the Department of Social Services, Department of Public Health.

In my work with DMHAS, in my prior position

before coming to Sisu, I worked with DMHAS specifically on housing and social programming for individuals with significant mental health conditions. So, I was at the forefront of group home placement and congregate care settings.

Does that answer your question?

ATTORNEY COWHERD: It certainly does.

Hearing Officer Novi, by way of explanation, because it's contextual to my final question to Ms. Clarke, Dr. Ryan Joaquin, who is the employed psychiatrist with S-i-s-u, is seeing patients this morning. We knew it would be a conflict, unfortunately.

But the issue with respect to the ongoing assessment and your work with Dr. Joaquin on treatment plans, can you speak a little bit about how that evolves?

THE WITNESS (Clarke): Sure. So, as I said, all clients within the first week of admission receive a comprehensive psychiatric evaluation. Then Dr. Joaquin and myself and our primary clinician, we meet and we discuss that evaluation.

The goal is to ensure that the client is stable, that we are addressing paramount needs that we are seeing as acute when the client first

comes into care, and that we are also ensuring that if the -- the doctor prescribes medications, that the client is able to access and obtain those medications.

As part of the process, the doctor continues to see them throughout their time in treatment. Typically, when someone first comes into care, he will meet with them weekly so that he can make sure that they are stable, that any medications he has prescribed are suitable for them, so that he can titrate them up or titrate them down, or whatever the case may be.

And as they become more stable he reduces the frequency of those visits, but we as a clinical care team continue to meet and discuss throughout the client's time in treatment with us; what are the issues that we're seeing, how we can address them, and how we can best set the client up for aftercare when they leave our programming.

ATTORNEY COWHERD: Well said.

THE HEARING OFFICER: I just have a follow-up question I'd like to ask, because I have a feeling it goes to that.

When you testified, you said that you track issues and assess throughout the process and

change the treatment plan as needed.

How many times approximately does this occur?

THE WITNESS (Clarke): In terms of changing the treatment plan?

THE HEARING OFFICER: No, doing the tracking and assessment of issues.

THE WITNESS (Clarke): Oh.

THE HEARING OFFICER: Most people do it on the way in and then the way out, and you guys do it continually. I just wanted an idea of how many times that might be done.

THE WITNESS (Clarke): Sure. So the date of intake the client is given initial assessments so that we can get a foundation as to where they stand with these particular aspects. Then we conduct it in regular intervals that occur with every ten days. So, the client is then -- then receives those same assessments every ten days so that we are able to see on a very clear graph exactly where they're struggling still and where they're improving.

THE HEARING OFFICER: Great. And then one more question. You said that you also do the psych eval in the first week and a needs assessment. The needs assessment, when is that done?

THE WITNESS (Clarke): That is done at admission.

THE HEARING OFFICER: Okay. That was my followups.

Mr. Silva, I know you wanted to make a comment.

THE WITNESS (Silva): I was just going to add, I guess for tracking purposes and accountability with the doctors prescribing the medication, our -- our drug testing protocol as far as ensuring that medications that are prescribed are being taken, but also that the people that are actively practicing sobriety are -- are staying sober. And we have a protocol based on those drug tests.

We have a protocol for what our action items would be if we either have a failed test or -- and that's something that I've seen, whether or not there's a -- there's a concrete process around it. That's something that I've seen and in other facilities that, I guess, aren't as rigid with a failed drug test. Right?

So our -- our policies and procedures, which you guys have access to, outline what our protocol is when somebody fails a drug test. So I think that that's beneficial from an accountability standpoint because we're making sure we're testing every week, and we're making sure that, you know, people are sticking to their treatment plan,

people are taking their -- a level of accountability and for their sobriety.

THE HEARING OFFICER: All right.

ATTORNEY COWHERD: Hearing officer, we're ready for the OHS questions. I just wanted to --

THE HEARING OFFICER: I'm going to. I think I'm going to start with some questions. We'll go through as many as possible before we do a break.

Is that okay with you?

ATTORNEY COWHERD: Certainly.

THE HEARING OFFICER: And to the staff for OHS, if any of you do need anything, please feel free to just let me know.

All right. So, I'm going to start with some easy questions and then I will move to some more difficult to answer -- the difficult part. The first question is, what does S-i-s-u mean and stand for?

THE WITNESS (Silva): What was the first part? Stand?

THE HEARING OFFICER: What does the company name S-i-s-u mean and stand for?

THE WITNESS (Silva): It's Finnish and it doesn't directly translate to English, but it's -- the closest would be, like, resilience. It's -- it's a Finnish spirit to kind of overcome anything.

THE HEARING OFFICER: Okay. The second question is, were there other regions of the state that were considered for establishing S-i-s-u, and why were these areas not selected as a facility site?

THE WITNESS (Silva): Were there other areas considered?

THE HEARING OFFICER: Or -- sorry, of the state of Connecticut.

THE WITNESS (Silva): Oh, for the state. Not -- not at the same level. I guess, the -- not at the same investigatory level as this particular area because I -- I was familiar with Fairfield County.

THE HEARING OFFICER: Okay. And in your application, you state that you will have a 5 percent Medicaid population. If a new patient shows up and you have already reached 5 percent of your allocated slots, what happens?

THE WITNESS (Silva): So that, the 5 percent that you're referencing, I just want to make note that I actually listed it as 10 percent in another area. So, that 5 percent in that particular response is a miss -- a misprint.

But really, our Medicaid -- our Medicaid population will be 10 percent in the first year and then I reflected a percentage growth over the

next three years, but that's really a bottom-line threshold for us.

So, we'll -- we'll have a minimum of 10 percent in the first year. And then as we grow, we bring on a greater census, we have a little bit of a more robust user mix, we bring in revenue.

Then we'll be able to grow that percentage over time as the business grows.

ATTORNEY COWHERD: And just for clarification of staff, that's table nine of the CON application where the correct -- well, the correct percentages that were referenced by the Witness.

THE HEARING OFFICER: I am taking notes in written format. So, if you see me looking down and I don't respond right away, it's because I am writing them down by hand.

All right. So for our next question, this is in Exhibit A at page 45. You state, it is anticipated that IOP will operate without adding significant facility fees. What does this mean?

THE WITNESS (Silva): Okay. Facility fees -- so, my understanding, I guess, at -- at the time of -- the facility fees were additional, additional fees. So, our intent is to bill for day treatment. So, IOP and PHP where we're not

looking to, I guess, bill for ancillary services.

THE HEARING OFFICER: So will there be a facility fee charge for IOP treatment?

THE WITNESS (Silva): A what charge? I'm sorry.

THE HEARING OFFICER: Will there be -- there was a lack of clarity and definite definiteness in some of your answers. So, I'm just trying to get down to a definitive answer. Is there going to be a facility fee for IOP clients?

THE WITNESS (Silva): A facility fee? No.

THE HEARING OFFICER: Okay.

ATTORNEY COWHERD: And the cost and expenses, Hearing Officer, are provided with respect to the followup that was in the completeness questions as to what will be billed and what will be collected.

THE HEARING OFFICER: Okay. What types of payment options will be presented to uninsured patients?

A sliding scale was mentioned in the application, but there wasn't one provided.

THE WITNESS (Silva): Um --

THE HEARING OFFICER: If it's something that you can't answer right now, that is something we could take as a late file.

THE WITNESS (Silva): Okay.

ATTORNEY COWHERD: You mean, the charity care policy of

the center?

THE HEARING OFFICER: Well, they do mention that a multitude of types of payment options that could be -- could be provided to an uninsured patient, and it did mention a sliding scale. I did not see that anywhere in the submitted materials.

So, I would like a little more, again, a definitive answer to what could -- what would be provided to an uninsured patient looking to obtain services. And if you'd like, that can be a late file.

THE WITNESS (Silva): Okay. I'll --

ATTORNEY COWHERD: Speak up.

THE WITNESS (Silva): Without going back to it, I think that the intent was to incorporate the charity care into the policies and have a sliding scale, but I'd have to go -- go back, and I'd like to submit something that outlines that definitively.

ATTORNEY COWHERD: Yeah.

THE HEARING OFFICER: Okay. So we will make that Late File B -- will be the submission of that.

(Late-Filed Exhibit Letter B, marked for identification and noted in index.)

THE HEARING OFFICER: And that can incorporate all -- I know that it was mentioned throughout that there would be a sliding scale, but that could include whatever other options that would be presented to them as well.

So, if there was anything else that would be presented to an uninsured client, you can just include that as well.

THE WITNESS (Silva): Okay.

ATTORNEY COWHERD: And just for clarification, Hearing Officer, and as the agency may know, with respect to behavioral health especially, there are self-pay patients who have insurance but do not wish for a variety of reasons for the insurer to cover those expenses.

And are you referring to just pure no insurance? Or should we also speak in the late file with respect to self pay, which at least in my practice I've distinguished along those lines?

But I defer to you.

THE HEARING OFFICER: I would appreciate both, if you could include it.

ATTORNEY COWHERD: Okay. Very good.

THE HEARING OFFICER: Now this may go to a little bit of what I have asked Ms. Clarke about already.

So, it says in Exhibit A of the CON application on page 68, it discusses advanced tracking of patient outcomes as a cornerstone of the proposal because data will allow for informed decision making in the facility such as cost-shared savings reimbursements, improved performing within value-based payer models, and can help S-i-s-u participate in risk-based contracting.

As such, can you please identify the software that will be used within the facility to store the data and analyze it and monitor the effects of the implemented changes?

THE WITNESS (Silva): So the software that will be used would be Kipu. And specifically what we were just referencing for the highlighted areas that you referenced, I think the best representation of those would be in the Kipu BI.

THE HEARING OFFICER: I'm sorry, that's B as in boy, I as in igloo?

THE WITNESS (Silva): Correct.

THE HEARING OFFICER: Okay. All right. And then please detail the patient outcomes intended to be tracked and describe how the outcomes will be measured within the software mentioned.

ATTORNEY COWHERD: Kirsten, would you like to take

that?

THE WITNESS (Clarke): So some of the aspects that we would be tracking would be, as I already mentioned, the anxiety, depression, trauma, et cetera, but then also we would be looking at aspects such as client satisfaction. We would also be looking at elements related to, you know, for elements related to aftercare such as pieces related to if they came in and they didn't have housing.

Do they have housing when they leave? Do they have stable medical care? Are they engaged in purposeful, productive activity, which could be defined differently for each person depending upon their life circumstances? So, perhaps it could be volunteering. It could be attending another social support program. It could be employment.

We would also look at elements related to attendance across time so that we could determine if our programming needs to be adjusted in terms of time limits and which clients are in treatment with us. And we'd also look at how they are doing post discharge by following them every month for the first 90 days, and then continuing to follow them with regular check-ins after that, defined,

you know, depending on circumstances. So, if in that first 90 days we determine there's a higher level of need, we would follow them more frequently. We would not transition them to, let's say, a six-month followup if they were still struggling.

We'd also look at things like conducting -- connecting them, excuse me, to our alumni support so that they would be able to continue to have peers that they may have been in treatment with or who had been in treatment prior to them coming there that could, you know, continue to help them in their sobriety or in their mental health stability.

THE HEARING OFFICER: And who will be responsible for entering this data into your Kipu BI?

THE WITNESS (Clarke): Go on. Do you want to take that?

THE WITNESS (Silva): So it's like there's a multilevel there depending on where we're pulling the data in. If we're doing a client survey, then the lead clinician can do a client survey. If we're doing alumni data -- right? Then an alumni specialist or an admissions specialist would -- would update that data.

If we're talking about specific outcomes, and -- and then that's something that the clinical director would input.

THE HEARING OFFICER: Now, who would be responsible for analyzing the patient quality? Who would be responsible for analyzing patients in quality data that is entered through this system?

THE WITNESS (Silva): So part of our -- part of our, I guess, improvement plan -- so our intent is to go in front of the drug commission -- right? And get accreditation.

So what we're rolling out now is clinical meetings to start reviewing the data so that we can make higher-level decisions about how we tailor programming to better serve clients. So we have a quarterly executive clinical meeting where we review the data that we're speaking to.

THE HEARING OFFICER: Okay. Now, you just mentioned that you're going for drug commission accreditation, or you would like to go for that.

Are you in the process of that right now?

THE WITNESS (Silva): We're not, yet.

THE HEARING OFFICER: Okay. When do you intend to?

THE WITNESS (Silva): After we do -- after get our licensure.

THE HEARING OFFICER: I'm sorry, I could not understand --

THE WITNESS (Silva): After we receive our licensure. So once we're licensed we'll start the process.

THE HEARING OFFICER: And how long do you anticipate that process to take?

THE WITNESS (Silva): So my experience with -- with the drug commission has been that they come out in year one. They do, kind of, an assessment; they look over your programming, and they look over your policies. They make up an action item list of things that need to be corrected, and then they do a followup either twelve months or just short of twelve months, and a second year, and look to review all of those action items to make sure that, you know, you've -- you've improved your programming and addressed some of the issues that they've laid out.

So, I think it would take us -- I mean, that would be the timeline.

THE HEARING OFFICER: Okay. Now, the patient outcomes that you are tracking, how did you determine/select those items?

THE WITNESS (Silva): Those particular patient outcomes?

THE HEARING OFFICER: Yes.

THE WITNESS (Silva): Some -- some of the outcomes we reviewed, and I can -- I can point to specific areas, but there's a need -- that there's a need assessment for the southwest region of Connecticut. So, I think we've identified some of the need assessments, and then we've built that into our needs assessment.

Other metrics that we're tracking, we worked with people that had years of aggregating this data, like the software like Kipu. And the other things that we're measuring, and really, the clinicians have a high level of input with the -- with the MD.

THE WITNESS (Clarke): I -- I think, just to jump in, I think part of the reason why we chose --

THE HEARING OFFICER: If you could just state your name? I'm sorry -- so that the stenographer who is typing and not viewing this could --

THE WITNESS (Clarke): Oh, sure.

THE HEARING OFFICER: Say your name again. I'm sorry.

THE WITNESS (Clarke): This is Kirsten Clarke.

THE HEARING OFFICER: Okay.

THE WITNESS (Clarke): I think part of the -- the needs -- excuse me. Part of the reason we chose

some of the assessments that we did is because in the needs assessments that have been conducted, there are identified as high rates of anxiety, depression, and trauma in this particular area, and there's an unmet need for those services. So, it would make sense that we would be tracking those because we want to make sure that we're effectively addressing those elements so that it is not -- it does not become a revolving door to care where clients are not having their needs met.

The other aspect is when clients come into treatment for whatever the issue is, be it substance use or behavioral health, they oftentimes come into care not having structure to their life. Their entire life is about navigating their substance use or navigating their behavioral health. So, things like paying attention to bills or paying attention to housing or employment kind of fly out the window. So that purposeful, productive activity element that I measured is key, because that shows that the client is receiving benefit from the care that is provided.

Additionally, there are multiple research studies that you could look at that talk about the importance of individuals as they enter recovery

having structure and activities throughout their day as a way to maintain stability.

THE HEARING OFFICER: Now, I would like to give you a chance to submit further data or peer-reviewed research which shows that the tracking of those advanced patient outcomes have led to improved treatment adherence or in health outcomes for the patients.

So, if we could do that as Late-File C?

No, we're only -- this is only your third late file so far, but we'll have a few more. We will get to probably an E, but we'll call this C.

Okay. So if you could submit any studies or the southwest needs assessment, anything that you feel would be relevant to that, the decisions that you made as a company.

(Late-Filed Exhibit Letter C, marked for identification and noted in index.)

THE HEARING OFFICER: I'm going to switch gears a little bit. On page 29 of Exhibit A in the application, it states S-i-s-u has integrated health services to expand access, allowing patients to engage in therapy sessions, receive

medication management, or attend peer-support groups remotely, which is also beneficial to individuals with mobility challenges.

How will this service be integrated with in-person services?

THE WITNESS (Silva): How will the virtual service be integrated with -- with in-person services?

THE HEARING OFFICER: Yeah, virtual, slash, telehealth.

ATTORNEY COWHERD: Yeah, I was going to ask for that clarification. Thank you.

Either of you can take the telehealth -- but thank you.

THE WITNESS (Silva): So clients can join a group session via -- via telehealth. So we run a group, similar to what we're doing right now. So if a client wanted to call in for a group because they were unable to make it to the facility, they would -- they would log in and they would join the group via telehealth.

THE HEARING OFFICER: So, what would the integration of the telehealth services look like with an in-person plan? Would this be an optional thing? How would a patient integrate? What would their interaction with these services look like?

THE WITNESS (Silva): We could talk about interaction

with services with the -- the integration and, I guess, when it's applicable. We try not to.

If we can't find another facility or if a client is not mobile, that's when I think it's applicable. We really try to have everybody on site. I think that that's when we get the best, when clients get the best treatment, but I think that's when it should be utilized or when it can be utilized.

Do you --

THE WITNESS (Clarke): I think -- yeah. This is Kirsten Clarke. Yes, I think -- can you just -- I'm sorry. Going back really quick, can you clarify what you mean by interaction with services?

THE HEARING OFFICER: The question is, how will this be integrated with a person in services?

So, I get that you'd prefer them to be in person, but if somebody -- say, it's snowing, they can't get there that day. How would that look like for them to access their group session?

THE WITNESS (Clarke): Sure. Sure. So, what happens is we send out a link through our electronic medical record. The client gets an e-mail, they click on the link, and they are able to

participate in the group.

The -- the clinician and the other group members sit in the group room; there's a television there. So anyone participating virtually can see the clients in the room and the clinician, and the other clients and the clinician can see the clients participating virtually.

THE HEARING OFFICER: And will there be certain staff members that are just assigned to provide telehealth? Or is this offered at any time?

THE WITNESS (Clarke): I don't -- I --

THE WITNESS (Silva): Yeah. So, I think it's certain clients. It would really be if there's a client that, for whatever reason, can't make it into treatment and we can't find, you know, whether that be geographical, or if we can't find them an alternative that suits their need, then we would utilize telehealth.

ATTORNEY COWHERD: Hearing Officer Novi?

THE HEARING OFFICER: Yes?

ATTORNEY COWHERD: If appropriate, I'd like to ask a clarification question --

THE HEARING OFFICER: Go for it.

ATTORNEY COWHERD: -- that I think is relevant to this whole topic.

THE HEARING OFFICER: Uh-huh.

ATTORNEY COWHERD: Mr. Silva, could you speak more to when you'll make your programming available so that there will be more live participation in terms of how often and when you'll offer the services of the PHP and IOP programs, meaning nights? It's --

THE WITNESS (Silva): Oh, that line of when the service -- so not virtual. We're just talking about programming.

ATTORNEY COWHERD: No, that's what -- I think what the concern of the agency, rightly, is that it's all telehealth. And I want to just talk about availability for people to access your facility.

THE WITNESS (Silva): Our -- our preference isn't telehealth. Our preference is to deal with people in person, daily. I think telehealth is a good resource for people that don't have access to the -- this type of programming. If the alternative is no access to treatment or telehealth, I think those are the instances where we would -- we would utilize it.

But because we utilize it inside of Kipu, any group -- we have the ability to set any group. So if you're coming on a PHP level, you're coming to

a group in the morning for three hours, we have the ability inside of Kipu to turn that schedule virtual for that one client for that one day.

The same thing with the follow-up group in the afternoon, and you know, the same thing for a night group.

ATTORNEY COWHERD: One more. Will there be programming after work hours? Will there be weekends available to these individuals?

THE WITNESS (Silva): Yes, night -- nights. So we're planning on operating the programming throughout the day. Right? Six days a week. So one session in the morning, one session in the afternoon, and then a night session, and then we plan on doing Saturday programming.

THE HEARING OFFICER: So, Sunday would be the one day you don't offer programming?

THE WITNESS (Silva): Yes, ma'am.

THE HEARING OFFICER: Okay. And what would be the latest you would offer programming on a weeknight?

ATTORNEY COWHERD: Daytime.

THE WITNESS (Silva): On the weeknight?

THE HEARING OFFICER: Yes. You said nights and weekends, and I know you'll be offering Saturday, but what would you hope to have as a night group?

THE WITNESS (Silva): So a three-hour -- well, we're trying to allow clients so that they can meet the hour minimums for certain levels of IOP or PHP. So, it would be a three-hour group at -- in the afternoon; so, six to nine o'clock; five to eight o'clock.

THE HEARING OFFICER: All right. I'm going to transition again, and I'm going to take you to back to exhibit -- we're going to stay with Exhibit A, but on page 70 of the application you state that existing facilities are often at full capacity, leading to wait lists and delays in treatment that can be detrimental to patient outcomes.

What evidence is available to support this statement?

THE WITNESS (Silva): Since -- since we've been making our services available to clients, we deal with the bed availability and utilization every day. Clients call in and if they need a higher level of care where -- as Kirsten referenced, the ability to navigate the DMHAS website.

So we're looking on the DMHAS website, looking at bed availability, seeing if we can get them into a higher level of care that's the

appropriate location for them to attend treatment, or we're working with a referral partner.

But a lot of times, there are not -- we don't have bed availability. In those instances, we work with the hotline on the DMHAS website, and we'll stay on the phone with the client, ensure that they get an intake date that day, so for, like, the following day. Right? No bed availability today; we'll do their intake with the hotline and we'll -- we'll get them into a facility for the following day, and then we'll follow up and make sure that they -- they get there.

But really, from our experience, it's -- it's on a day-to-day basis. I mean, where we're looking at this, we're looking at the utilization rates and the availability, bed availability.

THE HEARING OFFICER: Do you have any written studies or information that you could point me to that would be --

ATTORNEY COWHERD: So with respect to the availability of just general, you know, mental health at the PHP, IOP, or inpatient level, we can provide that.

THE HEARING OFFICER: Yeah. So let's make that Late-File D.

ATTORNEY COWHERD: Did you want to speak to that issue?

THE WITNESS (Clarke): I think --

ATTORNEY COWHERD: Ms. Clarke, go ahead.

THE WITNESS (Clarke): This is Kirsten Clarke. So in reviewing different community needs assessments, you know, there are -- there is documented evidence that in the State of Connecticut, in particular when we talk about different levels of care -- I can speak specifically to residential -- state beds are typically occupied at a rate of 8 -- 90 to 95 percent most of the time, which makes it challenging for people to obtain services.

The other element is that, you know, if we're talking, for example, Norwalk Hospital, while they do have a psychiatric unit, it's very small. And so a lot of times when clients go in in crisis, they may be kept in the emergency room until a bed becomes available.

The other elements are that there are IOP services here in the area, but there's a lack of PHP services. So if -- and I know that because I'm trying to find PHP services for clients by calling different agencies. And while IOP is a resource, Norwalk Hospital has an IOP, you know,

there's different locations, other providers, you know, Connecticut Counseling has an IOP, for example. You know that there's not a lot of PHP. It's just not available here.

THE HEARING OFFICER: Thank you very much. We'll do that as a Late-File D.

(Late-Filed Exhibit Letter D, marked for identification and noted in index.)

THE HEARING OFFICER: I am going to move to the Exhibit D now, which we've already discussed a little bit. And we can also do this as a late file, if you'd like -- actually, I will ask for this as a late file.

In the opposition letter by the Connecticut Center for Recovery ten existing providers were mentioned. I would like you to please revisit your answers to OHS table eleven, the services and service locations of existing providers of page 64 of your -- of Exhibit A.

And if you would like to, please provide that as a Late-File E.

ATTORNEY COWHERD: You said F?

THE HEARING OFFICER: No, that's E. We finally made it

to E.

ATTORNEY COWHERD: Okay.

THE HEARING OFFICER: D was the PHP services, so.

ATTORNEY COWHERD: Oh, okay. Okay. I understand. Yeah.

THE HEARING OFFICER: So, we will go ahead and just -- I would like you to resubmit table eleven in light of the fact that they mentioned more providers than you did in your original filing.

ATTORNEY COWHERD: Absolutely.

(Late-Filed Exhibit Letter E, marked for identification and noted in index.)

THE HEARING OFFICER: Okay. All right. My last are actually -- my last few questions will come off of some of what Ms. Clarke hit on earlier today.

On page 5 of Reginald's pre-filed testimony, it indicates participation in the Norwalk Hospital Community Care Team. Can you please elaborate first on what is the team and what is the goal of this team?

THE WITNESS (Clarke): Sure. So, the community care team's goal is really to help vulnerable individuals obtain services and supports that they

need so that they don't, kind of, fall through the cracks and, kind of, become without services.

The system of care can be very challenging for someone to navigate if they don't understand the various ins and outs, which is why I think so many people go to emergency rooms for care because that's their first line of defense. But the Norwalk Community Care Team is a group of providers from throughout different areas.

As I mentioned, you know, there's Department of Social Services, F.S. Dubois. It's F.S. Dubois, DSS, Westport Shelter, the police station, et cetera. And we all come together once a week. There is a set list of clients that is discussed with everyone on the meeting kind of sharing, you know, options and resources, education and information to really make sure that those individuals that are discussed continue to remain as stable as they can.

The resources available within the community care team are extensive because of the large number of agencies that participate at any given time. So, you know, the ability to connect someone to a level of care or to housing support or food stamps, or whatever the issue might be is

really useful.

The other aspect that's useful is, through our collaboration, we can reach out to one another offline from that meeting and say, this is the issue I'm having. Can you help me with it?

THE HEARING OFFICER: And what types of actions does the team normally take?

THE WITNESS (Clarke): What type of --

THE HEARING OFFICER: I know you mentioned housing, food stamps. What kinds of things could the team do if they determined something was needed for a client?

THE WITNESS (Clarke): So, some of the things that could be done would be, for example, for someone that might be over utilizing the emergency room as a form of treatment. A plan can be put in place to make the emergency room less appealing to the person.

For example, a lot of times when people go to the emergency room there, they're given cab vouchers, they're given snacks; you know that they're able to socialize. So, the emergency room might put into practice, like, well, you -- you've come here multiple times today, because that happens. They may put in -- say, we're not going

to give you a cab voucher. They may say -- they, instead of giving the person snacks, they may, you know, help them instead to access food stamps as a way to kind of make it less appealing to go to the emergency room.

THE HEARING OFFICER: And how often does S-i-s-u engage with this community care team?

THE WITNESS (Clarke): The community care team is a weekly meeting.

THE HEARING OFFICER: So, you're at the weekly meetings?

THE WITNESS (Clarke): Yes.

THE HEARING OFFICER: All right. I'll just review my notes.

That is it for my questions at this time. So, what I'm going to propose is we take a 20-minute break. We'll come back and allow for followup by Attorney Cowherd. Then we will go into public comment and closing arguments.

Does that sound like a good amount of time? Do you need a little more time, Attorney Cowherd?

ATTORNEY COWHERD: No, I think 20 minutes shall suffice.

Are you speaking for the analysts as well, that OHS questions are concluded at this point?

THE HEARING OFFICER: We're going to meet with them during the break. We may have additional questions after the break, but I want to give you a chance to get yours together because right after that, after our analysts have a chance to get theirs together, if they have any, we'll roll right into your questions, so.

ATTORNEY COWHERD: Okay. Very good. If that's the case, because I was a little confused by the agenda on that, can we have a half hour?

THE HEARING OFFICER: Oh, yes.

ATTORNEY COWHERD: Is that appropriate?

THE HEARING OFFICER: Yeah.

ATTORNEY COWHERD: Because there's been a lot said.

THE HEARING OFFICER: Why don't we come back at 11 a.m. for the -- finish up with analyst questions. Then we will go to Attorney Cowherd's questions, public comment, and back to the closing statements.

ATTORNEY COWHERD: I appreciate the extra time. Thank you, Hearing Officer. Okay.

THE HEARING OFFICER: We will now take a break until 11 a.m. Thank you, everybody.

ATTORNEY COWHERD: All right.

THE WITNESS (Silva): Thank you.

THE WITNESS (Clarke): Thank you.

(Pause: 10:26 a.m. to 11:00 a.m.)

THE HEARING OFFICER: All right. As Zoom has just notified you, this hearing is being recorded. If you do not wish to be recorded, you can revoke your consent right now by exiting this hearing.

All right. Seeing as nobody has done that, good morning. It is now 11 a.m., and I'm going to go ahead and resume this hearing.

This is -- I'm sorry. We have all been referring to this wrong. This is Sisu Integrated Health, LLC, 24-32709-CON. They seek a CON to establish a psychiatric and substance abuse treatment outpatient clinic in Westport.

We will now be calling it Sisu instead of S-i-s-u. I apologize for that.

THE WITNESS (Silva): Thank you.

THE HEARING OFFICER: We do have some follow-up questions we just want to go ahead and ask first, and then we will go into your questions, Attorney Cowherd.

My first question would be, is Medicaid going to be accepted for all proposed programs?

THE WITNESS (Silva): For all the programs that we offer, yes.

THE HEARING OFFICER: Okay. So Medicaid recipients across all services, including IOP, OP, and PHP will be able to apply and enter those programs with Medicaid?

THE WITNESS (Silva): Yes.

THE HEARING OFFICER: Okay. Will you adhere to the non-discrimination provisions of the DSS provider enrollment agreement?

PHP is -- we do know that PHP is reimbursed by DSS at a lower rate than IOP and OP. We just want to make sure that you are going to be providing those services through Medicaid.

THE WITNESS (Silva): Yes.

THE HEARING OFFICER: All right. And then we have one additional question, a different area of questioning.

You mentioned, or Ms. Clarke mentioned a facility that sounds like F.S. Du-bwah [phonetic], Du-boys [phonetic]?

THE WITNESS (Clarke): Yes.

THE HEARING OFFICER: Can you restate the name so that we can all get it on record correctly, and then tell us what that is?

THE WITNESS (Clarke): Sure, it's F, as in Frank, S as in Sam, Dah-boy [phonetic]. And they are --

THE HEARING OFFICER: Can you spell that?

THE WITNESS (Clarke): Sure, it's D as in David, U, B as in Boy, O, I, S as in Sam.

THE HEARING OFFICER: And what are they?

THE WITNESS (Clarke): So it is a state agency connected to DMHAS that provides mental health treatment.

THE HEARING OFFICER: All right. That is it for our questions. Thank you for clarifying that for us. We weren't quite sure we heard it correctly, and then we weren't quite sure we spelled it correctly, and also had a question about what it did.

THE WITNESS (Clarke): Certainly.

THE HEARING OFFICER: Okay. And with that, Attorney Cowherd?

ATTORNEY COWHERD: Well, thank you, and thank you for your time and attention so far and this opportunity. I'm going to just dovetail off what the Hearing Officer just asked you about.

Reggie, Mr. Silva, could you speak to interaction thus far with Department of Social Services in terms of Medicaid and Department of Mental Health and Addiction Services in terms of any interaction thus far, you know, since you've

been in operations in Westport?

THE WITNESS (Silva): Sure. So, right now, because we're -- we're not licensed, we are really not technically able to register as a facility with DSS. However, our MD is currently credentialing with DSS. We use an outside agency called Abacus, and they're working through the process with our medical director at the moment to ensure that he's credentialed.

As far as our involvement with DMHAS, to my understanding, I mean, we've reached -- we've reached out to DMHAS, we utilize the site. And just for broader visibility, we've reached out to see if maybe we could have our services listed on the site. And I think that that's really, based on what we do, I think that that's really the only thing that we could do, but if there are other things that we can do with -- in conjunction with DMHAS, we'd be open to doing that.

ATTORNEY COWHERD: And the purpose of listing your services with DMHAS is for what? For what purpose from the agency's point of view?

THE WITNESS (Silva): From the agency's point of view as far as --

ATTORNEY COWHERD: A resource?

THE WITNESS (Silva): -- having a resource that impacts us, our services.

ATTORNEY COWHERD: Yeah, that's fine.

Mr. Silva, you mentioned during the break the charity care policy, and I want you to speak to that for a moment.

We will furnish the late file, Hearing Officer, but I wanted the opportunity for the Witness to speak to that.

THE WITNESS (Silva): Can we come back to it?

I just want to pull it up.

ATTORNEY COWHERD: Okay. All right. Not to spoil the ending, but there is a policy and procedure that was submitted as part of that voluminous policies and procedures.

Let's talk about -- let's give you a moment. I'm going to give you a moment. I'd like to speak to need with --

THE WITNESS (Clarke): Yes.

ATTORNEY COWHERD: -- with Ms. Clarke. First, in terms of your living in this service area, in terms of when you first started, just by context in terms of need, can you speak to just elaborate on dates and so forth?

THE WITNESS (Clarke): Sure. So I moved with my family

to Connecticut in 2011. I did some private practice work and then I started working at a federally-qualified health center right in Norwalk in 2015.

So in terms of need, I've seen it throughout my time in Connecticut in my attempts to connect the clients that I've worked with, with services related to PHP and IOP. And if you reference some of our support letters, specifically the ones from High Focus and Norwalk Hospital, these are entities that provide similar services to us and they also are attesting to the need for more PHP and IOP services in the area.

I would also like to say that there's a part, you know, in the Norwalk Hospital letter where she talks about their psychiatric unit and the ability to provide a seamless integration of services upon discharge from inpatient to outpatient with an additional provider in the area, which is ultimately what we want to have happen because we all know, or studies show as well that when clients are discharged from an inpatient environment and they are not connected immediately to an outpatient level of care stability can fracture, motivation can fracture, and everything

that that person has worked so hard to attain in the inpatient setting is at significant risk.

So, I think those elements all together really do cement the fact that there is a need in this area.

ATTORNEY COWHERD: So you said you wanted to speak to --

THE WITNESS (Silva): Sure.

ATTORNEY COWHERD: Yeah, go ahead.

THE WITNESS (Silva): So right here -- right here we say that we're going to have a policy that provides scholarship assistance to qualified individuals in need at Sisu Integrated Health; we'll reserve, so we make a reservation of the net profits of 3 to 6 percent net profits by all PPHP treatment services for charity care.

Profits are determined quarterly and compounded if not utilized by the executive team who will identify candidates via financial assistance applications by prospective clients. That's -- that's what we're referring to, the charity care.

ATTORNEY COWHERD: That is an exhibit to the completeness questions, Hearing Officer. We will speak to that in practice in the late file.

THE HEARING OFFICER: Thank you, and I do appreciate that.

Attorney Cowherd, any additional questions?

ATTORNEY COWHERD: Yeah, I do have a couple.

Mr. Silva, you spoke early on about the personal experience that you had with respect to mental health, suicide prevention, you know, and substance abuse. Speak more to the career change and what your former career and background brings you to and what you feel benefits your executive directorship of Sisu right now.

THE WITNESS (Silva): Okay. So from a service perspective -- I think my previous experience from a service perspective isn't directly applicable, but I think that the managing or managerial aspects, the planning aspects of my previous experience in -- in a different field are directly applicable just from the -- the aspect of -- Kirsten alluded to this earlier, but people having structure.

Our team and our staff having a clear understanding of the program and having policies and procedures, which we worked extensively on; just a more methodical approach to our structured business plan and the layout of the -- of the

programming.

And I think through -- I'll mention that the prior experience is in construction management, but also just attention to detail through military background.

ATTORNEY COWHERD: Thank you. I'd also like to speak about and have you speak about how that entails the sort of scale-up plan that you provided as part of the responses to the, you know, the hearing issues, and in particular, the idea of ten to twelve patients per therapist, and why, why you've chosen that model.

THE WITNESS (Silva): Sure. So I think based on the suite of services that we're offering, which I know that we -- we spoke about just billing for PHP and IOP, but obviously those aren't the only services that we're providing.

So, providing holistic services for all of our clients and providing holistic services, but not overloading or overwhelming your clinical staff. Right? So, I think that that number is appropriate based on, you know, my experience in -- in this field. So I think that that's a sound growth strategy without actually over -- overburdening the clinical side.

ATTORNEY COWHERD: And speak to in terms of that, in terms of, you know, billable and collection. The holistic services that you may provide that would not be reimbursed under typical PHP and --

THE WITNESS (Silva): IOP.

ATTORNEY COWHERD: -- IOP.

THE WITNESS (Silva): Correct.

ATTORNEY COWHERD: Okay. And could you name a few of those and, you know, what you provide holistic, what Kirsten spoke to in terms of, you know, other resources in the community?

THE WITNESS (Silva): Yeah. So vocational profile, resume building, but we're really not looking to -- to bill for any other services. And I know we have MAT in there, but we're not going for anything but PHP and IOP, thus we're -- we're providing a suite of services. So, I mean, yeah.

ATTORNEY COWHERD: Also tell me and tell the agency, more importantly, about the relationship with New Beginnings and Paramount, if you could, and the full names of what they do for the agency's benefit?

THE WITNESS (Silva): So in developing relationships and referral networks with a step-down level of care, step-up level of care, higher levels of

care, we developed a relationship with New Beginning Recovery who primarily focus on sober living for clients.

They've evolved their business model over the last few years, and I think next week is their -- their ten-year -- ten years in business. Right? So they've been in the area for a long time. They've been servicing the community for a long time, but I think adding some of the holistic qualities that there they're adding to their programming really aligned with our vision.

So, the sunning, cold plunge, the nutritionist, really focusing on getting people back into the community and working; we were able to build a really strong relationship with them, because I think that our -- our services align with -- with their approach and their methodology for treatment.

ATTORNEY COWHERD: Yeah. And with respect to Paramount, can you speak a little bit to them?

THE WITNESS (Silva): Sure. As far as -- so, our capital expenditure was significant. We spent over $300,000, and we have a renovation cost, a facility that we've fully renovated in Westport. And you know, in addition to our services and

the -- the quality of care, and I think the comfortability of clients in the space that we've been able to develop, we thought that Paramount's facility approach to treatment, quality of service was congruent with ours.

So, we've -- we've worked -- I don't want to say extensively, but extensively enough for what our client's census is now with them because -- for those reasons.

ATTORNEY COWHERD: Speak to the development of the policies and procedures and your initial approach in terms of interaction with OHS and how you, you know, worked with Mr. Krulick or others with respect to policies and procedures.

THE WITNESS (Silva): Okay. So in the development of the policies and procedures we actually -- we outsourced. To some extent we worked with a vendor to develop the policies and procedures specifically for behavioral health. And we got those policies and procedures to a point where we thought an outside agency could really bring them, but on the managerial side, we worked with Brian to really build them out so that we thought they were all encompassing. And they covered, you know, our approach and our business approach to

this, to this level of care and to this treatment.

ATTORNEY COWHERD: And your initial contact with OHS, why was that initiated?

THE WITNESS (Silva): OHS on the website provides a service where you can have an initial -- an initial meeting with the members of OHS.

I think early on when we were putting the project together, I reached out to Steve's office and met with a few individuals from his team just to kind of better understand the certificate of need process and kind of understand the people that were going to be involved from the OHS side.

ATTORNEY COWHERD: I wanted to finish on both of those because, A, the policies that were produced are voluminous. And we understand that it may take some time for your analysts to get through them, but they are all encompassing, at least from my experience, Hearing Officer. And the second thing is to really commend the agency with that resource that when the client approached me he spoke so highly of.

So with that, I am done with any follow-up questions, unless my follow up questions elicited further questions from you and your staff.

THE HEARING OFFICER: I have no additional questions.

I'm just going to give the analysts -- if they have any additional questions and they want to throw them into the chat right now.

I'm not seeing any. All right. Thank you, Attorney Cowherd. I do appreciate your follow-up questions.

We can move into the public portion. We can go right into that if you would prefer, or we can take a quick break. Are you amenable to us proceeding right into the public portion?

ATTORNEY COWHERD: Yes, we're fine.

THE HEARING OFFICER: All right. So, at this point we are going to go to the public portion of today's hearing.

We have had sign-ups this morning. I have checked in with our person who's handling all of our technical issues that is Ms. Fentis, and she said we had one sign-up. And that sign-up was Peter Rockholz, who would like to offer public comment.

I will note that we have received your letter. It is in the record, and we would prefer that you not reread the letter now, because your letter is in as an exhibit. So if you would like to make additional comments, we will call the name

of the person who signed up to speak in the order in which he registered. After that, I will ask if there's anyone else present who wish to be heard.

Speaking time is usually limited to three minutes, so I will allow you to go slightly beyond that. However, I will ask that we stick to the time limits, as you have already submitted additional comments.

I would like to just let everybody know, we strongly encourage you and anyone listening to submit written comments to OHS by e-mail or mail. However, it must be received no later than one week -- so e-mail is the fastest and most efficient way to do that -- seven calendar days from today, and our e-mail address is CONcomment@CT.gov.

Again, that is CONcomment@CT.gov. Our contact information is on our website and on the public information sheet, which is provided on our website as well.

I would like to thank everybody for taking the time to be here today and for your cooperation.

I will ask that whoever does speak, turn their microphones on when they're called and their

video camera. When not speaking, you can turn your microphone and your video camera back off again.

All right. So at this time, I will go ahead and call Mr. Rockholz. Good morning, sir.

PETER ROCKHOLZ: Good morning.

THE HEARING OFFICER: If you could please state your name?

PETER ROCKHOLZ: Good morning, Hearing Officer Novi. My name is Peter Rockholz; last name is R-o-c-k-h-o-l-z. I am here today as the Executive Director of the Connecticut Center for Recovery, CCR, and I've been asked by its CEO, my boss, to ensure that the letter that he submitted as Exhibit D was in the public record.

And I did submit an additional letter on my own at the request of Mr. Livolsi just to follow up. And I just was not planning to speak, but just wanted to -- and to comment on a couple of things that were said. So, you know, obviously, I'm not going to review those letters. They speak for themselves, I think.

Just so, I'm not an intervener. I'm not an attorney. I'm not the party. I'm here to give public comment as a concerned provider. And so, I

just want to ensure that the concerns that were expressed in those letters are considered, and the questions are considered. And I just wanted to respond to Attorney Cowherd's comments about the letter and the motivation for the opposition from CCR.

Yes, absolutely, I drafted that letter of Exhibit D for Mr. Livolsi. He reviewed it. I redrafted it and he signed it. I can apologize for apparently sending in a copy that was unsigned, and I can certainly, if requested, submit the signed copy. In terms of the question about the motivation, I think I'll just give you a little idea of why I've been asked to provide this comment.

When the Sisu application showed up in the portal I received five calls from different providers in Connecticut. I tend to get these calls because they know that I am extremely familiar with the entire system of the State of Connecticut. I've been a provider of behavioral health for 51 years.

ATTORNEY COWHERD: If I may, Hearing Officer?

THE HEARING OFFICER: Yes?

ATTORNEY COWHERD: I appreciate Mr. Rockholz and his

right to provide public comment, but he's not staying within the confines of his letter.

I'm not going to readdress what he's saying, but I just think that he submitted a letter. And you know, his comments should go to what's in the letter, not anything else said.

We will provide, you know, our reasons for opposing Exhibit D. And as I said, the agency can then determine on its own the propriety of that. But with that, I just -- and I, you know, I normally would not say anything, but I think this is, you know, sort of that cross purposes of, you know, a member of the public who has submitted a letter deviating off that letter.

That's all I'll say.

THE HEARING OFFICER: Okay. I'm going to just remind Mr. Rockholz that he did submit a letter. This is public comment, and I don't believe you're here testifying or attempting to testify. So, we'd love to hear your comment that you would like to make.

And don't forget, I'm allowed to give anyone's public comment the weight that I deem appropriate. So do you have, Mr. Rockholz, a comment that you would like to make?

PETER ROCKHOLZ: You know, sure. And it's really to elaborate on the points made in the two letters. And it goes to duplication of services and a lack of need and the negative impact on other providers.

So I think one of the questions, and I'll -- yeah, I'll try to stay to the point. So I think one of the questions that came up in the testimony earlier was a question about the need in terms of other facilities. And it was suggested that the other outpatient facilities have wait lists and are full, but the response by the Applicant was about beds.

And so I can just say that the reason that this letter talked about that was that there are numerous other facilities, many of them not -- some of them not mentioned in the application, but that the reason that I was asked to speak for several providers that, for example, in addition to CCR in Greenwich, Blue Sky in Danbury, Anxiety Institute in Greenwich are up and running with PHPs. There are several IOP programs. There's three all -- three others in Westport, one in Wilton, a couple in Norwalk.

There also are a couple that have already

been approved, including the dorm in Stamford and Lantana in New Milford. And there's an application awaiting a decision by OHS on Sound Recovery in Bridgeport.

So basically the point here that I was translating in the letter is, it's very crowded here. There's an overlap of services, and it's important to say that part of the reason for that is that we're talking about service areas that are overlapping.

So on behalf of CCR, 75 percent of our clients for PHP come from the same service area that the Applicant is proposing, and there are other overlaps with all of these other providers. So, I think rather than talking about beds and bed utilization, the question wasn't answered about the utilization of these services that I'm speaking to.

And that's really pretty much it, other than I just -- there's an additional question that was not in the letter that -- concerns that came to me about the Applicant, essentially, and I think it was clear in the testimony, the questions and concerns by CCR and others, that the Applicant has been operating as an outpatient facility, as they

described here, without a license and without a certificate of need. I think there's a misunderstanding that you don't have to have that unless you provide IOP and PHP, and that's not the case.

So that that's really all I have, and I appreciate the opportunity.

THE HEARING OFFICER: All right. Thank you very much, Mr. Rockholz.

At this point, I will ask anybody additional who is in this hearing, if you would like to make a comment, please put your -- type a note into the chat right now. I'll give you a quick minute to go ahead and do that.

I see nothing more, and I have no additional comments from Ms. Fentis. She just said, no more sign-up, no additional sign-ups. So at this point, I will go ahead and I will thank everybody who spoke for public comment.

We will continue the technical portion in which we will now talk about the late-file exhibits. Attorney Cowherd, how long do you think you guys will need to get the late files together?

ATTORNEY COWHERD: A week.

THE HEARING OFFICER: Would you like more than that

just in case it does take a little time?
ATTORNEY COWHERD: Yeah, you've got to make the Columbus Day.
THE WITNESS (Silva): Okay.
Two weeks, then?
ATTORNEY COWHERD: Let's do two weeks just as an extra caution, Hearing Officer.
THE HEARING OFFICER: You know I do appreciate taking a little extra time because -- you can come back and ask for more time, but I'd prefer you give yourself enough time to get everything without having to rush. So we will have --
ATTORNEY COWHERD: I've been doing this too -- sorry.
THE HEARING OFFICER: Go ahead, no.
ATTORNEY COWHERD: I've been doing this too long to rush things along.
THE HEARING OFFICER: Yeah.
ATTORNEY COWHERD: But just an aside.
THE HEARING OFFICER: So we will have late files due by the close of business on October 23rd, which is a Wednesday. Is that okay?
THE WITNESS (Silva): Yes.
ATTORNEY COWHERD: Yes.
THE WITNESS (Clarke): Yes.
THE HEARING OFFICER: Again, Attorney Cowherd, if you

or your client find that you cannot get those in by that day, you're always welcome to contact our office and request a later file date.

At this time, I will go ahead and issue an order that the items I'm going to list will be submitted -- and I will send this out as an order as well after the hearing to you so that you have this -- that they produce as late files by the Applicant, and that they be produced by the end of the close on October 23rd.

Let's quickly go over them. They will be in letter format as well after this hearing.

All right. Let me just, I do have notes on multiple pages, so I want to make sure I go back.

Late-File A will be the Applicant's response to Exhibit D and S.

Late-File B is the submission of self-pay and uninsured patients, the options that will be offered to them for payment and charity care and a sliding scale, if there is one.

Let's see. Late-File C is providing data, peer-reviewed research or other documentation that demonstrates that the tracking of advanced patient outcomes leads to improved treatment adherence and/or long-term health outcomes for patients.

Exhibit D is the late file for what evidence is available to support the statement that existing facilities are at full capacity with wait lists or delays for treatment in IOP and PHP.

Late-File E is the table eleven. I invite you to revisit that, and that is it.

Again, I will produce those in an order for you after the hearing, and that will be sent to your attorney shortly thereafter.

And with that, we will go ahead and move to closing arguments or a statement from the Applicant's attorney -- or actually, Attorney Cowherd, do you have anything you'd like to say before we go to a closing statement?

ATTORNEY COWHERD: No, not at all.

THE HEARING OFFICER: With that, your closing statement or argument?

ATTORNEY COWHERD: I will note that in the public comment period there was no comment from the public as to lack of need.

I will note that in the letters referenced as to duplication of services, availability, that there was no intervener that was willing to be cross-examined and asked about those issues, so I'll start with that.

Hearing Officer and OHS staff, I'm going to take a little bit of time here, because I want to be as methodical as I believe this client has been in approaching OHS with this application, even though, as I said, this application was not filed after October 1.

And I think in my years of practice, which are substantial in front of this agency and its predecessor, I've never seen a more personalized CON application, first person, et cetera, being used, but I wanted the 2024 statewide healthcare facilities and services plan as part of the record, even though the client Sisu submitted -- I call them S-i-s-u. It's just easier, acronyms for me -- but with respect to that, they filed before October 1.

But I wanted to focus on the standard and guidelines in chapter 6.7 that I think is more relevant than the 2012 plan to what the state of mental health and substance abuse need is in the State of Connecticut. And for that need we only need to turn to the plan itself.

In the key issues section at page 18 of the statewide plan, it cites an increasing prevalence and need to treat and manage behavioral healthcare

conditions, mental health, and substance use disorders that will impact the need for behavioral healthcare services.

At page 162 of that same plan, OHS found that more -- there were more than an estimated, or thereabouts, 581,700 adults. We're targeting adults. The mention is made in that CON application about the prevalence, and it is skewed in some of these other facilities, which you've asked for and we will provide, toward adolescent care. This provider is 18 to 64, and has provided the data in its CON application as why it has that wider group.

So we're talking over half a million people in Connecticut that had mental illness and in need for treatment in 2021, with the rate of serious mental illness in the plan for adults 18 and over continuing to climb. That's figure 6.1 of the agency's own plan.

And when interested parties speak, as they just did to me, and then testify on behalf of a provider in the service area as to need, I'd like the agency to take that into account. You just heard recently the Sound Recovery's application.

Further, I want to highlight that it was the

western planning region where OHS found one of the largest number of untreated adults, and that's at page 163 of that plan. That's OHS, that's the 2024 plan, but there's more evidence of need in this application.

S-i-s-u sites repeatedly -- and I'm going to give you Bates numbers -- starting at page 13 of the CON application to the June 2021 regional priority report for Southwest Connecticut. That's prepared by the Regional Behavioral Health Action Organization, otherwise known as the Hub, and you'll see that cited throughout.

What we'd also like to submit, but it's available to the agency as well, is that survey was recently updated to 2023, and the survey in 2021 named the priorities; number one, mental health, number two, suicide prevention. They don't change those priorities at all in the update.

What I'll speak to in a minute, what they said in the one that was submitted with the CON application is anxiety, depression, serious mental illness were all specifically profiled. And two of the major risk factors for those who have those conditions is exactly what Ms. Clarke spoke to

when she was focusing on cognitive processing therapy. Traumatic events and the other side of the facility licensing -- we want to be an outpatient psychiatry facility, but we also want a substance abuse facility because they speak to co-occurring disorder throughout that report and the subsequent one.

As to treatment, what they also speak about, page 131 of what they -- I'll give you the Bates numbers -- I'm sorry, Bates numbers to the CON, but page 131 of that report. Supportive services, they name housing and case management. What did you hear today about holistic care, you know, and how that helps in that?

Another large concern -- I'm at page 132 of the regional plan for Southwestern Connecticut -- was the lack, and I'm quoting now, the lack of one-stop shop for behavioral health care needs, including the lack of comprehensive services from mental health and substance abuse combined and offered by one service provider. That is the entire concept between S-i-s-u and the other types of facilities that are available in this region.

Page 133 says, recovery focused on, among other things, job opportunities and the concept

of, quoting again, seven-day window, the need for an emphasis on aftercare and check-in following an individual's discharge from a treatment/recovery facility. I'm just going to equate that to what Mr. Silva spoke about as to the advantages of that Kipu system, tracking that handoff to either step-down or, you know, inpatient services.

So, this is all in addition to the 2022 CHNAs for the two largest safety net providers in this service area, and where the targeted population is mainly, in what they think will be their catchment area, the city of Norwalk, the city of Stamford. And I would only -- I know OHS looks very closely at those when they're filed, but both mental health, a major top priority item with both, and the 2019 CHNA for Norwalk Hospital, where Ms. Clarke has the most connection to. Again, it's been a long-standing priority, it hasn't been met and it's named there.

The second -- so that, that's standard number one, whether the Applicant has demonstrated a clear public need for the facility and services and an understanding of current capacity in this service area. That's standard number one at section 6.7.

Standard number two is whether the Applicant has satisfactorily demonstrated that the identified population to be served by this proposal has a need for the proposed service. That's sort of the flip side -- right? Of need. It's, who are you targeting? Who do you want to receive these services?

Well, on top of that data, Sisu has identified to you the areas that they want to serve. Co-occurring disorders, the CON application at page 62 and 63 speaks to that demographic of 18 to 64. It's much broader. If we got more than half a million people in this state seeking care, yes, you know, it's very alarming to everybody, young adults, but it's the issues really go to the individuals who are cycling through those EDs, and that's a much wider demographic. So, they have taken the time to study who they are going to provide their services for.

Standard number three is whether the Applicant has satisfactorily demonstrated how its proposal will improve quality access to and cost effectiveness of health care in the region, and the Applicant committing to providing the highest

quality treatment modalities as recommended by federal and state agencies.

This is a capital investment of $300,000 in an office building that is going to conduct group therapy. If that's not an idea of the commitment that this Applicant is providing to the service area, I don't know what is.

But when we want to talk about, you know, standards that are going to apply, the best practices and so forth, we point you to what's already been submitted in the CON application as to these evidence-based practices. First is, on the substance abuse side, the Applicant provided the 2022 DMHAS triennial state substance abuse plan. That's the State of Connecticut, which states plainly that Connecticut remains in the grips of an opioid epidemic and combating these disorders is a top priority in the State. That's not even mentioning synthetic opioids, fentanyl, et cetera. So that's page 3 of the report.

The same DMHAS report speaks to evidence-based therapies that should be introduced for these populations, including cognitive behavioral therapy, which Ms. Clarke spoke to, contingency management, the whole issue again of

tracking and those ongoing assessments that she spoke to, and motivational interviewing that the Applicant will do. Well, that's what Mr. Silva just finished speaking to, and that's the idea of, what's your purpose? What's your job? Are you taking care of yourself now? So, they are following best practices.

The Applicant also provided the DMHAS guidelines going back to 2008 for providing these services, and those are repeatedly cited in the application, starting at Bates number -- page 14. As to the DMHAS report of 2022, you can look to Bates numbers 40 and 77 of the CON application with respect to that. They also at Bates number 36 provided the ASAM guidance, American Society of Addiction Medicine, their national practice guidelines. So, these are state-of-the-art current therapies that have proven to work on a patient population where I've seen literature that you have a recidivism rate of up to 80 percent. So, everybody you can save.

There's something else I believe in the Southwest regional report that says, if you can prevent this, with every dollar spent you've already saved the healthcare delivery system $10.

So, you know, I think that speaks for itself.

Standard number four is whether the Applicants proposed at 6.7 provision of healthcare services to relevant populations and payer mix, promotes access to all Connecticut residents and its willingness to accept all types of health insurance. Mr. Silva didn't say it, but they are current, and to speak to this Applicant is not providing PHP and IOP without a license to do so; that's how accreditation, that's how payer networks -- it's providing therapies under licensed providers, individual providers in this state. And it's a good thing it's doing it because they told me it's 60 percent Medicaid.

And if you look at table nine, they're starting off, as Mr. Silva said, at 10 percent. And I leave it to OHS to think whether that's significant for a for-profit provider to commit to, and look at the ramp up to 18 percent in year three. So this is not a provider that is going to leave the Medicaid population unserviced.

Standard number five in 6.7 -- and I picked these standards because I think this is an applicant that meets these current standards -- is whether S-i-s-u has satisfactorily demonstrated

the proposed project shall not result in unnecessary duplication of existing or approved healthcare services, either publicly or privately owned. Far from duplicating the state services, what Mr. Silva spoke to as being a resource for those state services.

And in terms of duplicating other private facilities and the services they provide, I'm not going to repeat myself or what the Witnesses said about what holistic care and case management and tracking can achieve, and that's the distinguishing factor here. And there's no one who stepped up, became an intervener to say, well, that's exactly what we do. They're silent on that.

Standard number six -- and I do want to also point out what I think is extremely innovative. And it's a challenge for the best of providers -- is at Bates numbers 64 through 71. And as somebody who's close to the healthcare delivery system, I'd love to see, is the willingness to participate in accountable care organizations. Of course, they can't. They don't have the primary care census to deliver that, but they can be an adjunct and they can help with respect to making

care more value based and more accountable in this State.

Standard number six is how consideration of the CON application decision is made after the publication of the statewide plan. Well, that's not applicable, as far as I know, Hearing Officer, because that was published in June. I'm unaware of any approval in this market for IOP/PHP since June of 2024, and certainly none of that offers the services that S-i-s-u is going to.

In summing up, we would like to submit the late file, the Connecticut Hub report, which is targeted to this region, targeted to mental health and substance abuse, which I think is, you know, very helpful.

The data before you, you know, I think that there's, you know, another unsubstantiated claim in one of the intervenors' letters, is that apparently needs leveling off. Well, the data, you know, unsubstantiated. The data certainly doesn't, you know, the facts don't speak to that. You know, look at your own figure 6.1 in the statewide plan.

I think what you have before you today is a provider that wants to be innovative, is committed

upon granting licensure to run PHP and IOP programs that with the Kipu system that they have can maybe help in one of OHS's recommendations in the statewide plan at page 19 where the agency says, OHS wants to gather additional data on the use of behavioral healthcare services by type of care and condition, severity, to determine if capacity is meeting patient needs.

I think it's important to say is, meet it. Is what's out there meeting patient needs? My client feels there is a way to meet patient needs better. That's the whole, you know, issue here. The rest of that recommendation is, integrate this data with observed use of behavioral healthcare services in different settings to estimate remaining unmet need. Again, I think that both the CRM -- well, especially the CRM, can help the OHS do exactly that.

For all those reasons, we do respectfully request that this CON application be approved. We will be timely with our late files, and I do want to thank the agency again for its time and attention.

THE HEARING OFFICER: All right. Thank you very much, Attorney Cowherd. I appreciate your closing

statement. I would like to thank your Applicants for also attending the hearing today.

This hearing is -- it is now 11:56 a.m. I'm going to go ahead --

ATTORNEY COWHERD: Hearing officer, before you close the hearing.

THE HEARING OFFICER: Yeah?

ATTORNEY COWHERD: I saw you visually. Can we submit as the final late file, which is available in the agency --

THE HEARING OFFICER: The Hub?

ATTORNEY COWHERD: The Hub, the 2022 --

THE HEARING OFFICER: You know what? Actually, as you were speaking about that, I looked and I thought that it would be actually appropriate to put it with Late-File D.

ATTORNEY COWHERD: Okay. Makes sense.

THE HEARING OFFICER: So you can lump that into Late-File D, which is the existing facility capacity and evidence that is available to support the need for treatment. So, it fits right into D. If you would like to attach that to Late-File D, we can go ahead and do that.

ATTORNEY COWHERD: Links, or attached?

THE HEARING OFFICER: Attach a copy.

ATTORNEY COWHERD: Okay.

THE HEARING OFFICER: You know there are many pages in this. I have personally gone through at least -- I believe you filed at least 2,000 pages. So, we've gone through at least 2,000, but let's put a few more pages. What's a few more pages? So, let's attach a copy.

ATTORNEY COWHERD: Understood.

THE HEARING OFFICER: Yes, but it does fit, I think, nicely into D. So, please submit that as part of D.

All right. So, we will add that. And it's called the Hub, H-U, B as in boy?

ATTORNEY COWHERD: Yes.

THE HEARING OFFICER: Okay.

ATTORNEY COWHERD: That's the -- it is one of the planning agencies, I believe, that DMHAS contracts with to determine need in the state, but that's the easy, concise way of saying their name.

THE HEARING OFFICER: Perfect. Okay. So, we will go ahead and add that into D. I will, like I stated earlier, send you an order for the late files that will be due on October 23rd by the close of business.

I would like to thank everybody for attending

this hearing today. It is now 11:58 a.m. I'm going to go ahead and adjourn the hearing, however, the record will remain open until closed by OHS at a later date.

Thank you for attending, everybody. And thank you to our stenographer. Have a nice day. Goodbye.

ATTORNEY COWHERD: Thank you.

THE WITNESS (Clarke): Thank you.

(End: 11:58 a.m.)

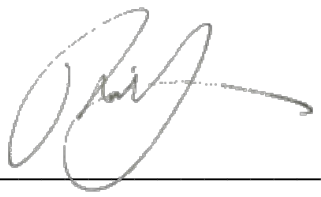
STATE OF CONNECTICUT

I, ROBERT G. DIXON, a Certified Verbatim Reporter within and for the State of Connecticut, do hereby certify that I took the above 105 pages of proceedings in the STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF HEALTH STRATEGY, APPLICATION & PUBLIC HEARING In Re: 24-32709-CON; SISU INTEGRATED HEALTH, LLC, ESTABLISHMENT OF A PSYCHIATRIC OUTPATIENT CLINIC FOR ADULTS AND FREESTANDING FACILITY FOR THE CARE OR TREATMENT OF SUBSTANCE ABUSE OR DEPENDENCE IN WESTPORT, CONNECTICUT, held before: ALICIA NOVI, ESQ., THE HEARING OFFICER, on October 9, 2024, (via teleconference).

I further certify that the within testimony was taken by me stenographically and reduced to typewritten form under my direction by means of computer assisted transcription; and I further certify that said deposition is a true record of the testimony given in these proceedings.

I further certify that I am neither counsel for, related to, nor employed by any of the parties to the action in which this proceeding was taken; and further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of the action.

WITNESS my hand and seal the 24th day of October, 2024.



Robert G. Dixon, N.P., CVR-M No. 857

My Commission Expires 6/30/2025

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