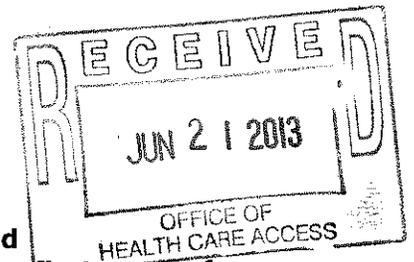


# Application Checklist



## Instructions:

1. Please check each box below, as appropriate; and
2. The completed checklist *must* be submitted as the first page of the CON application.

Attached is the CON application filing fee in the form of a certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of \$500.

## For OHCA Use Only:

Docket No.: 13-31846-CON Check No.: 512026393-3  
OHCA Verified by: [Signature] Date: 6/21/13

Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. (OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication)

Please See Appendix F

Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.

Attached are completed Financial Attachments I and II.

Submission includes one (1) original and four (4) hard copies with each set placed in 3-ring binders.

**Note:** A CON application may be filed with OHCA electronically through email, if the total number of pages submitted is 50 pages or less. In this case, the CON Application must be emailed to [ohca@ct.gov](mailto:ohca@ct.gov).

**Important:** For CON applications (less than 50 pages) filed electronically through email, the signed affidavit and the check in the amount of \$500 must be delivered to OHCA in hardcopy.

The following have been submitted on a CD

1. A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.
2. An electronic copy of the documents in MS Word and MS Excel as appropriate.

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK



Citizens Bank

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

512026393-3

057-0012  
0115

June 21, 2013

PAY TO THE ORDER OF \$500.00 DOLLARS

TO THE ORDER OF THE TREASURER STATE OF CONNECTICUT

MEMO:

Drawer: RBS Citizens, N.A.  
Citizens Bank is a division of RBS Citizens, N.A.

*[Signature]*  
AUTHORIZED SIGNATURE

20752164

⑆512026393⑆ ⑆011500120⑆

**AFFIDAVIT**

Applicant: Project Courage, LLC

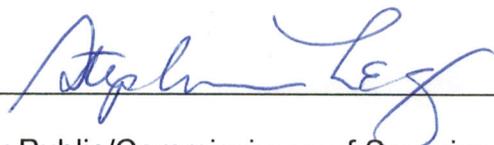
Project Title: Outpatient Behavioral Health Treatment Services for Adolescents and Young Adults in Old Syabrook, CT

I, Andrew Buccaro, CEO of Project Courage, LLC of being duly sworn, depose and state that Project Courage, LLC's information submitted in this Certificate of Need Application is accurate and correct to the best of my knowledge.

  
\_\_\_\_\_  
Signature

6/3/13  
Date

Subscribed and sworn to before me on 6/3/13

  
\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_

Stephanie LeMay  
NOTARY PUBLIC  
State of Connecticut  
My Commission Exp. 3/31/2018





**State of Connecticut  
Office of Health Care Access  
Certificate of Need Application**

**Instructions:** Please complete all sections of the Certificate of Need (“CON”) application. If any section or question is not relevant to your project, a response of “Not Applicable” may be deemed an acceptable answer. If there is more than one applicant, identify the name and all contact information for each applicant. OHCA will assign a Docket Number to the CON application once the application is received by OHCA.

**Docket Number:**

**Applicant:** Project Courage, LLC

**Contact Person:** Andrew Buccaro

**Contact Person’s Title:** CEO/President

**Contact Person’s Address:** 26 Spring Street, Deep River, CT 06417

**Contact Person’s Phone Number:** 203-623-2291

**Contact Person’s Fax Number:** N/A

**Contact Person’s Email Address:** projectcourage@hotmail.com

**Project Town:** Old Saybrook, CT

**Project Name:** Outpatient Behavioral Health/Substance Abuse Services

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

**Estimated Total Capital Expenditure:** \$40,000

## 1. Project Description: New Service (Behavioral Health/Substance Abuse)

### a. *Please provide a narrative detailing the proposal.*

Project Courage, LLC (“Project Courage”) intends to establish an outpatient behavioral health and substance abuse treatment facility for adolescents and young adults in Old Saybrook, Connecticut. Services will be provided to members of the general public on the shoreline area of Connecticut who are struggling with substance use disorders and co-occurring mental health disorders that emerge after a period of abstinence from substance use, accompany substance use disorders, or are an antecedent to substance use disorders and must be treated in accordance with substance use. Additional clients will be drawn from around the state, including from the major residential treatment programs in Connecticut, thereby providing “step-down” treatment options for those in need of professional outpatient services to support their recovery.

Currently, Project Courage has been in existence in the shoreline community for over six years providing substance abuse counseling to adolescents and young adults at an outpatient level. Counseling typically occurs at a rate of one session per week with a duration of 50 minutes. Our intention is to expand our services to provide a more robust and holistic service delivery model. Specifically, we aim to provide intensive-outpatient-treatment (IOT) for the shoreline community and the state of Connecticut. Upon completion of IOT programming, our clients would then “step-down” to the outpatient level of care including (but not limited to) individual therapy and group therapy for 2-3 hours per week.

Project Courage will place a priority on delivering services that are of the highest quality and will therefore limit its capacity to 40 IOT clients. Caseload sizes will be a fraction of the industry norms. Our staff specializes in substance abuse, and serving the specific developmental needs of adolescents and young adults. All of our staff members have spent much, if not all, of their career working with young adults and adolescents struggling with substance use disorders. Additionally, our staff is credentialed in most of the major mental health disciplines including clinical social work, counseling, marriage and family therapy, and substance abuse counseling. Emphasis will be placed on continuous staff development and staff self-care.

Our services will be developmentally appropriate and uniquely designed for the needs of adolescents and young adults. The very nature of our target population—adolescents and young adults—will be mirroring the developmental continuum. This will allow clients to have a greater continuity of care. The role of development and variables that have altered development, such as genetic vulnerabilities or trauma, will be valued alongside more traditional diagnostics. Topics and obstacles that pose special challenges to this population will be given special focus, such as developing a healthy social and leisure lifestyle. Likewise, care will be given to addressing developmental needs that often conflict with recovery principles such as the developmental task of independence which is often at odds with the recovery task of admitting powerlessness. Finally, the therapeutic alliance will be central and an ongoing treatment goal. We are aware that developing a therapeutic rapport is particularly critical with this age group and must be tactfully developed (this is further detailed in question 4 subsection c).

Our core services will include individual therapy, group therapy, intensive family therapy and drug screening. These will be supplemented by wrap around services that support a recovery lifestyle including among others: intensive family services, recreational services, medication management, case management, and activities from the holistic treatment paradigm such as yoga.

Project Courage will rely on out-of-network insurance reimbursement and client self-pay to fund its services. Unfortunately, not all clients will have access to an insurance plan that provides out-of-network coverage. This challenge can be offset by offering; a) a reduced “financial hardship rate” for those clients who do not have out-of-network coverage; b) high-quality services and the most stringent confidentiality possible; c) a *robust* referral service when necessary.

## 2. Clear Public Need

### a. *Provide the following regarding the proposal’s location:*

#### i. *The rationale for choosing the proposed service location;*

The proposed service location at 251 Main Street Old Saybrook, CT was selected for the following reasons:

1. Proximity: Project Courage will be located on the Connecticut shoreline (between the Quinnipiac and Connecticut rivers). By doing so, it will be the only behavioral health and substance abuse treatment facility that ***specializes*** in substance use disorders ***for this population*** in a 25-mile radius. As an already existing service provider in this area we have developed relationships with nearby community organizations (i.e. youth service bureaus), schools, and municipal offices (police and probation). Many of the wrap-around services we include in our service delivery will rely on local businesses and organizations (i.e. yoga instruction, martial arts, 12-Step community). Ten high schools exist within a 15-mile radius of the facility. The intended service location is less than five minutes from Interstate 95. The primary service area (as described below) includes ten of Connecticut’s shoreline towns with a total population of 8,600 individuals aged 15-24. Finally, as an established service provider in this area, we have been aware of the clear need for such services in this region, which are discussed at length subsection iii below.
2. Accessibility: At this location Project Courage will be accessible to major transportation routes (interstate highways, railroads and bus lines). Clients and their families in nearby towns will find it easy to travel to and locate Project Courage.

#### ii. *The service area towns and the basis for their selection;*

Initially, the following towns in and around the shoreline of Connecticut will make up the service area for Project Courage: Guilford, Branford, Old Lyme,

Chester, Essex, Centerbrook, Deep River, Ivoryton, Old Saybrook, Madison, Killingworth, Haddam, East Lyme, Westbrook, and Clinton. These towns are identified due to the clear need for such services in these towns (as described in section iii below) and their socio-demographic data; the mean household income for these towns is \$85,000, twenty-thousand dollars higher than the state average (see table 1 also below). Ten local high schools exist within a fifteen mile radius of the facility. Individuals with out-of-network insurance and the ability to pay out of pocket for services will reside in these municipalities. With quality services and a growing reputation we will provide an attractive treatment alternative statewide.

**iii. *The population to be served, including specific evidence such as incidence, prevalence, or other demographic data that demonstrates need;***

The target population for Project Courage includes adolescents and young adults (ages 14-26) from the shoreline area of Connecticut and statewide who are from middle- to upper-class families. These client populations will be kept separate in treatment (i.e. ages 14-17 and ages 18-26) and as such will receive treatment that is developmentally appropriate. Many of our clients will have received primary treatment for substance use disorders and will be “stepping down” to a lower level of care. Others will be receiving more intense services, being referred from local community programs and clinicians practicing privately. All of our clients will meet the industry standard criteria for the need (American Society of Addiction Medicine Placement Criteria (ASAM)), for continuing treatment at the outpatient level of care.

A clear and undeniable need for services for this population is self evident:

1. The National Survey on Drug Use and Health (NSDUH) has historically and consistently shown that since 1971 young adults (ages 18-25) have had the highest incidence of substance use and abuse. The unaddressed need for treating this age group is well documented and compelling. Likewise, NSDUH has also chronicled that: a) adolescence is the developmental stage in which the initiation of substance use and abuse emerges and; b) the consistent lowering of the age of initiation of substance use and abuse. Finally, as a group, adolescents (ages 12-17) have consistently fallen in third place in regards to substance use and abuse incidence and prevalence rates. The NSDUH’s most recent report for 2011 continues to support all of the above trends. All of these trends are replicated in the NSDUH’s state-level data sets for Connecticut.
2. Over the years of 2003-2006, the NSDUH estimated that 8.7% of Connecticut’s adolescent girls and 10.1% of adolescent boys met the diagnostic criteria for an alcohol or substance use disorder (see *In Brief: Connecticut Adolescent Behavioral Health* in Appendix A). If we apply these numbers to the average school population size for grades 7-12 among shoreline schools 80-100 students per school PER SHORELINE TOWN would potentially be in need of treatment for a

substance use disorder. This would suggest that some 1200 plus students could potentially receive treatment for a substance use disorder on the shoreline. These numbers are supported by the “used in the last 30 days” prevalence rates offered in the Search Institute data below.

3. Local data from the Search Institute’s Developmental Assets Survey shows prevalence rates that are also indicative of the need for substance use and mental health treatment among adolescents and young adults. By referring to Tables 1-3 on the next pages the following inferences can be made:

- Table 1 reflects the average shoreline town has about 819 citizens aged 15-23 (US Census 2010). Further, and buttressing this number, on average there are some 1000 students in grades 7-12 (US Census 2010).
- When we juxtapose 2011 Search Institute’s Developmental Assets Survey prevalence rates for substance use onto this census data the following data presents itself:
  - i. Some 260 (26%) students in grades 7-12 have used alcohol in the past thirty days PER SHORELINE TOWN.
  - ii. For 12<sup>th</sup> graders this percentage more than doubles; the mean for shoreline high schools seniors who used alcohol in the past thirty days was 56%
  - iii. Some 160 students in grades 7-12 were intoxicated in the past two weeks PER SHORELINE TOWN.
  - iv. Some 180 (18%) students in grades 7-12 smoked marijuana in the past month PER SHORELINE TOWN.
  - v. By 12<sup>th</sup> grade this percentage more than doubles; the mean for shoreline high schools seniors who have used marijuana in the past thirty days is 38%
  - vi. Some 50 students in grades 7-12 have abused substances other than alcohol or marijuana PER SHORELINE TOWN.
  - vii. Some 75 students in grades 7-12 drove while intoxicated in 2011 PER SHORELINE TOWN.
  - viii. Some 280 students in grades 7-12 have gotten into a car with a driver who had been drinking in 2011 PER SHORELINE TOWN.
  - ix. Some 185 students in grades 7-12 shoplifted in 2011 PER SHORELINE TOWN.
  - x. Some 175 students in grades 7-12 “experienced trouble with the police,” in 2011 PER SHORELINE TOWN.
  - xi. Some 144 students in grades 7-12 report physically hurting someone in 2011 PER SHORELINE TOWN.
  - xii. Some 134 students in grades 7-12 carried a weapon in 2011 PER SHORELINE

**Table 1: 2011 Demographic Data from US Census and Strategic School Profiles for Twelve Shoreline Towns**

	Hi	Low	Mean
Total Population	22375	523*	9100
Total Percentage of Population Aged 15-23	19%	7%	9%
Average Household Income	\$106,000	\$61,000	\$85,000
Percentage of Population Identifying as White	98%	83%	93%
Average Number of Students 7 <sup>th</sup> -12 <sup>th</sup> Grade	1676	457	1032
Average Number of 11 <sup>th</sup> -12 <sup>th</sup> Graders	551	146	334

\*The total population of Centerbrook Connecticut is 523. However, Centerbrook is a borough of Essex Connecticut, (as is the town Ivoryton). Taken together these three municipalities total a population of 6407, which is much closer to the mean population size.

**Table 2: 2011 Search Institute's Developmental Assets Survey Prevalence Rates and Risk Behavior Among 7<sup>th</sup>-12<sup>th</sup> graders for Twelve Shoreline Towns**

	Guilford 2011	Madison 2011	Clinton 2011	Westbrook 2011	Tritown* 2011	Killingworth* * 2011	Old Saybrook 2011	Mean
<b>Substance Abuse</b>								
Past 30 day alcohol use	25%	23%	29%	21%	28%	33%	24%	26%
Alcohol intoxication past 2 weeks	14%	15%	20%	13%	18%	20%	15%	16%
Past 30 day marijuana use	16%	14%	21%	unavailable	unavailable	20%	unavailable	18%
Use of other substances-past yr.	6%	6%	4%	6%	6%	6%	4%	5%
Drove after drinking-past yr.	6%	6%	7%	7%	8%	11%	5%	7.5%
Rode with driver using alcohol-past yr	24%	24%	32%	31%	27%	31%	29%	28%
<b>Mental Health &amp; Risk Behavior</b>								
Shoplifted	15%	16%	27%	18%	16%	18%	16%	18%
Trouble with police	15%	13%	26%	18%	14%	13%	19%	17%
Physically hurt someone	10%	10%	17%	11%	20%	15%	14%	14%
Carried a weapon	14%	11%	13%	14%	12%	15%	13%	13%
Felt depressed most of the time	10%	10%	16%	13%	11%	10%	10%	11%
Attempted suicide	9%	7%	19%	8%	8%	9%	9%	10%
Bulimic or anorexic	12%	13%	19%	12%	10%	14%	12%	13%

\*Includes Essex, Ivoryton, Centerbrook, Deep River and Chester Connecticut.

\*\* Includes both Killingworth and Haddam Connecticut

**Table 3: 2011 Search Institute’s Developmental Assets Survey Substance Use Prevalence Rates Among 11<sup>th</sup>-12<sup>th</sup> Graders for Five Shoreline Towns**

	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>Past 30 Day Use of Marijuana</b>		
Guilford	25%	38%
Madison	28%	34%
Haddam-Killingworth	33%	40%
Clinton	33%	41%
<b>Average</b>	<b>30%</b>	<b>38%</b>
<b>Past 30 Day Use of Alcohol</b>		
Guilford	36%	54%
Madison	35%	51%
Haddam-Killingworth	51%	57%
Clinton	43%	62%
<b>Average</b>	<b>41%</b>	<b>56%</b>
<b>Past 30 Day Use of Prescription Drugs</b>		
Guilford	11%	8%
Madison	Unavailable	Unavailable
Haddam-Killingworth	9%	10%
Clinton	9%	8%
<b>Average</b>	<b>9.5%</b>	<b>8.5%</b>

- xiii. Some 110 students in grades 7-12 identified as being depressed “all or most of the time” PER SHORELINE TOWN.
  - xiv. Some 100 students in grades 7-12 have attempted suicide in 2011 PER SHORELINE TOWN.
  - Additional data from the Search Institute’s Developmental Assets Survey reveals the following trends:
    - i. On average only 33% of students in grades 7-12 report positive family communication.
    - ii. Only 21% of students in grades 7-12 report that they feel engaged in creative activities
    - iii. Less than 38% of students in grades 7-12 report having a positive adult role model
    - iv. Less than 25% of students in grades 7-12 report feeling valued by the community
    - v. Over 20% of students in grades 7-12 report being “physically harmed to the point of leaving a scar, back and blue, welts, etc. by a family member.”
  - Even if we were to suggest that only half of the above individuals required services an inordinately disproportionate ratio of services to client need is evidenced. Clearly, Connecticut’s shoreline towns are not immune to the major public health issue of adolescent and young adult substance use and mental health disorders.
4. It is a known and accepted reality that these prevalence rates have remained relatively unchanged for over a decade. For example, in 2004 Haddam-

Killingworth prevalence rates for past 30-day marijuana use was 23% (2004 Governor's Prevention Initiative for Youth's and 2006 Search Institute's survey data)

5. In 2005 there were 17 suspensions from Guilford High School for violation of the substance abuse policy (Strategic School Profile). In 2006 there were 25 suspensions for violation of the substance abuse policy (Strategic School Profile). It is not unreasonable to assume that local high schools experience similar rates of suspension for violations of the substance abuse policy. However, even were we to assume that all high schools (numbering ten) from those towns identified in the Project Courage service area suspended students at a rate half of this, ninety students would potentially be in need of services.
6. In 2011 The National Center on Addiction and Substance at Columbia University (CASA) deemed adolescent substance abuse America's #1 public health concern, citing among other findings, that 90% of adults with addictions to substances began using prior to age 18 (CASA 2011).
7. The questions that begs to be asked is "Aren't there services out there for these individuals?" and the unequivocal answer is no. A dire gap in substance abuse treatment services becomes apparent when the prevalence numbers above are considered in conjunction with the state of Connecticut's lack of services. The Connecticut Department of Public health has publically expressed its concerns about shortage of both substance abuse counselors and mental health providers. In a one day "snap-shot" (March 31<sup>st</sup>, 2010) the 2010 National Survey of Substance Abuse Treatment Services (N-SSATS) profiled Connecticut's gap in treatment:
  - 28,250 Connecticut residents were in treatment. Of that total, 26,654 (or 94%) were in some form of outpatient treatment, and of those 26,654 (only 6%) were identified as receiving intensive outpatient treatment.
  - Further, and despite the above data clearly indicating a clear treatment need for this age group, of the 28,250 Connecticut residents receiving treatment on a given day, only 2% or 550 were aged under age 18.
  - Of those programs identified as offering "special programs" only 13.8% included programming for adolescents. **This places Connecticut last in terms of percentile breakdown of adolescent programming among the other 52 states.** This data demonstrates that Connecticut's adolescents are clearly not represented in the substance abuse service delivery system, particularly when one considers this population's prevalence rates for substance use in comparison to other age groups.
8. There is major effort by the Connecticut General Assembly to increase access to treatment for adolescents and young adults that is focused on eradicating obstacles insurance companies are creating (*Access to Substance Use Treatment for Insured Youth* Connecticut General Assembly 2012).
9. The Office of Healthcare access has indicated that the rate of Connecticut's insured residents at 89% is significantly higher than the national average,

10. Finally, with the most recent changes in healthcare reform, it seems safe to assume that more and more residents will be insured, providing the impetus for a greater likelihood of treatment access. With more clients accessing the behavioral health and substance use treatment system, many professionals in the industry are already anticipating a widening in the existing gap in services. The need for programs providing quality services for substance use disorders for adolescents and young adults has likely never been greater.

*iv. How and where the proposed patient population is currently being served;*

As this is an expansion, the current population is being served at our current location in Old Saybrook, Connecticut. As mentioned, the current delivery model typically consists of one 50-minute counseling session per week.

*v. All existing providers (name, address, services provided) of the proposed service in the towns listed above and in nearby towns;*

No facilities exist in the proposed service area that specialize in substance abuse treatment, service this age cohort, and offer this level of care.

Other licensed outpatient treatment programs in the area include:

1. Bhcare, Inc., 14 Sycamore Way Branford, CT 06405. Services: Outpatient Treatment
2. Child and Family Agency of Southeastern Connecticut, 190 Westbrook Rd, Essex, CT 06426. Services: Outpatient Treatment
3. The Connection Counseling Center, 263 Main Street, Old Saybrook, CT 06475. Services: Outpatient Treatment
4. Joshua Center-Shoreline, 5 Research Parkway Old Saybrook CT 06475. Services: Outpatient Treatment.

*vi. The effect of the proposal on existing providers, explaining how current referral patterns will be affected by the proposal.*

Only one of the above listed outpatient treatment centers serve adolescents, and while this facility makes mention of providing substance abuse services, it clearly and primarily markets itself to clients with emotional, behavioral and special education needs. All of the above listed outpatient treatment centers are not-for-profit and primarily serve clients with in-network insurance carriers and low income health insurance. Three of the four providers above rely on state and/or federal funding to provide their services to clients who are on lower income scales. As mentioned previously, Project Courage will rely

on out-of-network coverage and self pay clients. These financial variables coupled with Project Courage’s focus on substance abuse, adolescents, and young adults point to a minimal measurable effect on existing licensed providers in the area.

Additionally, given the clear need for services identified above, it would seem that increased service provision in the area will do more to bolster referral patterns for current providers as Project Courage could not possibly meet such an overwhelming need in isolation.

### 3. Projected Volume

- a. *Complete the following table for the first three fiscal years (“FY”) of the proposed service.*

**Table 1: Projected Volume**

	Projected Volume (First 3 Full Operational FYs)**			
	FY2013*	FY2014	FY2015	FY2016
Service type				
Outpatient Substance Abuse Treatment	3	12	20	25
<b>Total</b>	<b>3</b>	<b>12</b>	<b>20</b>	<b>25</b>

\* 2013 is considered a partial year

\*\* Period covered by Fiscal Year is Jan 1-Dec 31 with exception of first year.

- b. *Provide a detailed description of all assumptions used in the derivation/calculation of the projected volumes.*

Volume projections in Table 1 for the year 2013 are based on the following assumptions:

- In its current form Project Courage averages 8 referrals per month for weekly counseling services.
- The first half of 2013 will be dedicated to meeting all regulatory requirements to obtain a license in the state of Connecticut.
- Potential clients will need the ability to self pay or possess out-of-network coverage.
- Prevalence rates offered on pgs. 7-9 clearly signify the customer base that exists for services Project Courage offers.
- Over the years of 2003-2006, the NSDUH estimates that 8.7% of Connecticut’s adolescent girls and 10.1% of adolescent boys meet the diagnostic criteria for an alcohol or substance use disorder. If we apply these numbers to the average school population size for grades 7-12 among shoreline schools 80-100 students per school PER SHORELINE TOWN would potentially be in need of treatment for a substance use disorder. This would suggest that some 1200 plus students could potentially receive treatment for a substance use disorder on the shoreline.
- Project Courage will be offering a more intensive level of care.

- g) In their report *Access to Substance Use Treatment for Insured Youth* the Connecticut General Assembly indicates that typically in Connecticut there is an approval of 88% for outpatient treatment (i.e. IOT).
- h) The Office of Healthcare access has indicated that the rate of Connecticut's insured residents at 89% is significantly higher than the national average, and will continue to increase with the new healthcare expansion.

Volume projections in Table 1 for each additional year are based on the following assumptions:

- a) In its current form Project Courage averages 8 referrals per month for weekly counseling services.
- b) Potential clients will need the ability to self pay or possess out-of-network coverage.
- c) Prevalence rates offered on pgs. 7-9 clearly signify the customer base that exists for services Project Courage offers.
- d) Over the years of 2003-2006, the NSDUH estimates that 8.7% of Connecticut's adolescent girls and 10.1% of adolescent boys meet the diagnostic criteria for an alcohol or substance use disorder. If we apply these numbers to the average school population size for grades 7-12 among shoreline schools 80-100 students per school PER SHORELINE TOWN would potentially be in need of treatment for a substance use disorder. This would suggest that some 1200 plus students could potentially receive treatment for a substance use disorder on the shoreline.
- e) Project Courage will be offering a more intensive level of care.
- f) In their report *Access to Substance Use Treatment for Insured Youth* the Connecticut General Assembly indicates that typically in Connecticut there is an approval of 88% for outpatient treatment (i.e. IOT).
- g) The Office of Healthcare access has indicated that the rate of Connecticut's insured residents at 89% is significantly higher than the national average, and will continue to increase with the new healthcare expansion.
- h) With successful treatment episodes, higher than average retention rates and a clear need for services referral volumes would increase.
- i) It is hoped that clear need for services has been demonstrated, and while it is not the intention of this proposal to now suggest that a need will be "created," it is critical to acknowledge that certain persistence is required in ensuring the target population accesses services. A combination of ignorance, stigma, and general apathy often obstruct treatment access for adolescents, young adults, their families, and other key stakeholders. Therefore, Project Courage will engage in regular practices in effort to remove these obstructions including membership on local community boards, workshops and presentations to local schools and organizations catering to this age group (i.e. youth service bureaus), public speaking engagements, collaborating with local halfway houses, and networking with the recovery community at large.

- c. ***Provide historical volumes for three full years and the current year to date for any of the Applicant's existing services that support the need to implement the proposed service.***

Project Courage was established in March of 2006. As mentioned previously, Project Courage as operated has a group practice providing substance abuse and mental health counseling primarily for adolescents and young adults, typically on a once-per-week basis. The volume break down for the past three years of Project Courage's service provision is as follows:

Year	Annual Referrals	Volume
2009*	90	25
2010**	103	28
2011***	115	20

\* In 2009 there were two clinicians at Project Courage, one contractual and one full time.

\*\* in 2010 There were 3 clinicians at Project Courage, two contractual, and one full time.

\*\*\* In 2011 there were 4 clinicians at Project Courage, all of which were contractual. The full time clinician made a significant reduction in his caseload to accommodate a full time position as a director of a nearby program. This individual will be returning to Project Courage upon initiation of its expansion.

As can be deduced from the above volume and associated referrals, often need far outweighed capacity. At times referrals to Project Courage did not translate to enrolled clients due to financial constraints, or eligibility requirements not being met. However, more often referrals could not be accepted due to reaching maximum capacity. In such case referrals were offered additional referrals and/or the option to be wait-listed.

While we have seen many clients at Project Courage engage in corrective experiences, it has been painfully clear that the problem of substance use disorders demands more than one hour of treatment per week. Concurrently, clinicians at Project Courage have often looked to refer clients they were servicing to a higher level of care (i.e. intensive outpatient) and found the already difficult process of making such referrals made more complex due to barriers such as proximity, accessibility, and quality of care. The state of Connecticut, as most of the nation, has a shortage of substance use treatment for this age group.

- d. ***Provide a copy of any articles, studies, or reports that support the statements made in this application justifying need for the proposal, along with a brief explanation regarding the relevance of the selected articles.***

The need for substance abuse treatment for adolescents and young adults is well documented. In fact, the challenge in selecting supporting material to this application lies in how to choose from the overwhelming amount of literature available. A copy of the Substance Abuse and Mental Health Services Administration's (SAMHSA) report entitled *Young Adults' Need for and Receipt of Alcohol and Illicit Drug Use Treatment: 2007* is included under Appendix A. Also included in Appendix A is *Adolescent Behavioral Health In Brief: A Short*

*Report from the Office of Applied Studies*, to reflect the need for adolescent treatment as well. Finally, in the spirit of trying to provide a more local perspective, three letters documenting the need for substance abuse treatment for these age groups within their respective communities are included from shoreline organizations.

#### 4. Quality Measures

- a. ***Submit a list of all key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.***

The following professionals currently provide services for Project Courage. Refer to Appendix B for copies of each individual's Curriculum Vitae. Once Project Courage nears operation at the IOT level of care, additional staff will be identified to fill out the needed staff requirements.

Andrew Buccaro, LCSW, LADC: Executive Director—Adolescent Track

Ryan Hocking, LCSW: Executive Director—Young Adult Track

Michael Regan, LCSW: Clinical Therapist

Vincent Samoulis, LCSW, LADC: Clinical Therapist

Lisa Uihlein, LMFT: Clinical Therapist

Medical Director: Peter Morher, M.D.

Clinical Therapist: TBD

Care Coordinator/12-Step Liaison: TBD

Family Therapist: Position to be added in Fiscal Year 2014

Contractual Certified Yoga Instructor: Position to be added in Fiscal Year 2014

Contractual Certified Physical Trainer: Position to be added in Fiscal Year 2014

Contractual Certified Boxing/Martial Arts Instructor: Position to be added in Fiscal Year 2014

- b. ***Explain how the proposal contributes to the quality of health care delivery in the region.***

Project Courage will provide a level of care for adolescents and young adults which will serve to meet a need at both ends of the continuum of care. Those individuals requiring care beyond the weekly counseling model will now have an additional alternative previously unavailable. In this sense, health care will be improved as the potential developmental, interpersonal, psychological, educational, legal, financial, and physiological devastation often incurred with substance use disorders can be minimized.

Likewise, those concluding their treatment at a higher level of care (e.g. residential) will be able to continue their treatment at lower level of care. By providing continued treatment the potential for relapse is decreased and the individual's ability to transition into a productive, independent and self-supporting lifestyle that embraces recovery is promoted.

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

Project Courage's standards of practice are in line with those advanced in the *Treatment Improvement Protocol (TIP) 47* as provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). An excerpt from this document is included in Appendix C, which identifies 14 Principles of Intensive Outpatient Treatment. What follows is how Project Courage will translate these principles into reality:

1. Make Treatment Readily Available: Project Courage clients will need to complete only an initial screen (typically done over the phone) to ensure they meet eligibility requirements of the program. Upon completion of the screen, clients can expect an intake to occur within 72 hours pending their scheduling ability and whether or not the program is at maximum capacity.
2. Ease Entry: It is already the practice of Project Courage to creatively address the balance between obtaining the critical data necessary to provide focused treatment while avoiding burdening the client with a cumbersome intake interview. In those instances when clients complete a release of confidential records, treatment records from previous providers and treatment episodes are aggressively sought. Additionally, Project Courage will make use of both communication technology and home visits (again all within the confines of confidentiality regulations) to expedite the intake process. Project Courage also intends to provide transportation/livery services for many of its clients.
3. Build on Existing Motivation: Several efforts will be made to tie into adolescent and young adult motivation:
  - a. Activities: In addition to group, individual, and family therapy, Project Courage will offer services specifically designed to appeal to the adolescent and young adult population, including but not limited to: boxing, martial arts, basketball, weight training, music lessons, yoga, and the arts.
  - b. Scheduling: Efforts will be made to creatively schedule individual therapy appointments. Due to the existing relationships Project Courage already enjoys with many shoreline schools, we have

often provided services to many of our clients at the client's school during the school day. Additionally, Intensive Outpatient Treatment groups will have durations far less than those exhibited by industry norms.

- c. **Therapeutic models and alliance:** Project Courage embraces outcome based guided treatment. As such, only evidence based treatment models are employed. In particular, Transtheoretical or the Stage of Change Model allows us to meet adolescents and young adults at their level of readiness to change. This is particularly important for this client population as they often fall into the Precontemplative stage ("There's not a problem."). Rather than assume a client is ready to change and threaten the therapeutic alliance, we assess clients' readiness to change and guide our rapport development and treatment style accordingly. Additionally, Project Courage makes numerous attempts to employ therapeutic interventions that are experiential and based on physical movement as opposed to a singularly didactic or "talk" approach.
  - d. **Family involvement:** Families will not be excluded from therapy. Rather, the expectation is that families will need to participate in the treatment of their loved one in order for potential clients to be eligible for the program. A treatment plan will be developed for each family based on identified needs and will be tailored to the family along a continuum of treatment intensity from psycho-education, coaching and re-establishing limits, to intensive in-home family therapy.
  - e. **Drug Screening:** Center for Change will use urine toxicology screens with clients not only as a means to monitor effectiveness of treatment but also as a motivational tool for clients to remain abstinent.
4. **Enhance Therapeutic Alliance:** As mentioned throughout this proposal, developing a therapeutic alliance is primary and central to the treatment at Project Courage. While research has regularly proven that the therapeutic alliance is a fundamental ingredient for the successful treatment of all age groups, clinical experience suggests this is especially true for adolescents and young adults. Adults often have the ability to compensate for a less than developed therapeutic alliance as a result of their being cognitively, emotionally and socially more developed. If rapport and alliance are not cultivated early and vigorously with adolescents and young adults retention rates suffer. Many of the steps mentioned above regarding building on motivation will inherently facilitate the development of a therapeutic alliance. Also, because our staff specializes in working with these age groups they have acquired and honed skills that increase the odds they will efficiently build a healthy working relationship. Additionally, staff development opportunities and weekly clinical

supervision will occur to ensure that therapeutic alliance remains a top organizational goal for our clients.

5. Make Retention a Priority: Treatment retention is an issue that has plagued the substance use treatment and behavioral health industry. We believe our retention rates will surpass industry averages because of the following measure we will take to offset treatment drop out:
  - a. *Client Engagement*: As described above, if an adolescent or young adults client feels their primary clinician respects them, advocates on their behalf, and works with them, there is a greater likelihood the client will remain in treatment.
  - b. *Stages of Change*: Also described above, employing this model inherently fosters a therapeutic alliance because a low level of readiness to change is not pathologized. This model also allows us to structure our groups so individuals can be placed in groups according to their readiness to change. Such homogeny will foster group cohesion and further offset drop out.
  - c. *Intensive Family Programming*: Often the adolescent or young adult using substances is seen as the identified patient or the centerpiece of treatment. We will be setting the expectation that family members MUST participate in therapy and treatment. For example, when a client is newly referred to Project Courage a staff member will meet with the family (our current hope is to do this at the client's home) to send a clear message that the family members must work closely with the treatment team in order for treatment to be successful. Further, the process of collaboration will begin immediately as we will coach the family members on how to set clear and firm limits with the client that they will be attending and completing treatment. Shortly thereafter, the family members will become a regular part of the treatment process through family therapy which can happen at the office, possibly at the home, or through the use of technology.
  - d. *12-Step Liaison/Care Coordinator*: A full-time staff member will be employed to provide case management services for clients and their families. Among other responsibilities, this individual will provide daily reminders by calling and texting clients with appointment times. This individual will also work closely with loved ones (parents or spouses) to enlist their aid in ensuring the client gets to appointments. Finally, the 12-step Liaison/Care Coordinator will be firmly embedded and familiar with the 12-Step community in the shoreline area. As such, he/she will have intimate knowledge about members and meetings in the area that may be more suitable for a given client. By bringing clients to such meetings and introducing them to individuals in the area they will help our clients develop a network of young individuals in recovery.

- e. *Transportation*: The 12-Step Liaison/Care Coordinator will also provide transportation/livery services for Project Courage's Clients to and from treatment.
  - f. *Activities Cultivate Attraction*: Also mentioned previously, Project Courage will provide several services that interest and engage young adults and adolescents. Clients will receive more than just "treatment" at Project Courage as they learn to develop healthy recreation and alternatives to substance use.
  - g. Finally, Project Courage will continually assess the impact of the above described measure on retention rates via our annual performance measures and quality assurance programming.
6. Assess and Address Individual Treatment Needs: Still another benefit of the Stages of Change model is that it allows for treatment to be individualized along the continuum of change. Readiness to change will be a major factor in our assessment, treatment planning, and discharge. Our clients will not receive a "one size fits all" approach simply because of this model. Also, part of our assessment is a multi-dimensional analysis, allowing us to consider in which life domain (or dimension) a potential client is experiencing the most distress. A dual diagnosis grid is employed to aid clinicians as they makes decisions about leveraging treatment towards mental health and substance abuse. Readiness to change, dimensional assessment, and assessing co-occurring disorder will all lay the groundwork for a strategically designed treatment plan. Clients will be re-assessed on a regular basis (this will include the use of pre-post outcome data) to determine what progress, or lack thereof has occurred and what treatment planning changes need to occur. Finally, regular case review meetings will be held with the clients treatment team to ensure treatment is being delivered collaboratively.
7. Provide Ongoing Care: Weekly case review meetings will be held with the client's treatment team to ensure collaborative care is provided. As previously described, in addition to Intensive Outpatient Treatment, Project Courage will also offer outpatient therapy and counseling ranging from 1-3 hours per week. Thus, clients who complete the Intensive Outpatient Treatment program will have the ability to transition to this level of care without the threat of fragmentation or duplicative services. Finally, because the programming at Project Courage will mirror the developmental continuum, clients will have the ability to access treatment for a prolonged period.
8. Monitor Abstinence: The clinical programming at Project Courage is intended to be delivered over three days (10-12 hours of group, individual and family therapy spread out over 3 days per week). The other two days of the week will be used to provide programming based on recreation and developing healthy alternatives to substance use. There is also

consideration being given to providing such activities on weekends. As such, Project Courage clients will be under observation for potential changes in attitudinal, behavioral, and physiological changes that might suggest use of substances. Urine drug screening will also occur regularly and randomly multiple times per week. Finally, the Project Courage Care Coordinator/12 Step Liaison will have some ability to monitor attendance at local meetings.

9. Use Mutual help and other Community Based Supports: Throughout this proposal it has been well documented that mutual help and community supports will be heavily relied upon. While Project Courage values clinical services and therapies it is also keenly aware that a joint effort is needed with the self help community in order for clients to develop resiliency and a recovery based lifestyle. Meetings will be a regular part of the programming at Project Courage, both offsite (whereby transportation can be provided) and on-site. As mentioned a 12-Step Liaison will be a full-time staff member at Project Courage to facilitate the interface between the 12-step community and treatment. Also, many of the services beyond clinical treatment (e.g. weight training, martial arts, etc.) will be provided by professionals from the community, allowing clients the opportunity to develop relationships with community providers. Finally, because of its history offering services on the shoreline, Project Courage has developed many relationships with local providers, and organizations who can provide additional services for needs Project Courage identifies among its clients.
10. Use of Medications if Indicated: Our clients will have access to a psychiatrist who will provide medication evaluations and management with sensitivity to the complexity created by the interactions between addiction and mental health disorders. Currently, Project Courage works with a psychiatrist who is board certified and has considerable experience working with substance use disorders.
11. Educate About Substance Abuse, Recovery, and Relapse: Psychoeducation about each of the above topics will occur weekly in an Intensive Outpatient Treatment group. This learning will be reinforced by the client's participation in 12-step meetings both on and off site.
12. Engage Families, Employers, and Significant Others: As discussed previously, Project Courage will have rich and intensive family programming including family based assessments, in-home services, and tailored direct services ranging from psychoeducation and coaching to traditional family therapy. Given that a consent for a release of information is provided, Project Courage also intends to collaborate with school systems and employers.

13. Incorporate Evidence-Based Approaches: Project Courage only uses models that are evidence based. The Stages of Change/Transtheoretical model provides the basis for the rest of models we employ which includes: Motivational Interviewing, Acceptance and Commitment Therapy (a third generation Cognitive Behavioral Therapy), traditional Cognitive Behavioral Therapy, and 12-Step Facilitation. Project Courage will also administer and conduct in-house measures for program evaluation purposes.
14. Improve Program Administration: Program administration will be a regular and ongoing focal area for Project Courage. Quarterly meetings will be held for program development and quality assurance purposes. The leadership at Project Courage have had the benefit of holding administrative positions at other programs and have developed the skill set necessary to both provide and manage sound clinical services.

## 5. Organizational and Financial Information

- a. *Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).*

Currently Project Courage is structured as an LLC.

- b. *Does the Applicant have non-profit status?*

Yes (Provide documentation)  No

- c. *Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the Applicant and indicate any additional licensure categories being sought in relation to the proposal.*

Project Courage does not hold any license for the State of Connecticut's Department of Public Health. It will be applying for the following licenses:

1. Licensure of a private freestanding facility for the care or treatment of substance abusive or dependent persons and;
2. Licensure of a private freestanding mental health day treatment facilities, intermediate treatment facilities and psychiatric outpatient clinics for adults.

- d. *Financial Statements*

- i. *If the Applicant is a Connecticut hospital: Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the hospital has filed its most recently completed fiscal year audited financial statements, the hospital may reference that filing for this*

*proposal.*

N/A

- ii. ***If the Applicant is not a Connecticut hospital (other health care facilities): Audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, in lieu of audited financial statements, provide other financial documentation (e.g. unaudited balance sheet, statement of operations, tax return, or other set of books.)***

See Appendix D for a copy of Project Courage's 2011 Tax return and a Profit-Loss Report for the same fiscal year.

- e. ***Submit a final version of all capital expenditures/costs as follows:***

**Table 2: Proposed Capital Expenditures/Costs**

Medical Equipment Purchase	
Imaging Equipment Purchase	
Non-Medical Equipment Purchase	\$40,000
Land/Building Purchase *	
Construction/Renovation **	
Other Non-Construction (Specify):	
<b>Total Capital Expenditure (TCE)</b>	<b>\$40,000</b>
Medical Equipment Lease (Fair Market Value) ***	
Imaging Equipment Lease (Fair Market Value) ***	
Non-Medical Equipment Lease (Fair Market Value) ***	
Fair Market Value of Space ***	
<b>Total Capital Cost (TCC)</b>	
<b>Total Project Cost (TCE + TCC)</b>	
Capitalized Financing Costs (Informational Purpose Only)	
Total Capital Expenditure with Cap. Fin. Costs	\$40,000

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

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

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

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

Project Courage will invest \$40,000.

## 6. Patient Population Mix: Current and Projected

- a. *Provide the current and projected patient population mix (based on the number of patients, not based on revenue) with the CON proposal for the proposed program.*

**Table 3: Patient Population Mix**

	Current** FY ***	Year 1 FY2013	Year 2 FY 2014	Year 3 FY 2015
Medicare*		0	0	0
Medicaid*		0	0	0
CHAMPUS & TriCare		0	0	0
<b>Total Government</b>		<b>0</b>	<b>0</b>	<b>0</b>
Self Pay		0	10% (1)	20% (2)
Commercial Insurers*		100% (3)	90% (11)	80% (18)
Uninsured		0	0	0
Workers Compensation		0	0	0
<b>Total Non-Government</b>		<b>100% (3)</b>	<b>100% (12)</b>	<b>100% (20)</b>
<b>Total Payer Mix</b>		<b>100% (3)</b>	<b>100% (12)</b>	<b>100% (20)</b>

\* Includes managed care activity.

\*\* New programs may leave the "current" column blank.

\*\*\* Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided.

- b. *Provide the basis for/assumptions used to project the patient population mix.*

Project Courage will operate as a self-pay service and will only accept out-of-network insurance directly from commercial insurers for its services. We anticipate that 80% of our clients will employ out-of-network insurance benefits to cover the majority of the costs associated with treatment. Claims will be submitted to insurance companies on behalf of the clients but each client will be expected to cover the full costs for services if necessary. In most self-pay cases (20%) the program fees will be paid by the clients' families (as a result of our age range). Payment for such fees may be within the family's financial ability, drawn from college reserves, or trust funds. A reduced "financial hardship rate" for those clients who do not have out-of-network coverage and are unable to pay for services will be established.

## 7. Financial Attachments I & II

- a. *Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. Complete Financial Attachment I. (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.*

See Financial Attachment I in Appendix E

- b. ***Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. Complete Financial Attachment II. The projections must include the first three full fiscal years of the project.***

See Financial Attachment II in Appendix E

- c. ***Provide the assumptions utilized in developing both Financial Attachments I and II (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).***

The following assumptions are employed with Financial Attachments I and II

- Currently, Project Courage averages eight referrals per month for weekly counseling services. The first half of 2013 will be dedicated to meeting all regulatory requirements to obtain a license in the state of Connecticut. Project Courage's volume for 2013 then is conservatively estimated to be at 3 because potential clients will need the ability to self pay or possess out-of-network coverage and Project Courage will be offering a more intensive level of care.
- Prevalence rates offered on pgs. 7-9 clearly signify the customer base that exists for services Project Courage offers.
- Over the years of 2003-2006, the NSDUH estimates that 8.7% of Connecticut's adolescent girls and 10.1% of adolescent boys meet the diagnostic criteria for an alcohol or substance use disorder. If we apply these numbers to the average school population size for grades 7-12 among shoreline schools 80-100 students per school PER SHORELINE TOWN would potentially be in need of treatment for a substance use disorder. This would suggest that some 1200 plus students could potentially receive treatment for a substance use disorder on the shoreline.
- Project Courage will take measures to increase treatment access for this population including membership on local community boards, offering workshops and presentations to local schools and organizations catering to this age group (i.e. youth service bureaus), public speaking engagements, collaborating with local halfway houses, and networking with the recovery community at large.
- Project Courage will offer both outpatient, weekly therapy and intensive outpatient treatment. Weekly therapy will range from one 1 hour session per week (individual, group and/or family), to three 1 hour sessions (individual, group, family) per week. Intensive Outpatient Treatment will total 10-12 hours per week of group, individual and family sessions. The numbers for fiscal year 2013 assume that we will have three clients receiving intensive outpatient treatment and thirteen outpatient clients (as this is Project Courage's current outpatient volume). For 2014 we are assuming a volume of twelve intensive outpatient treatment clients and sixteen outpatient clients. Finally, for fiscal year 2015 we are assuming

twenty intensive outpatient treatment clients, and sixteen outpatient clients.

- All services will be paid on a self-pay basis or via out-of-network benefits.
- Changes in expenses are reflective of the need for increased credentialed staff with increases in volume.
- The self pay rates for outpatient treatment will be \$150 per 50 minute individual, family or group session. The out-of-network rates are more complex to determine. Many out-of-network commercial insurance plans pay allowable limits on services, while others will pay the rates that the agency charges. For example, typical *out-of-network* allowables for one hour of individual therapy in the state of Connecticut are \$150, while facility bill rates for the same service can be as high as high \$350.
- Initial projections that show an annual surplus (i.e. beyond fiscal year 2013) will see a large portion of these surplus funds allocated to pay off start up monies and reinvested into program enhancement and staff development.

***d. Provide documentation or the basis to support the proposed rates for each of the FYs as reported in Financial Attachment II. Provide a copy of the rate schedule for the proposed service(s).***

The self pay rates for outpatient treatment will be \$150 per 50 minute individual, family or group session. The out-of-network rates are more complex to determine. Many out-of-network commercial insurance plans pay allowable limits on services, while others will pay the rates that the agency charges. For example, typical *out-of-network* allowables for 1 hour of individual therapy in the state of Connecticut are \$150, while facility bill rates for the same service can be as high as high \$350. Thus, a rate of \$150 per hour of clinical services is usual and customary for this region of the country and more specifically for the shoreline community.

***e. Provide the minimum number of units required to show an incremental gain from operations for each fiscal year.***

For fiscal year 2013 the minimum number of units to offset expenses is 1485  
For fiscal year 2014 the minimum number of units to offset expenses is 4597  
For Fiscal year 2015 the minimum number of units to offset expenses is 5532

***f. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.***

As fiscal year 2013 is: a) the first year incorporating the expansion; b) only a partial year; and c) subject to additional expenses (largely due to wages to compensate additional credentialed staff), a small loss is expected.

**g. Describe how this proposal is cost effective.**

Project Courage's outpatient and intensive outpatient treatment programming will provide services to adolescents and young adults with primary substance use disorders and co-occurring mental health disorders. This population is grossly underserved, and thus, creates significant expenses associated with emergency room visits, residential care, legal fees, suicides, homicides, property destruction, risky sexual practices, and overall loss of productivity. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimated costs for alcohol abuse in 2006 to be \$223.5 billion. The National Center on Addiction and Substance Abuse at Columbia University (CASA) reported that in 2011 \$68 billion dollars was spent on underage drinking. If these figure were to be combined with costs associated with substances other than alcohol the resulting figure would be astronomical. This proposal has described how providing high quality, client-centered services will promote recovery and resilience for the clients of Project Courage. In doing so, the financial devastation that is compelled by substance use disorders can be interrupted, and the reality for long-term sustainable recovery is maximized. Project Courage will offer in addition to individual, group and intensive family therapies employing evidence-based models, psychiatric services coupled with wrap-around wellness and healthy lifestyle activities. Project Courage will provide a treatment alternative that will decrease long-term behavioral healthcare costs, including costly acute-care expenses.

Since Project Courage is already in existence this proposal is in regard to an expansion and not a start up. Because of this, Project Courage is excluded from many of the high costs associated with startup proposals, making it a relatively low financial risk—high gain option.

# **Project Courage, LLC**

## **Certificate of Need Proposal Appendices**

### Lists of Appendices

Appendix A: Documentation Supporting Need for Services

Appendix B: Staff Resumes and Curriculum Vitae

Appendix C: An Excerpt from SAMHSA's TIP 47 *Clinical Issues in Outpatient Treatment*

Appendix D: Supporting Financial Documents for Project Courage 2011

Appendix E: Financial Statements I and II

Appendix F: Documentation Demonstrating Public Notice

## Appendix A: Documentation Supporting Need for Services

# The NSDUH Report

June 25, 2009

## Young Adults' Need for and Receipt of Alcohol and Illicit Drug Use Treatment: 2007

### In Brief

- About one fifth of young adults aged 18 to 25 (21.1 percent) were classified as needing treatment for alcohol or illicit drug use; 17.2 percent were in need of alcohol use treatment, 8.4 percent were in need of illicit drug use treatment, and 4.4 percent were in need of both alcohol and illicit drug use treatment
- Less than one tenth (7.0 percent) of the young adults who were in need of alcohol or illicit drug use treatment in the past year received it at a specialty facility in the past year
- Of the young adults who needed but did not receive alcohol or illicit drug use treatment in a specialty facility in the past year, 96.0 percent did not perceive the need
- Less than one third of the young adults who did not receive treatment in a specialty facility but thought they needed it made an attempt to obtain it

Young adults compose the majority of the college and university populations and are the backbone of the entry-level workforce. Also, young adults traditionally have had higher rates of alcohol and illicit drug use compared with other age groups.<sup>1</sup> Ensuring that the behavioral health needs of this age group are met is an important priority with long-term consequences for the country.

This issue of *The NSDUH Report* focuses on the alcohol and illicit drug use treatment needs of young adults (i.e., persons aged 18 to 25) and on the difference between the number who need treatment and those who actually receive it. The National Survey on Drug Use and Health (NSDUH) classifies persons as needing treatment for alcohol or illicit drug use if they met the criteria for dependence or abuse or if they received specialty treatment in the past year.<sup>2-4</sup> Respondents who had not received treatment in the past 12 months were asked whether there was any time during this period when they felt they needed substance use treatment. Respondents who reported that they needed treatment were asked if they had made

an attempt to obtain treatment. All data are from the 2007 NSDUH.

## Treatment Need

In 2007, 21.1 percent of young adults (an estimated 6.9 million persons) needed treatment for alcohol or illicit drug use in the past year (Figure 1). Nearly one fifth (17.2 percent) were in need of alcohol use treatment, 8.4 percent were in need of illicit drug use treatment, and 4.4 percent were in need of both alcohol and illicit drug use treatment.

Need for alcohol or illicit drug treatment varied by demographic and socioeconomic characteristics. Young adult males were more likely than their female counterparts to have needed treatment (26.3 vs. 15.9 percent). Young adults with family incomes of less than \$20,000 per year and those with family incomes of more than \$75,000 per year were more likely to be in need of treatment than those with family incomes of \$20,000 to \$49,999 per year and \$50,000 to \$74,999 per year (Figure 2). The rate of need for treatment was higher among young adults with no health insurance coverage than among those with private insurance, Medicaid/CHIP, or other health insurance.

## Receipt of Treatment

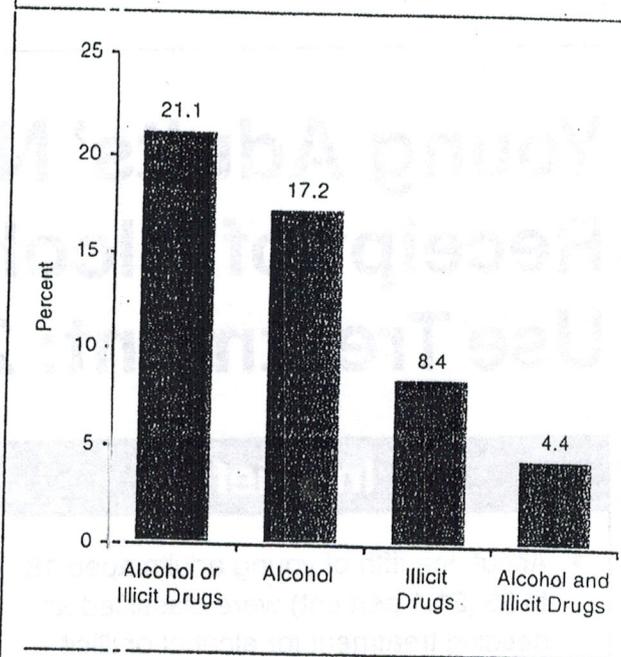
Of the 6.9 million young adults who needed alcohol or illicit drug use treatment in the past year, 7.0 percent (482,000 persons) received treatment at a specialty facility in the past year. Among those who needed treatment for alcohol or illicit drug use, those who had private insurance were less likely to have received treatment at a specialty facility than those who had Medicaid/CHIP, other health insurance, or no health insurance (Figure 3). There was little difference in the percentage receiving specialty treatment by gender or family income.

## Needing but Not Receiving Treatment

NSDUH provides information on the difference between the number of people in need of treatment and the number of people who received it in a specialty facility. Among young adults in need of substance use treatment in the past year, 93.0 percent did not receive it.

Although the gap between treatment need and treatment receipt appears large, it is important to point out that a couple of factors contribute to this gap. First, the capacity of the treatment system is constrained by available fiscal and personnel resources and, in some

**Figure 1. Past Year Need for Substance Use Treatment among Young Adults, by Substances for Which Treatment Was Needed: 2007**



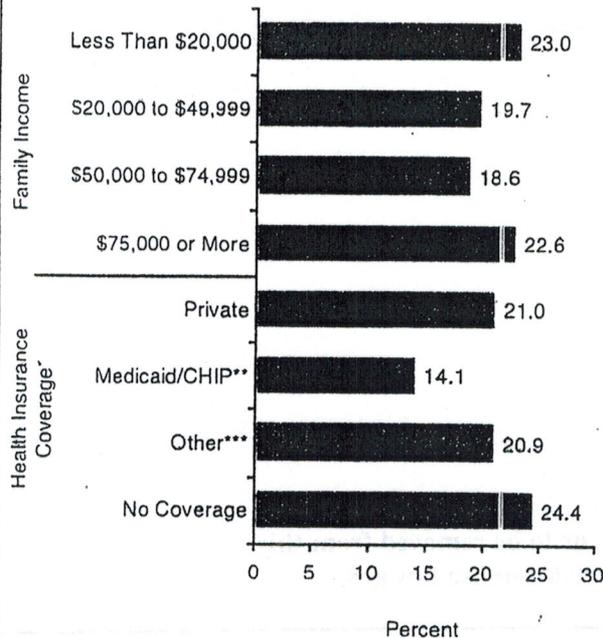
Source: 2007 SAMHSA National Survey on Drug Use and Health (NSDUH).

instances, by legislation. Secondly, the treatment gap may be exacerbated by the fact that many persons who need treatment may not perceive that they need it and hence not seek the services that are available.<sup>2</sup> Of the young adults who needed but did not receive substance use treatment in a specialty facility in the past year, 96.0 percent did not perceive a need for treatment. Among the 4.0 percent of young adults who did not receive treatment in a specialty facility but perceived a need for it, less than one third (32.2 percent) made an attempt to get treatment.

## Discussion

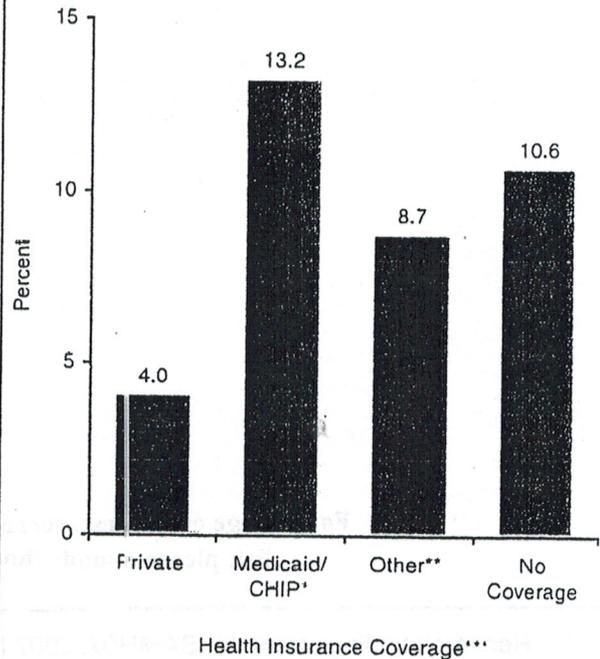
This analysis on young adults provides important insights into opportunities in both prevention and treatment. Illicit drug and alcohol dependence and abuse are preventable disorders, and increased prevention efforts targeted at young adults could reduce the prevalence of these disorders among this age group. Similarly, outreach efforts to help individuals with substance use disorders to recognize the disorder and access the help available could increase the percentage who seek and use available treatment services.

**Figure 2. Past Year Need for Alcohol or Illicit Drug Use Treatment among Young Adults, by Family Income and Health Insurance Coverage: 2007**



\* Respondents could indicate multiple types of health insurance; thus, categories are not mutually exclusive.  
 \*\* CHIP is the Children's Health Insurance Program.  
 \*\*\* Other health insurance is defined as having Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other type of health insurance.  
 Source: 2007 SAMHSA National Survey on Drug Use and Health (NSDUH).

**Figure 3. Received Treatment for Alcohol or Illicit Drug Use in a Specialty Facility in the Past Year among Young Adults in Need of Treatment, by Health Insurance Coverage: 2007**



\* CHIP is the Children's Health Insurance Program.  
 \*\* Other health insurance is defined as having Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other type of health insurance.  
 \*\*\* Respondents could indicate multiple types of health insurance; thus, categories are not mutually exclusive.  
 Source: 2007 SAMHSA National Survey on Drug Use and Health (NSDUH).

**End Notes**

- Office of Applied Studies. (2008). *Results from the 2007 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 08-4343, NSDUH Series H-34). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- NSDUH defines substance dependence or abuse using criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, including symptoms such as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school, or home during the past year. For details, see the following resource: American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Specialty substance use treatment is defined as treatment received at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers. Specialty substance use treatment excludes treatment in an emergency room, private doctor's office, self-help group, prison or jail, or hospital as an outpatient.

- NSDUH defines *illicit drugs* to include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as use not prescribed for the respondent by a physician or used only for the experience or feeling the drug(s) caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs; nonmedical use of stimulants includes methamphetamines.
- The gap between substance treatment need and utilization is also affected by court-ordered treatment through diversionary programs, such as mandatory driving under the influence (DUI) or driving while impaired or intoxicated (DWI) programs and drug courts. However, this issue is complex and cannot be addressed within the context of this report.

**Suggested Citation**

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (June 25, 2009). *The NSDUH Report: Young Adults' Need for and Receipt of Alcohol and Illicit Drug Use Treatment: 2007*. Rockville, MD.

For change of address, corrections, or to be removed from this list, please e-mail: [shortreports@samhsa.hhs.gov](mailto:shortreports@samhsa.hhs.gov).

Research findings from the SAMHSA 2007 National Survey on Drug Use and Health (NSDUH)

## Young Adults' Need for and Receipt of Alcohol and Illicit Drug Use Treatment: 2007

- About one fifth of young adults aged 18 to 25 (21.1 percent) were classified as needing treatment for alcohol or illicit drug use; 17.2 percent were in need of alcohol use treatment, 8.4 percent were in need of illicit drug use treatment, and 4.4 percent were in need of both alcohol and illicit drug use treatment
- Less than one tenth (7.0 percent) of the young adults who were in need of alcohol or illicit drug use treatment in the past year received it at a specialty facility in the past year
- Of the young adults who needed but did not receive alcohol or illicit drug use treatment in a specialty facility in the past year, 96.0 percent did not perceive the need
- Less than one third of the young adults who did not receive treatment in a specialty facility but thought they needed it made an attempt to obtain it

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2007 data used in this report are based on information obtained from 22,187 persons aged 18 to 25. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Office of Applied Studies. (2008). *Results from the 2007 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 08-4342; NSDUH Series H-24). Rockville, MD: Substance Abuse and Mental Health Services Administration. Also available online: <http://oas.samhsa.gov>.



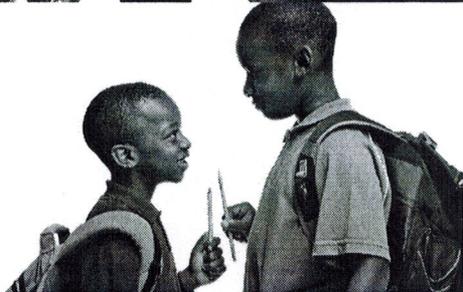
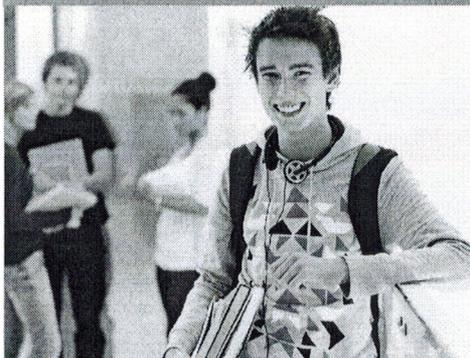
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Substance Abuse & Mental Health Services Administration  
Office of Applied Studies  
[www.samhsa.gov](http://www.samhsa.gov)

CONNECTICUT

Adolescent Behavioral Health

# In Brief

A Short Report from the Office of Applied Studies



Adolescence (12 to 17 years) is a critical and vulnerable stage of human development, during which males and females experience different biological, social, and cognitive changes. During this life stage, millions of adolescents experiment with substance use and engage in behaviors that can affect healthy neurological and psychological development. Understanding the behavioral health differences between adolescent males and females can help to inform public health policy and build prevention and intervention programs that strategically target the different needs of adolescent males and females.

## Highlights: Adolescents in Connecticut

- Approximately 33,000 (10.9 percent) adolescents in Connecticut used an illicit drug in the past month; 26,000 (8.9 percent) used marijuana, and 13,000 (4.4 percent) used an illicit drug other than marijuana.
- 20.8 percent of adolescents (62,000) used alcohol in the past month, and 12.0 percent (36,000) engaged in binge drinking.
- 15,000 adolescents in (8,000 males and 7,000 females) needed but did not receive treatment for drug problems.
- 11,000 females (7.4 percent) and 6,000 males (4.2 percent) needed but did not receive treatment for alcohol problems.
- Connecticut females were more than twice as likely as Connecticut males to have experienced a major depressive episode (MDE) in the past year (13.2 v. 5.8 percent).

This report provides a snapshot of behavioral health among adolescents in Connecticut. National-level data on behavioral and cognitive differences between U.S. adolescent males and females is provided in a separate report entitled, *Adolescent Behavioral Health in the United States*, and is referenced at the end of this report.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

The data described in the Adolescent Behavioral Health reports derive principally from national surveys conducted by the Office of Applied Studies, a component of the Substance Abuse and Mental Health Services Administration. Sources for all data used in this report appear at the end.

### Adolescent Risk Perceptions

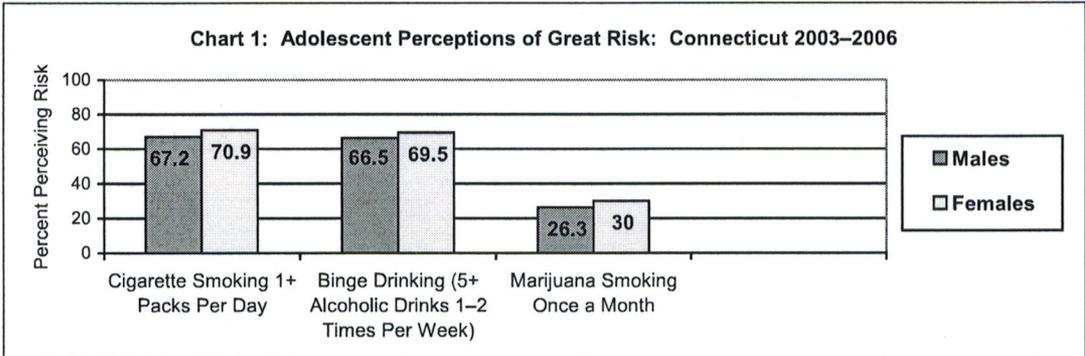
One factor that can influence if youths will use tobacco, alcohol, or illicit drugs is the extent to which youths believe these substances might cause them harm. The National Survey on Drug Use and Health (NSDUH)<sup>1</sup> asks respondents how much they thought people risk harming themselves physically and in other ways when they use various substances in certain amounts or frequencies.

Combined 2003–2006 NSDUH revealed that patterns of risk perception among Connecticut adolescents were similar to those of the nation as a whole; that is, nationwide, adolescents perceive:

- Smoking one or more packs of cigarettes per day is a greater risk than binge drinking once or twice a week.
- Binge drinking once or twice a week is perceived to be more risky than smoking marijuana once a month.

Connecticut adolescents demonstrate exceptions to the national patterns of the rates of risk perceptions.

- Nationwide, the rates of the perception of risk associated with smoking marijuana once a month, smoking one or more packs of cigarettes per day, and binge drinking once or twice a week were significantly higher among adolescent females than adolescent males, but in Connecticut, the rates of the perception of risk associated with these behaviors were similar between adolescent females and adolescent males (Chart 1).

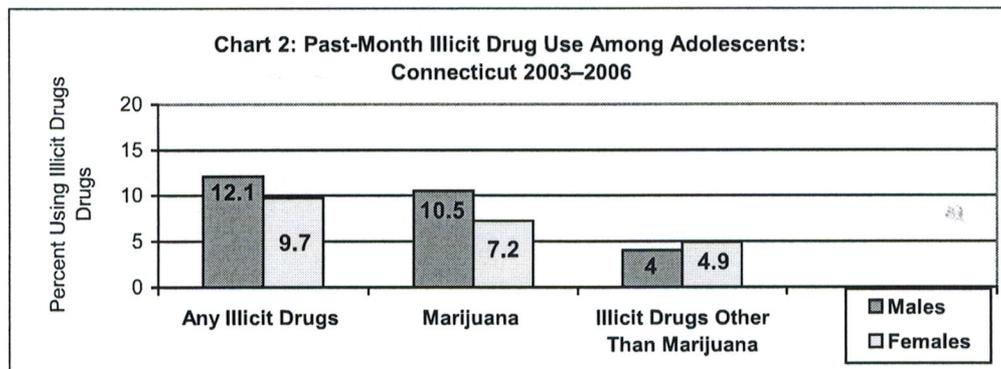


Source: NSDUH 2003–2006.

## Illicit Substance Use<sup>2</sup>

Marijuana is the most commonly used illicit drug in the United States.<sup>3</sup> According to the combined 2003–2006 NSDUH:

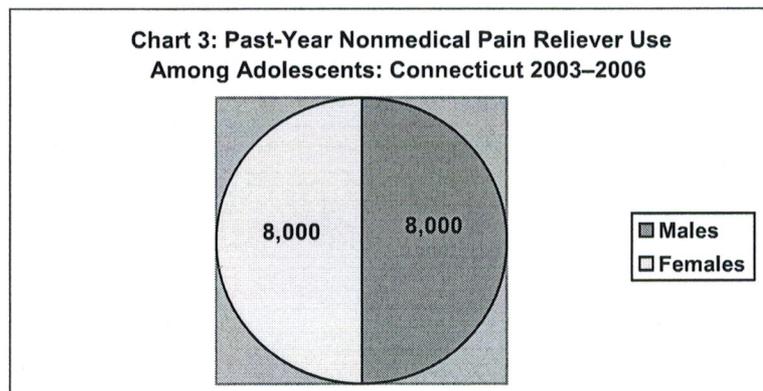
- Approximately 33,000 (10.9 percent) of the 297,000 adolescents in Connecticut used an illicit drug in the past month; 26,000 (8.9 percent) used marijuana, and 13,000 (4.4 percent) used an illicit drug other than marijuana (Chart 2).
- There were no significant differences on measures of illicit substance use between males and females in Connecticut.



Source: NSDUH 2003–2006.

The misuse of pain relievers among youth is also a major public health concern.<sup>4</sup>

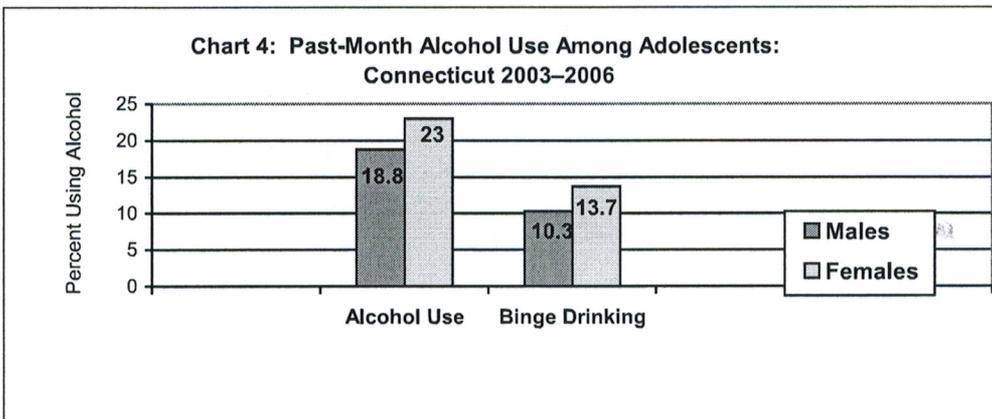
- In Connecticut, 8,000 males and 8,000 females used pain relievers nonmedically in the 12 months prior to the interview (Chart 3).
- Rates of past year nonmedical use of pain relievers were similar between adolescent females and males in Connecticut (5.7 v. 5.3 percent).



Source: NSDUH 200300–2006.

## Adolescent Alcohol Use and Abuse in Connecticut

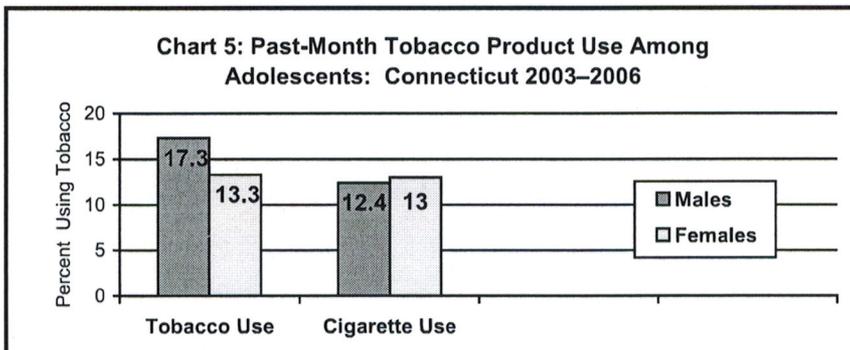
- 20.8 percent of adolescents (62,000) used alcohol in the past month, and 12.0 percent (36,000) engaged in binge drinking. Binge drinking is defined as 5 or more drinks on the same occasion on at least 1 day of past 30 days.
- Rates of current alcohol use and past month binge drinking among Connecticut adolescents were similar between males and females; 18.8 percent of males and 23 percent of females currently used alcohol, and 10.3 percent of males and 13.7 percent of females engaged in binge drinking in the 12 months prior to the interview (Chart 4).



Source: NSDUH 2003–2006.

## Adolescent Tobacco Use

- During the month prior to the interview, approximately 19,000 females and 19,000 males in Connecticut used cigarettes, and 26,000 males and 19,000 females used any tobacco products.
- In Connecticut, rates of use of any tobacco product in the past-month and rates of past month cigarette use were similar between adolescent males and females (Chart 5).

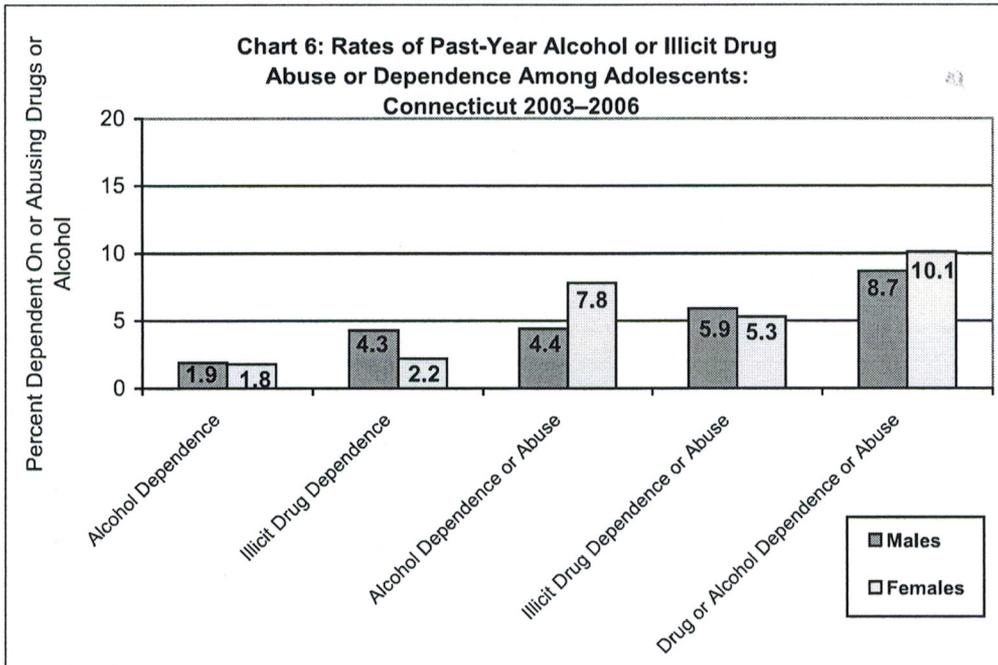


Source: NSDUH 2003–2006.

## Adolescent Alcohol and Illicit Drug Dependence or Abuse<sup>5</sup>

According to the 2003–2006 NSDUH:

- Nationwide nearly 1.5 million adolescents were dependent on or abused alcohol in the past year and more than 1.2 million adolescents were dependent or abused illicit drugs.
- Overall, the rates of past-year abuse or dependence on alcohol were significantly higher for females than males (6.0 v. 5.4 percent), but rates of past year abuse or dependence on illicit drugs were similar between males and females.
- Rates of past year drug or alcohol dependence or abuse were also similar between males and females in Connecticut; 9,000 males and 8,000 females were dependent on drugs in the past year, 7,000 males and 11,000 females were dependent on alcohol, and 13,000 males and 15,000 females abused or were dependent on alcohol or drugs (Chart 6).



Source: NSDUH 2003–2006.

## ADOLESCENT SUBSTANCE ABUSE TREATMENT

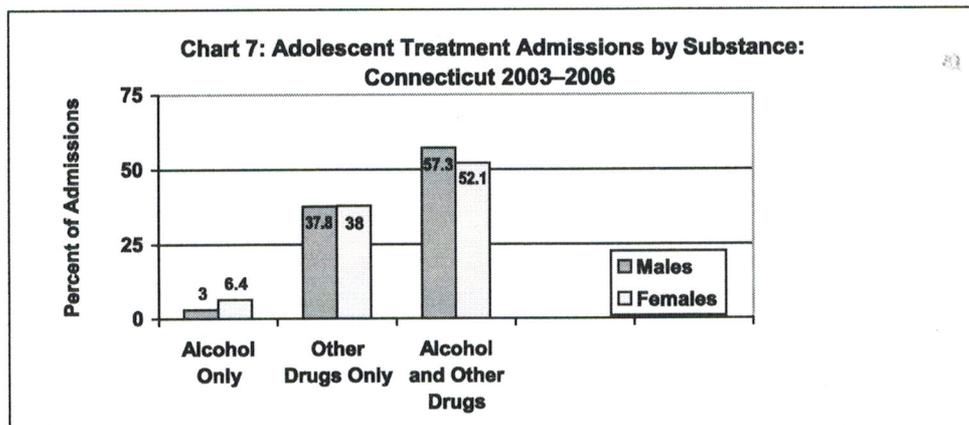
State treatment data for substance use disorders are derived from two primary sources: (1) National Survey of Substance Abuse Treatment Services (N-SSATS),<sup>6</sup> an annual 1-day census of clients in treatment and (2) the Treatment Episode Data Set (TEDS),<sup>7</sup> which provides information on annual treatment admissions.

According to the 2006 N-SSATS survey:

- Connecticut showed a 1-day total of 22,809 clients in treatment, the majority of whom (20,896 or 91.6 percent) were in outpatient treatment. Of the total number of clients in treatment on this date, 645 (2.8 percent) were under the age of 18.

According to 2003–2006 TEDS data:

- Adolescent males accounted for 75 percent (2,114) of the 2,837 adolescent substance abuse admissions.
- Of the total adolescent male admissions, 37.8 percent were other drugs only admissions, 57.3 percent were alcohol and drugs, and 3.3 percent were alcohol only.
- Of the total adolescent female admissions, 38 percent were other drugs only, 52.1 percent were alcohol and drugs, and 6.4 percent were alcohol only (Chart 7).

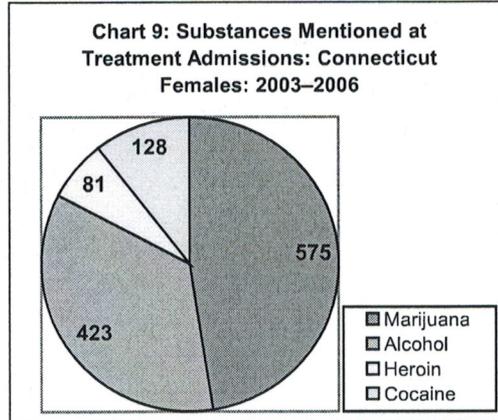
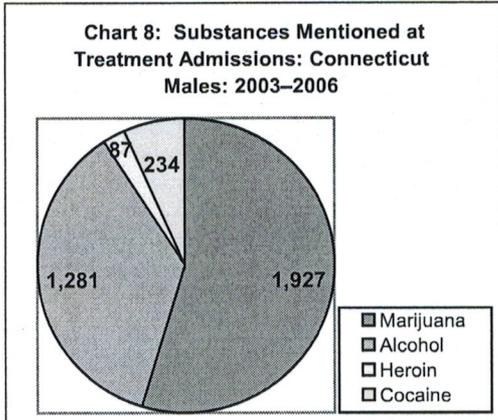


Source: TEDS 2003–2006.

Among adolescent admissions in Connecticut, marijuana and alcohol were the most prevalent substances of abuse.

- Of the total male admissions, 91.2 percent (1,927) of male admissions reported marijuana use and 60.6 percent (1,281) reported alcohol use.
- Of the total female admissions, 79.5 percent (575) reported marijuana use and 58.5 percent (423) reported alcohol use.
- Further, 5.9 percent (168) of adolescent admissions reported heroin use, 87 (4.1 percent) of male admissions and 81 (11.2 percent) of female admissions; 12.8 percent of all admissions reported cocaine use, 11 percent (234) of male admissions and 17.7 percent (128) of female admissions (Charts 8 and 9).

# CONNECTICUT



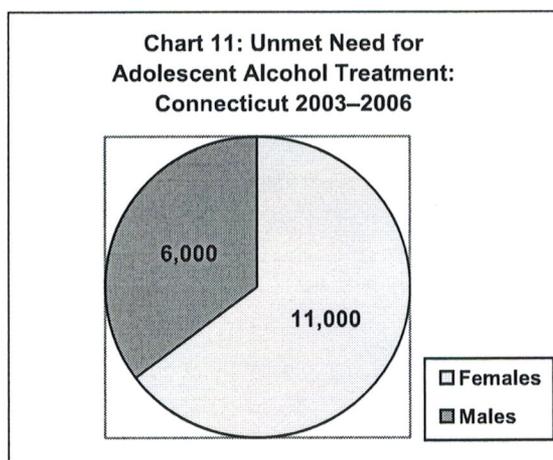
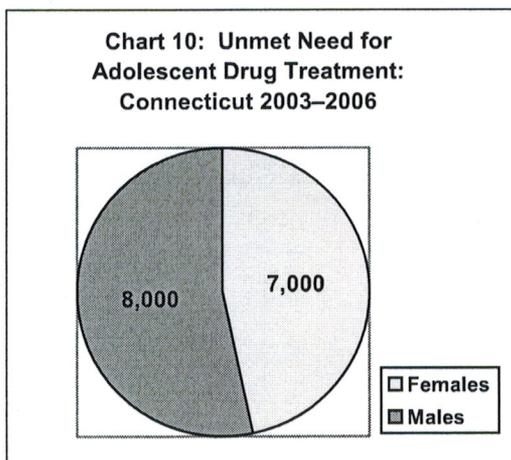
Source: TEDS 2003-2006.

## UNMET NEED FOR SUBSTANCE ABUSE TREATMENT

NSDUH 2003–2006 estimates that more than 1.16 million adolescents needed but did not receive treatment for illicit drug problems and more than 1.3 million needed did not receive treatment for alcohol problems. NSDUH defines “unmet treatment need” as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), but who has not received specialty treatment for that problem in the past year.

From 2003–2006,

- 15,000 adolescents in Connecticut (8,000 males and 7,000 females) needed but did not receive treatment for drug problems in the past year (Chart 10).
- 11,000 females (7.4 percent) and 6,000 males (4.2 percent) needed but did not receive treatment for alcohol problems (Chart 11).



Source: NSDUH 2003–2006.

## ADOLESCENT MENTAL HEALTH

### Major Depressive Episodes

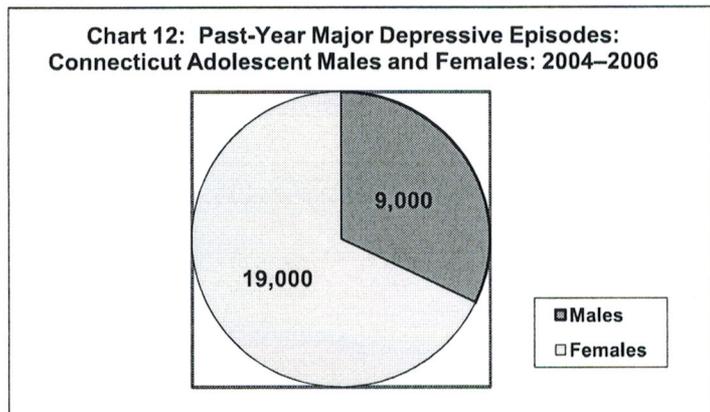
NSDUH uses the DSM-IV to define a “major depressive episode” as a period of 2 or more weeks during which the individual experiences loss of interest, depressed mood, or loss of pleasure, and four or more additional symptoms.

- MDEs impacted over 2.1 million adolescents nationwide in the year prior to the 2004–2006 NSDUH surveys.
- Overall, adolescent females were almost three times more likely than adolescent males to experience a past year MDE (12.7 v. 4.6 percent).

### Major Depressive Episodes Among Connecticut Adolescents

From 2004–2006, approximately 294,000 adolescents lived in Connecticut; 150,000 males and 144,000 females.

- During this time period, the prevalence patterns of MDEs among adolescent males and females in Connecticut were similar to the national patterns; Connecticut females were more than twice as likely as Connecticut males to have experienced an MDE in the past year (13.2 v. 5.8 percent) (Chart 12).



Source: NSDUH 2004–2006.

### Adolescent Mental Health Treatment in Connecticut<sup>8</sup>

- In 2006, Connecticut State Mental Health Authority (CSMHA) served 27,587 youth aged birth to 17 years, primarily through community programs.
- CSMHA clients aged birth to 17 years accounted for 35.6 percent of the total CSMHA client population in 2006.
- Of the 27,587 youth served by CSMHA; 70 percent of these children met the Federal definition for a serious emotional disturbance (SED),<sup>9</sup> 1 percent of children served had co-occurring mental health and alcohol and other drug (AOD) disorders.

## For Further Information

*Adolescent Behavioral Health in the United States:*

Full Report is available at:

**<http://www.samhsa.gov/statesinbrief/>**

A comprehensive listing of all NSDUH measures for every State is available at:

**<http://oas.samhsa.gov/statesList.cfm>**.

Also, information about variations in incidence and prevalence of the NSDUH substance abuse and mental health measures within each State is available at:

**<http://oas.samhsa.gov/metro.htm>**.

## Data Sources

Facility Data: National Survey of Substance Abuse Treatment Services (N-SSATS)—2006 is available at: **<http://www.dasis.samhsa.gov>**.

Center for Mental Health Services Uniform Reporting System Output Tables 2006 is available at: **<http://mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2006.asp>**.

Substance Abuse Treatment Data: Treatment Episode Data Set—Concatenated File—is available from the Substance Abuse and Mental Health Data Archive: **<http://www.icpsr.umich.edu/SDA/SAMHDA>**.

Mental Health Treatment Data: Center for Mental Health Services Uniform Reporting System Output Tables 2006 is available at: **<http://mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2006.asp>**.

<sup>1</sup>NSDUH is directed by the Substance Abuse and Mental Health Services Administration and provides information on the incidence and prevalence of substance use in the population and the problems associated with use. The survey collects information on the sociodemographic characteristics of users, perceptions of risk and availability, and mental health issues. Since 1999, the NSDUH sample has been designed to provide State-level estimates, based on about 67,500 respondents per year.

<sup>2</sup>NSDUH defines "illicit drugs" to include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. "Nonmedical" use is defined as use not prescribed for the respondent by a physician or used only for the experience or feeling the drug(s) caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs. Non-medical use of stimulants includes methamphetamine use.

<sup>3</sup>Substance Abuse and Mental Health Services Administration. (2008). *Results from the 2007 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-34, DHHS Publication No. SMA 08-4343). Rockville, MD.

<sup>4</sup>The White House, Executive Office of the President (2009). *National Drug Control Policy: 2009 Annual Report* (Chapter 1). [Available at: <http://www.whitehousedrugpolicy.gov/publications/policy/ndcs09/chapter1.pdf>]

<sup>5</sup>Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) (American Psychiatric Association, 1994).

<sup>6</sup>The National Survey of Substance Abuse Treatment Services (N-SSATS) is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS does not collect information from the following three types of facilities: nontreatment halfway houses; jails, prisons, or other organizations that treat incarcerated clients exclusively; and solo practitioners.

<sup>7</sup>TEDS is an admissions-based system, and TEDS admissions do not represent individuals. For example, an individual admitted to treatment twice within a calendar year would be counted as two admissions. TEDS collects information on up to three substances of abuse that lead to the treatment episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.

<sup>8</sup>The Uniform Reporting System (URS) consists of 21 standardized tables (12 basic tables and 9 developmental tables) that State mental health agencies (SMHA) submit each December in their Community Mental Health Services Block Grant Implementation Report to the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services. The URS data submitted by the States has been used to create 14 different output tables that show performance on issues of access, appropriateness, outcomes, and system management. The intent of the URS tables is to allow both (1) the tracking of individual State performance over time, and (2) the aggregation of State information to develop a national picture of the public mental health systems of the States.

<sup>9</sup>The Federal definition of "serious emotional disturbance" (SED) is provided by the Individuals with Disabilities Education Act (IDEA).



## MADISON YOUTH & FAMILY SERVICES

10 School Street  
Madison, Connecticut 06443-2691

Phone: (203) 245-5645

Fax (203) 245-5648

[www.madisonyouthservices.org](http://www.madisonyouthservices.org)

To Whom It May Concern,

I have been the Human Services Director for the Town of Madison since its inception 30 years ago. In that capacity I oversee both Madison Youth and Family Services and Madison Social Services programs.

Throughout my time in Madison, drug and alcohol issues have been a leading concern. This agency has worked hard in addressing those issues through prevention programs and weekly outpatient counseling. Unfortunately, our efforts are inadequate for young people with more serious substance abuse issues. We are very much in need of a service that addresses the substance abuse needs of those not requiring residential treatment but, for whom, weekly outpatient therapy is not enough.

We have worked with Project Courage in designing a program for students that violate the substance abuse policy in our high school and in various counseling efforts. Project Courage and Andy Buccaro, LCSW are respected in every corner of this community. Nothing would better address the substance abuse needs of the community better than an intensive outpatient program and no agency would be as trusted a partner as Project Courage.

I am available to further support this initiative.

Sincerely,

David Melillo, M.S., LPC  
Director

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January 25, 2013

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Brenna Visgilio

Mary V. Seidner  
DIRECTOR

Andy Buccaro  
251 Main Street  
Old Saybrook, CT 06457

Dear Andy,

As the Director of a local youth service bureau, I am requested on a regular basis to provide resources and referral information for adolescents in need of substance abuse treatment.

Unfortunately for the residents of the Connecticut shoreline area, there is a tremendous need for services regarding adolescent and young adult substance abuse treatment. Many of our clients have extreme difficulty finding help. They encounter long wait lists and have no choice but to endure unacceptable delays in treatment.

Our agency performs youth surveys in grades 7-12 on every two years. The most recent survey results demonstrate an increase in marijuana use, especially among older grades (10-12), as well as a disturbing decrease in the perception of harm of marijuana use.

I am pleased to support your work and I look forward to continuing our collaborations and referrals.

Sincerely,

*Mary V. Seidner*

Mary V. Seidner  
Director

## LIFELINX CORPORATION

*Reducing Substance Abuse Through Relapse Prevention*

2785 Boston Post Road, Guilford, CT 06437

203-483-0399 fax: 203-488-7042

Email: [lifelinx@sbcglobal.net](mailto:lifelinx@sbcglobal.net)

<http://www.lifelinx.org/>

17January2013

Andy Buccaro, Director  
Project Courge, Inc.  
251 Main St. (Suite 1010)  
Old Saybrook, CT 06457

Dear Andy:

I write out of frustration and concern, for your assistance, opinion and or guidance, regarding the lack of clinical substance abuse services on the shoreline (between the Quinnipiac and Connecticut rivers) for adolescents and young people.

As you may know, Lifelinx Corporation is a 501c(3) non-profit addictions recovery support service with offices at 2785 Boston Post Road in Guilford, CT. Our mission is to provide **peer-driven** recovery support services to people in and seeking recovery from substance use disorders. Lifelinx is different than most other recovery organizations in that it is peer driven and peer directed, offering non-clinical, but necessary recovery support services to consumers. We offer: supportive sober housing for men and women in Guilford and Madison, CT; identifying and securing appropriate level of care substance abuse treatment placements; substance abuse related transportation (focusing on getting consumers into clinical in-patient treatment beds); information and referral to assist recovery consumers negotiate services within and without the treatment continuum to promote and sustain long-term recovery; community education programs and, we actively promote volunteerism in the recovery community.

*Lifelinx's methods reflect a shift from acute care models to a model of sustained recovery. Although the peer based recovery services paradigm hasn't acquired the empirical validation equal to that of clinical pathologies and treatment paradigm, they are based on sound psychological principles. Lifelinx's experience is that the achievement of long term and stable recovery is greatly determined by recovery "capital" that is enriched through support services. Twelve step programs have proved beyond any possible doubt that people in recovery can be a powerful source of support for their peers. **Unlike 12 step programs, which emphasize a specific path to recovery, I believe what is needed for young people is access to treatment/services which will recognize the legitimacy of multiple pathways to recovery and work with group participants to enhance their engagement with support structures within the community at large. The focus should be on the "goal", not the method"- recovery by any means necessary. The emphasis will be on transferring clinical***

*or institutional learning and stabilizing recovery in the natural environment of the youthful participants.*

And there is the problem Andy; very often when residents, chiefly those between 18 and 25 years of age, move into our residential facilities, they or their clinicians, discharge planners, etc. complain of not being able to find conveniently, shoreline located, adolescent dedicated, clinical outpatient services. Their complaints also echo my concern that this population is grossly underserved. The 18-25 year old population, particularly those with opiate abuse/addiction problems have, according to the U.S. Health and Human Services Dept.'s (SAMHSA) Substance Abuse and Mental Health Services Administration, the highest rate of recidivism in Connecticut. It is the chief reason most major private health insurers will no longer pay for inpatient opiate detoxes in the state. Without services to meet their needs these kids will continue to fall through the cracks of the treatment continuum, or diversify and expand their dependence issues by seeing psychiatrist and APRNs who prescribe opiate agonist like suboxone or methodone that require only the bare minimum of counseling allowed by law.

Andy, your suggestions or thoughts on how this issue be addressed would be greatly appreciated. I am no clinician, but my experience tells me this problem will not go away on its own. I look forward to hearing from you. I can be reached at 203-483-0399.

Thank you for your consideration.

Sincerely,

J. Wayne Jarvis, MSW  
Executive Director

Cc: file

## Appendix B: Staff Resumes and Curriculum Vitae

**PETER L. MOHRER, M.D.**  
Suite 5B  
5 Durham Road  
Guilford, Connecticut 06437  
(203) 453-4870  
e-mail: [petermohrer@gmail.com](mailto:petermohrer@gmail.com)

---

**EXPERIENCE:**

- July, 1989 - Present **Private Practice in Psychiatry**, Guilford, Connecticut  
Psychiatric assessment and treatment of adolescent, adult and geriatric patients.
- 1996-2006 **Harbor Health Services**, Branford, Connecticut  
Consulting Psychiatrist
- 1989-1993 **Branford Hills Healthcare Center**, Branford, Connecticut  
Consulting Psychiatrist
- 1989-1992 **Hamden Mental Health Service**  
Chief Consulting Psychiatrist
- 1988-1991 **Talmadge Park Convalescent Home**, East Haven, Connecticut  
Consulting Psychiatrist

**TRAINING:**

- 1986-1989 Resident in Psychiatry, Yale School of Medicine, New Haven, Connecticut
- 1985- 1986 Internship in Internal Medicine, Greenwich Hospital, Greenwich, Connecticut
- 1982-1985 University of California, School of Medicine, San Francisco, California  
(M.D., 1985)
- 1979 Columbia University, New York, New York (B.A., German Literature)

**OTHER:**

Clinical Faculty, Yale School of Medicine, 1989 – 2008  
Psychiatry with Added Qualifications in Geriatric Psychiatry, 1996-2006  
Board Certification in Psychiatry,, ABPN, 1991  
Diplomate, American Board of Medical Examiners, 1986  
Attending Physician, Yale-New Haven Hospital, New Haven, Connecticut  
1989-2008  
Attending Physician, Hospital of Saint Raphael, New Haven, Connecticut,  
1989-Present

- MEMBERSHIPS:** American Psychiatric Association, Connecticut Psychiatric Society  
Connecticut Medical Society, New Haven Country Medical Society

**ANDREW J. BUCCARO LCSW, LADC**

26 Spring Street  
 Deep River CT 06417  
 (860) 526-2716

<b>EDUCATION &amp; CREDENTIALS:</b>	<b>Masters of Social Work</b>	2004
	Southern Connecticut State University	
	<b>Connecticut Certified Drug and Alcohol Counselor</b>	2002
	<b>Bachelor of Arts: Sociology</b>	1998
	Susquehanna University, Selinsgrove, PA	
<b>RELEVANT EXPERIENCE:</b>	<i>Director of PROJECT COURAGE: Old Saybrook, CT</i>	Current
	<ul style="list-style-type: none"> <li>Private practice agency offering full spectrum of mental health and substance abuse prevention and intervention services</li> </ul>	
	<i>Director of Center for Change: New Haven, Ct</i>	2011-Current
	<ul style="list-style-type: none"> <li>Oversaw programming for 90 young adult males in intensive outpatient and outpatient co-occurring treatment and 15 staff members.</li> <li>Provided clinical supervision for 8 masters and PhD level clinical therapists.</li> <li>Developed clinical programming and intensive outpatient group curriculum.</li> <li>Ensured programming maintained compliance with state regulations for licensing.</li> <li>Oversaw development and implementation of electronic health records.</li> </ul>	
	<i>Per Diem Clinician for Yale's Substance Abuse &amp; Domestic Violence Jail Diversion Research Program</i>	2009-2011
	<ul style="list-style-type: none"> <li>Provide interventions for clients as part of research project to compare efficacy of different models of substance abuse treatment.</li> </ul>	
	<i>Consultant to Madison Youth and Family Services</i>	2008-2011
	<ul style="list-style-type: none"> <li>Designed five-session drug and alcohol curriculum for students in violation of school's policy</li> <li>Implementation of curriculum</li> <li>Produce a year end report documenting statistical significance of curriculum's intervention properties</li> </ul>	
	<i>Per Diem Clinician for Yale's Adolescent Substance Abuse Prevention Research Program</i>	2007-2008
	<ul style="list-style-type: none"> <li>Constructed and provided tertiary prevention group for adolescents at Blake Street Leadership Academy (Alternative educational program for New Haven Public Schools)</li> </ul>	
	<i>Director of School-Based Programming: New Hope Manor Inc., Manchester CT</i>	1998-2006
	<ul style="list-style-type: none"> <li>Market full spectrum of prevention and intervention services to public schools throughout the state</li> <li>Supervise school-based substance abuse counselors</li> <li>Offer consultation to schools on the implementation of school-based substance abuse prevention and intervention services</li> </ul>	
	<i>Student Assistance Counselor: Haddam-Killingworth Schools</i>	1998-2006
	<ul style="list-style-type: none"> <li>Provide group and individual counseling to adolescents affected by substance abuse</li> <li>Create educational and preventative opportunities for school community</li> <li>Offer school drug and alcohol policy consultation</li> <li>Provide family counseling and parent counseling</li> <li>Participate in Student Assistance Team Meetings</li> </ul>	
<i>Prevention Coordinator: EO Smith High School</i>	2005-2007	
<ul style="list-style-type: none"> <li>Conduct community wide needs assessment</li> <li>Trained staff in prevention theory and data gathering</li> </ul>		
<i>Leader of Adult Therapy Group: New Haven, CT</i>	2000-present	
<ul style="list-style-type: none"> <li>Facilitate group therapy sessions for adults</li> <li>Provide psycho-education for adults</li> </ul>		
<i>Assistant to Child Protective Attorney</i>	2003-2005	
<ul style="list-style-type: none"> <li>Conducted home visits for attorney to assess child's emotional and physical safety</li> <li>Advocated for child and his or her desired trial outcome</li> <li>Recommended courses of action and treatment plans for said clients</li> </ul>		
<i>Prevention Coordinator: Coginchaug High School</i>	2003	
<ul style="list-style-type: none"> <li>Coordinated and strengthened local prevention council</li> <li>Conducted community wide needs assessment</li> <li>Advised local prevention council on strategic prevention plan</li> <li>Prepared and wrote 165 page strategic report</li> </ul>		

<i>Haddam-Killingworth Youth &amp; Family: Youth Counselor</i>	1999- 2001
<ul style="list-style-type: none"> <li>• Acted as summer camp counselor for children ages 13-17</li> <li>• Organized and supervised a variety of games and activities</li> </ul>	
<i>Conducted Pilot School-Based Health Curriculum Program: Guilford, CT</i>	1999
<ul style="list-style-type: none"> <li>• Led prevention workshops for adolescents</li> <li>• Evaluated 10 week prevention service</li> </ul>	
<i>Public Speaking: presentations to adolescents, parents and teaching faculty on substance abuse</i>	1995- Current
<ul style="list-style-type: none"> <li>• October 2012 the National Council on Alcoholism and Drug Dependence's Conference on Addictions Westchester New York: <i>Unraveling the Mystery of Marijuana</i></li> <li>• Conduct workshops, presentations, and in-service training on a variety of topics such as; neurobiology of substance abuse, legal issues related to adolescents, classroom interventions, and adolescent development.</li> </ul>	

**HONORS &  
ACTIVITIES:**

<i>Susquehanna University Football Captain</i>	1997
<ul style="list-style-type: none"> <li>• Established motivation in players</li> <li>• Instituted off-season programs for players to maintain enthusiasm</li> </ul>	
<i>Bob Griese Preseason Football All-American</i>	1997

## **Ryan J. Hocking**

Hockingryan921@gmail.com

Guilford, CT 06437

(203)-980-3861

**OBJECTIVE:** To attain a position in the clinical social work field that will allow the application of skills acquired through both work and educational experiences.

### **EDUCATION:**

**Southern Connecticut State University, New Haven, CT**

Master of Social Work (MSW)

*September 2006-May 2008*

**University of New Hampshire, Durham, NH**

Bachelor of Arts in Sociology

*May 2006*

Minor in Justice Studies

**Xavier High School, Middletown, CT**

*June 2002*

### **WORK EXPERIENCE:**

**Center For Change, New Haven, CT**

January 2012-Present

Assistant Executive Director

- Provide individual and group therapy to adult males with substance abuse and co-occurring disorders.
- Assist in maintaining daily facility operations.
- Help develop and implement programmatic changes and policies.
- Facilitate and participate in weekly staff meetings.
- Provide direct supervision to clinical staff.

**APT Foundation Legion Clinic, New Haven CT**

Clinical Supervisor

July 2011-December 2011

- Maintains a caseload and provides care to patients with co-occurring disorders. Provides clinical leadership through teaching and clinical supervision and serves as a role model by providing direct patient care.
- Provides Direct clinical and workplace supervision to assigned members of the counseling staff.
- Reviews charting to ensure timely completion of treatment plans, progress notes, and other clinical information.
- Orients and trains new counseling staff in conjunction with the Director.
- Facilitates and participates in weekly Treatment Team, Staff and Counselor meetings to facilitate patient interventions and agency initiatives.

Clinician

December 2008-July 2011

- Provide group and individual counseling to patients receiving opiate replacement therapy through comprehensive recovery oriented and trauma informed planning and implementation.
- Participate in weekly treatment team, counselor, and staff meetings to review patient treatment to facilitate patient interventions and agency initiatives.
- Maintain caseload of 70 assigned patients and keep appropriate and current patient records adhering to the requirements of all regulatory agencies.
- Participated in the development and implementation of a treatment team focused on engagement and retention.

**Project Courage, Old Saybrook, CT**

Assistant Executive Director

June 2011- Present

- Provide individual and family therapy to adolescents and adults struggling with mental health and substances use related issues.
- Facilitates a 5 sessions structured Adolescent Drug and Alcohol Education Program (ADAEP) for students who are experiencing problems due to their use.

**Rushford Center, Positive Step Adolescent Intensive Outpatient Program, Middletown, CT**

Clinician II

*May 2008-December 2008*

Clinical Services Assistant

*April 2008-May 2008*

- Provided coordinated services and case management for adolescents with mental health and/or substance abuse issues.
- Conducted in-depth intake assessments with adolescents and families and diagnosed clients on a DSM-IV criteria basis.
- Used appropriate crisis intervention techniques to prevent/deescalate crisis situations.
- Motivated clients to make positive lifestyle changes.
- Planned and initiated activities with clients. Facilitated psychosocial, psycho-educational, relapse prevention and clinical groups.
- Responsible for insurance authorizations.
- Led therapeutic family sessions with client and family members.

**CREDENTIALS:**

**Licensed Clinical Social Worker (LCSW)**

**Lic #007683**

**INTERSHIPS:**

**Rushford Center, Positive Step Adolescent Intensive Outpatient Program, Middletown, CT**

MSW Intern

*September 2007-April 2008*

**State of Connecticut Juvenile Probation, New Haven, CT**

Probation Officer Intern

*January 2008-April 2008*

**The Strong House Adult Day Center, Madison, CT**

MSW Intern

*September 2006-May 2007*

**References Available Upon Request**

**E. Michael Regan M.S., LCSW**

114 Black Point Road \* Niantic, CT 06357

(H) 860-739-8375 \* (C) 860-514-7062

E-Mail: [Eregan6329@aol.com](mailto:Eregan6329@aol.com)

**Education**

**St. John's University**, Jamaica, NY  
Bachelor's Degree in Science – Psychology

May 1984

**University of Bridgeport**, Bridgeport, CT  
Master's Degree in Science – Clinical Psychology

May 1990

**Southern Conn. State University**, New Haven, CT  
Master's Degree – Social Work

May 1997

**Sacred Heart University**, Griswold CT Campus  
Pursuing 092 – Connecticut Administrator Certificate

presently enrolled  
Expected Graduation May 2014

**Certification/Licenses**

071 Social Work Endorsement, Professional Educator Certificate  
CT State Department of Public Health Services, Licensed Clinical Social Worker

**Employment**

July 2012-Present

**LEARN – Marine Science Magnet High School**  
***Dean of Students***

Responsibilities include assisting the Principal with the execution of administrative duties of running a school. Inherent in the administrative role is student discipline, culture and climate issues, developing the Advisory Curriculum, leading NEASC Accreditation process, managing student activities, monitoring student academic progress and assisting in the development of plans to address students who are struggling.

August 1998-July 2012

**Guilford Public Schools – Guilford High School**  
***School Social Worker***

Applying clinical skills and judgment to an educational setting to assist students to make the best use of the educational environment. As the lead mental health professional on staff, responsibilities include assessment and intervention; individual and group counseling; crisis management, education related to mental health issues, parent education, implementing IEP services, and community liaison regarding social services. Help guide teachers with instructional strategies for students of all abilities.

1990-1998

**Guilford Youth and Family Services – Town of Guilford**  
***Director 1994-1998***

Responsibilities and duties include a combination of direct service and administrative functions. This combination includes the planning, budgeting, and supervising of programs and personnel. In addition, directing,

coordinating, developing and evaluating programs in the community. Lastly, the primary direct service function involved providing crisis intervention, individual and family services.

1989-1991

**Yale University, Department of Psychiatry, School of Epidemiology  
*Clinical Assessor***

Responsibilities included conducting clinical interviews for a large family study. Administered and scored SADS-L semi-structured interview.

1984-1989

**The Children's Center, Hamden , CT  
*Director of Admissions 1986-1989***

Coordinated and supervised all agency admissions and transfers to the residential and day treatment programs. Developed policies and procedures applicable to agency admissions and transfers, and oversaw department operations.

***Supervisor 1985-1986***

Supervision of child care staff and provide individual and group counseling. Responsibilities also included staff scheduling and on-call agency crisis intervention.

***Child Care Worker 1984-1985***

Taught daily living skills to emotionally disturbed children. Activities included individual, group counseling and carrying out program activities.

**Other Experience and Activities**

1990- Present

**Project Courage - Old Saybrook CT ([www.projectcourageworks.com](http://www.projectcourageworks.com))**

Provide individual and family therapy in a private practice setting.

1995- Present

**Consulting**

Provide consultation and direct service work for private schools regarding substance abuse prevention for students, parents and faculty, delivery of research based curriculum as well as in-service training for faculty. In addition, consult regarding the development and support of well-rounded substance abuse policy issues.

Summer 1997

**Yale School of Medicine and the New Haven Department of Police Services  
CDCP (Child Development and Community Policing) Fellow**

Completed a fellowship program provided by the Yale Child Study center and the New Haven Department of Police Services, whereby clinicians are trained alongside Police Officers regarding the delivery of comprehensive services to children who are the victims of, or are witnesses to violence.

**Coaching**

Coach of Little League Baseball, American Legion Baseball	12 years
Coach of High School Track and Field/Cross Country Guilford High School and East Lyme High School	8 years
Fencing Coach Marine Science Magnet High School	1 year

## **VINCENT A. SAMUOLIS**

130 White Birch Drive, Guilford, CT 06437

203-804-6251 vsamuolis@sbcglobal.net

### **EDUCATION**

#### **MASTER OF SOCIAL WORK - Children and Family**

May 1993

Southern Connecticut State University, New Haven, CT

#### **BACHELOR OF ARTS – Sociology**

December 1987

University of Connecticut, Storrs, CT

### **PROFESSIONAL EXPERIENCE**

#### **School Social Worker**

1996 – Present

#### **Bridgeport Public Schools, Bridgeport, CT**

Provides social, emotional, and behavioral counseling to selected students. Prepares student social developmental histories for assessment and continued treatment. Facilitates crisis intervention and referrals to community resources. Coordinates and consults the school Student Assistance Team and the Planning and Placement Team. Coordinates, implements and evaluates both district-wide and school-wide Positive Behavior Interventions and Supports. Provides family counseling for parents and students referred to the district's Family Solution Center.

#### **Psychiatric Social Worker**

1994 – 1996

#### **Harbor Health Services Partial Hospital Program, Branford, CT**

Served as primary clinician for patients with severe and persistent mental illness. Performed pre-admission screening, developed treatment plans and provided individual, group and family psychotherapy. Facilitated crisis intervention and referrals for treatment. Collaborated with an interdisciplinary team to promote patient wellness. Facilitated psycho-educational focus groups specific to coping with mental illness, chemical dependency, and skills of daily living. Developed patient discharge plans.

#### **Correctional Counselor**

#### **Connecticut Department of Correction**

#### **J.B. Gates Correctional Institution, Niantic, CT**

1993 -1994

Provided substance abuse assessment, education and counseling for incarcerated offenders. Collaborated with custody and treatment providers to assess and prepare inmates for conditional community release.

#### **Community Addiction Services, New Haven CT**

1989 - 1993

Provided individual and group counseling for correctional parolees. Completed client needs assessment and referrals for employment, housing, education, and mental health services. Facilitated psycho-educational presentations specific to chemical dependency and recovery; HIV/AIDS risk reduction, and life style modification. Coordinated treatment plans with parole stipulations. Maintained agency statistics for program evaluation and research. Presented chemical dependency awareness education to DOC staff. Served as Employee Assistance Program volunteer.

#### **Internship**

1992 - 1993

#### **Yale New Haven Hospital AIDS Care Program, New Haven, CT**

Performed psychosocial needs assessment for patients with AIDS; provided individual and family counseling with emphasis on coping with terminal illness, loss, death and dying; collaborated with an interdisciplinary medical staff to formulate treatment plans, discharge plans, and referrals to community resources.

#### **Internship**

1990 - 1991

#### **Connecticut Department of Correction, Project FIRE, New Haven CT**

Oriented ex-offenders to the outpatient program, gathered personal histories, provided individual and group counseling, designed and implemented a peer support group for clients with chemical dependency.

### **CERTIFICATIONS**

#### **Licensed Clinical Social Worker #03544**

1995 - Present

#### **Licensed Drug and Alcohol Counselor #1906**

1992 - Present

#### **Connecticut Certified School Social Worker K - 12**

1996 - Present

**Lisa Uihlein L.M.F.T.**

14 Beech Tree Ridge  
Killingworth, CT 06419  
(203) 915-0034  
Email: [lisau@comcast.net](mailto:lisau@comcast.net)

**QUALIFICATIONS:**

State of Connecticut Licensed Marriage and Family Therapist  
Professional Level Kripalu Yoga Teacher

**EXPERIENCE:**

1998-present      TURNING POINT YOGA      Madison, CT  
Owner/Operator Established profitable business offering yoga classes, workshops and individual instruction. Design and deliver yoga classes for at risk youth in alternative high school settings. Create and present experiential professional development workshops for high school faculties. [www.turningpointyoga.com](http://www.turningpointyoga.com)

1989-2007      THE RUSHFORD CENTER INC.      Middletown, CT  
GUILFORD YOUTH AND FAMILY SERVICES      Guilford, CT  
OLD SAYBROOK YOUTH AND FAMILY SERVICES      Old Saybrook, CT  
Student Assistance Counselor Provide individual, family and group therapy; clinical expertise in assessment and evaluation of drug and alcohol involvement and risk to self and others. Active member of CDCP (child development community policing), Yale University affiliated program, provided on-call clinical services to Guilford Police Department when requested on behalf of a child exposed to violence. Participate as a member of student assistance teams, and provide training and professional support for several school faculties.

1987-1989      NAUGATUCK YOUTH SERVICES      Naugatuck, CT  
Assistant Director  
Community Program Coordinator  
Responsible for coordinating clinical treatment for families, individuals and couples. Carried a caseload of 8-10 families per week. Co-facilitated a woman's group. Director of teen-theater psychodrama group. Assist with the general agency coordinative and administrative duties as designed by the Director. Maintain and encourage ongoing contact and cooperative efforts with local school system, police department and other human service agencies.

**EDUCATION:**

Kripalu Center for Yoga and Health      Lenox, MA  
Professional Level Kripalu Yoga Teacher - 2002  
Certified Kripalu Yoga Teacher - 1998

Southern Connecticut State University      New Haven, CT  
Master of Family Therapy degree – 1989

Quinnipiac College      Hamden, CT  
Bachelor of Arts Degree in Sociology – 1983

Sacred Heart Academy --1979      Hamden, CT

Appendix C: An Excerpt from SAMHSA's TIP 47 *Clinical Issues in Outpatient Treatment*

# Substance Abuse: Clinical Issues in Intensive Outpatient Treatment

Robert E. Forman, Ph.D.  
Consensus Panel Chair

Paul D. Nagy, M.S., LCAS, LPC, CCS  
Consensus Panel Co-Chair

## A Treatment Improvement Protocol

# TIP 47

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

10 Duke Street, Room  
1664, Hyattsville, MD 20857

## 2 Principles of Intensive Outpatient Treatment

### In This Chapter...

Principle 1: Make Treatment Readily Available

Principle 2: Ease Entry

Principle 3: Build on Existing Motivation

Principle 4: Enhance Therapeutic Alliance

Principle 5: Make Retention a Priority

Principle 6: Assess and Address Individual Treatment Needs

Principle 7: Provide Ongoing Care

Principle 8: Monitor Abstinence

Principle 9: Use Mutual-Help and Other Community-Based Supports

Principle 10: Use Medications if Indicated

Principle 11: Educate About Substance Use Disorders, Recovery, and Relapse

Principle 12: Engage Families, Employers, and Significant Others

Principle 13: Incorporate Evidence-Based Approaches

Principle 14: Improve Program Administration

This chapter presents 14 principles that integrate the findings of addictions research with the opinion of the consensus panel. By synthesizing research and practice, the consensus panel will assist clinicians in applying these principles to the clinical decisions they face daily. The 14 principles are expressed throughout this TIP in the form of specific recommendations. They are summarized here to provide a concise overview of effective intensive outpatient treatment (IOT) principles.

The *Principles of Drug Addiction Treatment: A Research-Based Guide* (National Institute on Drug Abuse, 1999) offers a valuable starting point for the principles that are described in this chapter. The National Institute on Drug Abuse (NIDA) principles pertain to the full spectrum of addiction treatment modalities, not only to IOT. The consensus panel chose to accentuate the principles that are critical to effective IOT.

The 14 principles described in this chapter are

1. Make treatment readily available.
2. Ease entry.
3. Build on existing motivation.
4. Enhance therapeutic alliance.
5. Make retention a priority.
6. Assess and address individual treatment needs.
7. Provide ongoing care.
8. Monitor abstinence.
9. Use mutual-help and other community-based supports.
10. Use medications if indicated.
11. Educate about substance abuse, recovery, and relapse.
12. Engage families, employers, and significant others.
13. Incorporate evidence-based approaches.
14. Improve program administration.

Appendix D: Supporting Financial Documents for Project Courage  
2011

Form **1040** For the year Jan 1 - Dec 31, 2011, or other tax year beginning 2011, ending 2011, ending 20

Your first name: **ANDREW** Last name: **J BUCCARO** Your social security number: [ ]

If a joint return, spouse's first name: **KERRY** Last name: **L SMITH** Spouse's social security number: **3**

Home address (number and street). If you have a P.O. box, see instructions. **26 SPRING ST** Apartment no. [ ]

City, town or post office. If you have a foreign address, also complete spaces below (see instructions). **DEEP RIVER** State: **CT** ZIP code: **06417**

Foreign country name: [ ] Foreign province/county: [ ] Foreign postal code: [ ]

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above & full name here . . .

4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . .

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a

b  Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax or (see instrs)
LUKE A	BUCCARO		Son	<input checked="" type="checkbox"/>
MORGAN K	BAKOLEDIS		Daughter	<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b: **2**

No. of children on 6c who: **2**

- lived with you
- did not live with you due to divorce or separation (see instrs)

Dependents on 6c not entered above: **0**

Add numbers on lines above: **4**

d Total number of exemptions claimed: **4**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	78,387.
8a Taxable interest. Attach Schedule B if required	8a	29.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	619.
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	56,710.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0.
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	
21 Other income	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	135,745.

**Adjusted Gross Income**

23 Educator expenses	23	250.
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	4,006.
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	487.
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35	36	4,743.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	131,002.

38 Amount from line 37 (adjusted gross income)		38	131,002.
<b>Tax and Credits</b>	39a Check if: <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	<input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
<b>Standard Deduction for -</b> • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  • All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	22,282.
	41 Subtract line 40 from line 38	41	108,720.
	42 Exemptions. Multiply \$3,700 by the number on line 6d	42	14,800.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	93,920.
	44 Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> 962 election b <input type="checkbox"/> Form 4972	44	15,731.
		45 Alternative minimum tax (see instructions). Attach Form 6251	45
	46 Add lines 44 and 45	46	15,731.
	47 Foreign tax credit. Attach Form 1116 if required	47	
	48 Credit for child and dependent care expenses. Attach Form 2441	48	420.
	49 Education credits from Form 8863, line 23	49	
	50 Retirement savings contributions credit. Attach Form 8880	50	
	51 Child tax credit (see instructions)	51	900.
	52 Residential energy credits. Attach Form 5695	52	
	53 Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54 Add lines 47 through 53. These are your total credits	54	1,320.
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	14,411.	
<b>Other Taxes</b>	56 Self-employment tax. Attach Schedule SE	56	6,965.
	57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a Household employment taxes from Schedule H	59a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60 Other taxes. Enter code(s) from instructions	60	
61 Add lines 55-60. This is your total tax	61	21,376.	
<b>Payments</b> If you have a qualifying child, attach Schedule EIC.	62 Federal income tax withheld from Forms W-2 and 1099	62	7,993.
	63 2011 estimated tax payments and amount applied from 2010 return	63	11,575.
	64a Earned income credit (EIC)	64a	
	b Nontaxable combat pay election <input type="checkbox"/> 64b		
	65 Additional child tax credit. Attach Form 8812	65	
	66 American opportunity credit from Form 8863, line 14	66	
	67 First-time homebuyer credit from Form 5405, line 10	67	
	68 Amount paid with request for extension to file	68	
	69 Excess social security and tier 1 RRTA tax withheld	69	
	70 Credit for federal tax on fuels. Attach Form 4136	70	
	71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72 Add lns 62, 63, 64a, & 65-71. These are your total pmts	72	19,568.
<b>Refund</b>	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
	b Routing number <input type="checkbox"/> XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	d Account number <input type="checkbox"/> XXXXXXXXXXXXXXXXXXXX		
75 Amount of line 73 you want applied to your 2012 estimated tax	75		
76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	1,808.	
<b>Amount You Owe</b>	77 Estimated tax penalty (see instructions)	77	

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

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

Your signature	Date	Your occupation	Daytime phone number
		SOCIAL WORKER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst)
		SCHOOL SOCIAL WORKER	

Print/Type preparer's name: James T Brosnan  
 Preparer's signature: JAMES T. BROSINAN  
 Date: 03/22/2012  
 Check  if self-employed  
 PTIN: P00668141  
 Firm's name: JAMES T. BROSINAN  
 Firm's address: 6 SHWEKY CT WALLINGFORD CT 06492-2762  
 Firm's EIN:   
 Phone no. (203) 269-7960

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

**ANDREW J BUCCARO & KERRY L SMITH**

		1	2	3	4
<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1		2,113.	
	2 Enter amount from Form 1040, line 38	2	131,002.		
	3 Multiply line 2 by 7.5% (.075)	3		9,825.	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.	
<b>Taxes You Paid</b>	5 State and local (check only one box):	5		6,064.	
	a <input checked="" type="checkbox"/> Income taxes, or				
	b <input type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions)	6		4,219.	
	7 Personal property tax	7		545.	
	8 Other taxes. List type and amount ▶	8			
	9 Add lines 5 through 8	9			10,828.
	<b>Interest You Paid</b>	10 Home mtg interest and points reported to you on Form 1098	10		8,821.
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶		11			
12 Points not reported to you on Form 1098. See instrs for spcl rules		12			
13 Mortgage insurance premiums (see instructions)		13			
14 Investment interest. Attach Form 4952 if required. (See instrs.)		14			
15 Add lines 10 through 14		15			8,821.
<b>Gifts to Charity</b>		16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16		758.
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	17		1,875.	
	18 Carryover from prior year	18			
	19 Add lines 16 through 18	19			2,633.
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶				
	See Line 21 statement - Unreimbursed employee expenses	21	1,185.	1,185.	
	22 Tax preparation fees	22			
	23 Other expenses — investment, safe deposit box, etc. List type and amount ▶	23			
	24 Add lines 21 through 23	24		1,185.	
	25 Enter amount from Form 1040, line 38	25	131,002.		
	26 Multiply line 25 by 2% (.02)	26		2,620.	
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			0.	
<b>Other Miscellaneous Deductions</b>	28 Other — from list in instructions. List type and amount ▶	28			
<b>Total Itemized Deductions</b>	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29			22,282.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>	30			

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

► For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>ANDREW J BUCCARO</b>		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) <b>SOCIAL WORKER</b>		B Enter code from instructions ► <b>621330</b>
C Business name. If no separate business name, leave blank. <b>PROJECT COURAGE</b>		D Employer ID number (EIN), (see instrs) <b>20-5756347</b>
E Business address (including suite or room no.) ► <b>251 MAIN ST, SUITE 101</b> City, town or post office, state, and ZIP code <b>OLD SAYBROOK, CT 06475</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you 'materially participate' in the operation of this business during 2011? If 'No,' see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2011, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If 'Yes,' did you or will you file all required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Part I Income</b>	
1a Merchant card and third party payments. For 2011, enter -0-	0.
b Gross receipts or sales not entered on line 1a (see instructions)	131,014.
c Income reported to you on Form W-2 if the 'Statutory Employee' box on that form was checked. <b>Caution.</b> See instructions before completing this line	
d Total gross receipts. Add lines 1a through 1c	131,014.
2 Returns and allowances plus any other adjustments (see instructions)	131,014.
3 Subtract line 2 from line 1d	
4 Cost of goods sold (from line 42)	131,014.
5 Gross profit. Subtract line 4 from line 3	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	
7 Gross income. Add lines 5 and 6	131,014.

<b>Part II Expenses. Enter expenses for business use of your home only on line 30.</b>	
8 Advertising	381.
9 Car and truck expenses (see instructions)	9,687.
10 Commissions and fees	919.
11 Contract labor (see instructions)	
12 Depletion	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	0.
14 Employee benefit programs (other than on line 19)	
15 Insurance (other than health)	426.
16 Interest:	
a Mortgage (paid to banks, etc)	
b Other	10.
17 Legal & professional services	325.
18 Office expense (see instructions)	2,246.
19 Pension and profit-sharing plans	
20 Rent or lease (see instructions):	
a Vehicles, machinery, and equipment	
b Other business property	8,143.
21 Repairs and maintenance	
22 Supplies (not included in Part III)	
23 Taxes and licenses	1,032.
24 Travel, meals, and entertainment:	
a Travel	12.
b Deductible meals and entertainment (see instructions)	
25 Utilities	2,926.
26 Wages (less employment credits)	6,096.
27a Other expenses (from line 48)	42,101.
b Reserved for future use	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	74,304.
29 Tentative profit or (loss). Subtract line 28 from line 7	56,710.
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	
31 Net profit or (loss). Subtract line 30 from line 29.	56,710.
<ul style="list-style-type: none"> <li>• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instructions. Estates and trusts, enter on Form 1041, line 3.</li> <li>• If a loss, you must go to line 32.</li> </ul>	
32 If you have a loss, check the box that describes your investment in this activity (see instructions).	
<ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3.</li> <li>• If you checked 32b, you must attach Form 6198. Your loss may be limited.</li> </ul>	
32a <input checked="" type="checkbox"/> All investment is at risk.	
32b <input type="checkbox"/> Some investment is not at risk.	

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a  Cost b  Lower of cost or market c  Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation  Yes  No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 07/01/2010

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:  
 a Business 18,180 b Commuting (see instructions) 0 c Other 1,250

45 Was your vehicle available for personal use during off-duty hours?  Yes  No

46 Do you (or your spouse) have another vehicle available for personal use?  Yes  No

47 a Do you have evidence to support your deduction?  Yes  No  
 b If 'Yes,' is the evidence written?  Yes  No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

SUBCONTRACTORS	34,014.
LICENSES AND DUES	760.
EQUIPMENT RENTAL	283.
BANK CHARGES	1,333.
PAYROLL EXPENSES	3,084.
COMPUTER/ INTERNET CHARGES	98.
CONTINUING EDUCATION	969.
REFERENCE MATERIALS	22.
See Line 48 Other Expenses	1,538.
48 Total other expenses. Enter here and on line 27a	48 42,101.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

ANDREW J BUCCARO & KERRY L SMITH

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations**

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses?  Yes  No  
If you answered 'Yes,' see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	AFFILIATES FOR CONSULTATION & PSYCHOT.	P		06-1177618	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				0.
B				
C				
D				0.
29 a Totals				0.
b Totals				
30 Add columns (g) and (i) of line 29a			30	0.
31 Add columns (f), (h), and (j) of line 29b			31	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	0.

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer ID no.
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34 a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) — Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	0.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**SCHEDULE SE**  
**(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ See separate instructions.

Name of person with self-employment income (as shown on Form 1040)

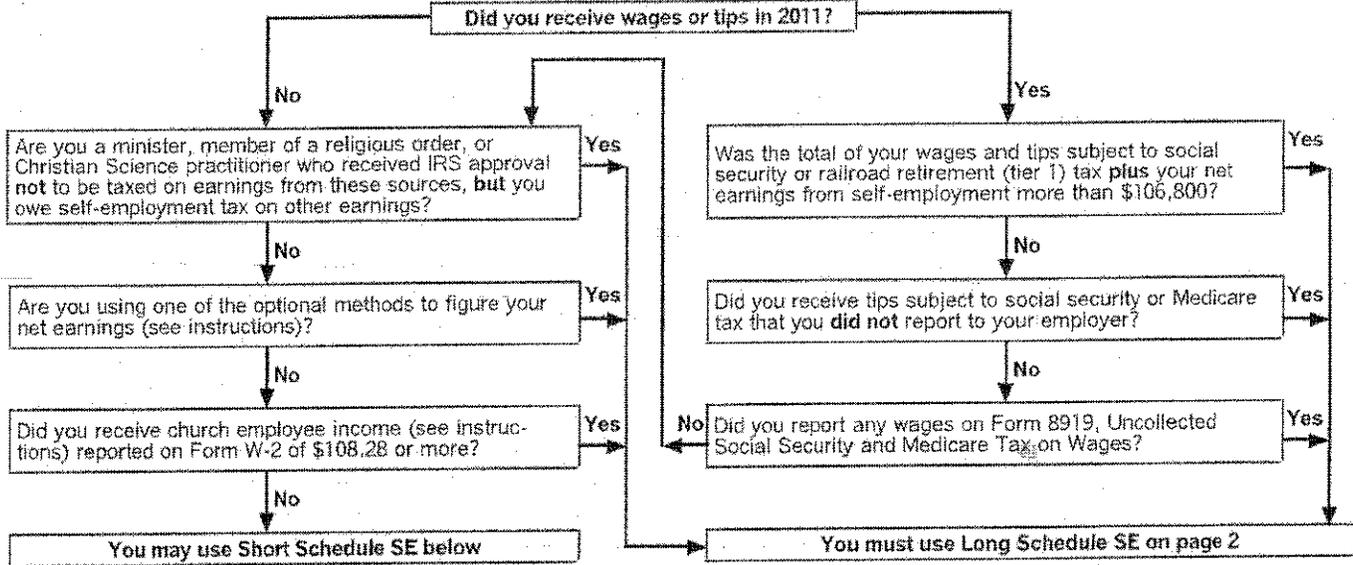
Social security number of person  
with self-employment income \*

**ANDREW J BUCCARO**

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, in the instructions.



**Section A – Short Schedule SE.** Caution. Read above to see if you can use Short Schedule SE.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A .....	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y .....	1 b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report .....	2	56,710.
3 Combine lines 1a, 1b, and 2 .....	3	56,710.
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b .....	4	52,372.
<b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54. • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54.	5	6,965.
6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1,067 to the result. Enter the result here and on Form 1040, line 27 or Form 1040NR, line 27 .....	6	4,006.

**Child and Dependent Care Expenses**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ See separate instructions.

Name(s) shown on return

Your social security number

**ANDREW J BUCCARO & KERRY L SMITH**

**Part I** **Persons or Organizations Who Provided the Care** — You must complete this part.  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying no. (SSN or EIN)	(d) Amount paid (see instructions)
	SCHOOLMATES SCHOOL	57 MAIN ST IVORYTON CT 06442	06-1303800	2,100.

Did you receive dependent care benefits?  No  Yes

No → Complete only Part II below.  
Yes → Complete Part III on page 2 next.

**Caution.** If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a)
First	Last		
LUKE	BUCCARO	044-08-4614	2,100.

3	Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	2,100.
4	Enter your <b>earned income</b> . See instructions	4	60,396.
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	5	70,695.
6	Enter the <b>smallest</b> of line 3, 4, or 5	6	2,100.
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	131,002.

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0	15,000	.35	\$29,000	31,000	.27
15,000	17,000	.34	31,000	33,000	.26
17,000	19,000	.33	33,000	35,000	.25
19,000	21,000	.32	35,000	37,000	.24
21,000	23,000	.31	37,000	39,000	.23
23,000	25,000	.30	39,000	41,000	.22
25,000	27,000	.29	41,000	43,000	.21
27,000	29,000	.28	43,000	No limit	.20

9	Multiply line 6 by the decimal amount on line 8. If you paid 2010 expenses in 2011, see the instructions	9	420.
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	15,731.
11	<b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	11	420.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

## Noncash Charitable Contributions

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property. See separate instructions.**

Attachment Sequence No. **155**

Name(s) shown on your income tax return

Identifying number

**ANDREW J BUCCARO & KERRY L SMITH**

**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities** — List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

**Part I Information on Donated Property** — If you need more space, attach a statement.

	1	(a) Name and address of the donee organization	(b) Description of donated property <small>(For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)</small>
A		GOODWILL INDUSTRIES HAMILTON ST NEW HAVEN CT 06511	14 BAGS OF CLOTHES/9 BOXES OF HOUSE HOLD GOODS
B			
C			
D			
E			

**Note:** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	11/01/2011	Various	Purchase	7,525.	1,875.	Thrift shop value
B						
C						
D						
E						

**Part II Partial Interests and Restricted Use Property** — Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest

If Part II applies to more than one property, attach a separate statement.

**b** Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year (2) For any prior tax years

**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town

State ZIP code

**d** For tangible property, enter the place where the property is located or kept

**e** Name of any person, other than donee organization, having actual possession of the property

**3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

**c** Is there a restriction limiting the donated property for a particular use?

	Yes	No
3a	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>
3c	<input type="checkbox"/>	<input type="checkbox"/>

Name(s) Shown on Return <b>ANDREW J BUCCARO &amp; KERRY L SMITH</b>	Social Security Number _____
--	---------------------------------

**Part I State and Local Income Tax Refunds from 2010 Tax Returns**

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2010	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	CT	735.	899.		5,705.	116.	
	<b>Totals ...</b>	735.	899.		5,705.	116.	

2	Total state and local refunds. Total line 1 column (b).	735.
3	Refund allocated to tax paid after 12/31/2010. Total line 1 columns (f) and (g). (Include net tax paid after 12/31/2010 on Schedule A, line 5.)	116.
4	Net refund. Line 2 less line 3.	619.

**Part II Recovery Amount**

The **recovery amount** is the state and local income tax deducted in 2010 refunded in 2011.

5	Total state and local income tax deduction from line 5 of your 2010 Schedule A	5,351.
6	<b>Recovery amount.</b> Lesser of line 4 or line 5.	619.

**Part III Recovery Exclusion**

The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2010.

7	<b>Recovery exclusion from standard deduction and/or sales tax deduction:</b>	
a	Allowable itemized deductions, from 2010 Schedule A, line 29	26,070.
b	Allowable itemized deductions, refigured by excluding recovery amount:	
	(1) Refigured state and local tax deduction:	
	(a) Refigured state income tax deduction	4,732.
	(b) Sales tax deduction	1,051.
	(c) Refigured deduction. Larger of (a) or (b)	4,732.
	(2) Refigured total itemized deductions	25,451.
c	2010 standard deduction based on 2010 filing stat, exemptns, and deductns.	11,400.
d	Larger of lines 7b(2) or 7c	25,451.
e	Subtract line 7d from line 7a	619.
f	Subtract line 7e from line 6	0.
8	<b>Recovery exclusion from negative taxable income.</b> If 2010 taxable income was negative, enter here as a positive number, else enter zero.	0.
9	<b>Recovery exclusion from alternative minimum tax.</b> If no alternative minimum tax (AMT) in 2010 enter zero. If did pay AMT in 2010, enter amt from line 22	0.
10	<b>Recovery exclusion from unused tax credits.</b> If no unused credits in 2010, enter zero. If there were unused credits in 2010, enter amount from line 33.	0.
11	<b>Total recovery exclusion.</b> Add lines 7f, 8, 9, and 10.	0.

**Part IV Taxable Refund**

The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

12	<b>Taxable refund from 2010.</b> Line 6 less line 11.	619.
13	Total taxable refunds from 2009 or prior tax returns. Total line 34 column (d).	
14	<b>Total taxable refunds.</b> Add lines 12 and 13. Enter here and on Form 1040, line 10	619.

Schedule A

Line 21 statement - Unreimbursed employee expenses

Excess Educator Expenses	125.
Union and professional dues	720.
PROFESSIONAL DUES/LICENSE	340.
Total	<u>1,185.</u>

Schedule C - SOCIAL WORKER

Line 48 Other Expenses

POSTAGE/ DELIVERY	176.
MISCELLANEOUS EXPENSES	226.
OTHER TAXES	1,136.
Total	<u>1,538.</u>

10:01 AM  
04/08/12  
Cash Basis

**PROJECT COURAGE, LLC**  
**Profit & Loss**  
**January through December 2011**

	<u>Jan - Dec 11</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Consulting Revenue	38,668.74
Fee for Service Income	92,345.04
	<hr/>
<b>Total Income</b>	131,013.78
<b>Expense</b>	
Donations	100.00
Personal Property Taxes	16.03
Returned check	155.00
Reconciliation Discrepancies	0.05
Commissioner of Revenue Service	1,149.00
Business Entity Tax	20.00
Salaries & Wages	6,095.75
Unemployment Tax Expense	274.33
Subcontractors	34,014.25
FICA Expense	722.22
Payroll Expenses	3,344.60
Licenses & Dues	760.00
Equipment Rental	309.24
Advertising and Promotion	281.42
Automobile Expense	10.00
Bank Service Charges	1,384.11
Computer and Internet Expenses	97.83
Continuing Education	968.63
Insurance Expense	425.80
Office Supplies	2,228.71
Postage and Delivery	176.00
Professional Fees	919.00
Reference Materials	22.19
Rent Expense	8,142.50
Telephone Expense	2,079.77
Travel Expense	12.00
Utilities	846.25
	<hr/>
<b>Total Expense</b>	64,554.68
	<hr/>
<b>Net Ordinary Income</b>	66,459.10
<b>Other Income/Expense</b>	
Other Expense	
Ask My Accountant	-60.96
	<hr/>
<b>Total Other Expense</b>	-60.96
	<hr/>
<b>Net Other Income</b>	60.96
	<hr/>
<b>Net Income</b>	<u><u>66,520.06</u></u>

## Appendix E: Financial Statements I and II

## Financial Attachment J: Project Courage, LLC

Total Facility: Description	FY 2011	FY 2013		FY 2014		FY 2014		FY 2015		FY 2015	
	Actual Results	Projected Without CON	Projected With CON	Projected Without CON	Projected Incremental	Projected With CON	Projected Incremental	Projected Without CON	Projected Incremental	Projected With CON	Projected With CON
<b>NET PATIENT REVENUE</b>											
Non-Government	\$92,300	\$94,000	\$110,600	\$105,000	\$823,800	\$928,800	\$823,800	\$105,000	\$1,443,000	\$1,548,000	\$1,548,000
Medicare			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid and Other Medical Assistance			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Government			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Net Patient Revenue</b>	<b>\$92,300</b>	<b>\$94,000</b>	<b>\$110,600</b>	<b>\$105,000</b>	<b>\$823,800</b>	<b>\$928,800</b>	<b>\$823,800</b>	<b>\$105,000</b>	<b>\$1,443,000</b>	<b>\$1,548,000</b>	<b>\$1,548,000</b>
Other Operating Revenue	\$39,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Revenue from Operations	\$131,300	\$94,000	\$110,600	\$105,000	\$823,800	\$928,800	\$823,800	\$105,000	\$1,443,000	\$1,548,000	\$1,548,000
<b>OPERATING EXPENSES</b>											
Salaries and Fringe Benefits	\$6,100	\$0	\$80,500	\$0	\$485,000	\$485,000	\$485,000	\$0	\$600,000	\$600,000	\$600,000
Professional / Contracted Services	\$34,000	\$75,000	\$75,000	\$84,375	\$0	\$84,375	\$0	\$84,375	\$0	\$84,375	\$84,375
Supplies and Drugs	\$3,700	\$1,300	\$5,000	\$4,000	\$36,000	\$40,000	\$36,000	\$4,000	\$40,000	\$44,000	\$44,000
Bad Debts	\$7,000	\$3,000	\$6,000	\$3,000	\$10,000	\$13,000	\$10,000	\$3,000	\$20,000	\$23,000	\$23,000
Other Operating Expense	\$14,200	\$6,000	\$20,200	\$15,000	\$15,000	\$30,000	\$15,000	\$15,000	\$25,000	\$40,000	\$40,000
Subtotal	\$65,000	\$95,900	\$186,700	\$106,375	\$546,000	\$652,375	\$546,000	\$106,375	\$685,000	\$791,375	\$791,375
Depreciation/Amortization			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interest Expense			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lease Expense	\$9,400	\$8,400	\$36,000	\$8,700	\$28,500	\$37,200	\$28,500	\$9,000	\$29,400	\$38,400	\$38,400
Total Operating Expenses	\$73,400	\$104,300	\$222,700	\$115,075	\$574,500	\$689,575	\$574,500	\$115,375	\$714,400	\$829,775	\$829,775
Income (Loss) from Operations	\$57,900	(\$10,300)	(\$112,100)	(\$10,075)	\$249,300	\$239,225	(\$10,075)	(\$10,375)	\$728,600	\$718,225	\$718,225
Non-Operating Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Income before provision for income taxes	\$57,900	(\$10,300)	(\$112,100)	(\$10,075)	\$249,300	\$239,225	(\$10,075)	(\$10,375)	\$728,600	\$718,225	\$718,225
Provision for income taxes	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Income	\$57,900	(\$10,300)	(\$112,100)	(\$10,075)	\$249,300	\$239,225	(\$10,075)	(\$10,375)	\$728,600	\$718,225	\$718,225
Retained earnings, beginning of year		\$57,900	\$57,900	\$47,600	(\$43,900)	(\$54,200)	(\$43,900)	\$37,525	\$205,400	\$185,025	\$185,025
Retained earnings, end of year	\$57,900	\$47,600	(\$54,200)	\$37,525	\$205,400	\$185,025	\$205,400	\$27,150	\$934,000	\$903,250	\$903,250
FTEs	0	0	5	0	0	7	0	0	0	9	9

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

Outpatient Services:

Intensive Outpatient Units	0	516	0	6192	0	10320	
Outpatient Units	625	0	710	0	710	0	
Volume	13	3	16	12	16	20	

## Financial Attachment IIa: Project Courage, LLC

Year 1: Fiscal Year 2013 (4 months of operation)

Type of Service Description Type of Unit Description: # of Months in Operation	(1) Intensive Outpatient Individual, Family, and Group	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col. 4 - Col. 5 -Col. 6 - Col. 7	(9) Operating Expenses Col. 1 Total *	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
<b>FY 2013</b>										
<b>FY Projected Incremental</b>										
Total Incremental Expenses:	<b>\$118,400</b>									
<b>Total Facility by Payer Category:</b>										
Medicare				\$0				\$0		\$0
Medicaid		\$0		\$0				\$0		\$0
CHAMPUS/TriCare		\$0		\$0				\$0		\$0
<b>Total Governmental</b>			<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		<b>\$0</b>
<b>Self Pay</b>										
Commercial Insurers		\$150		\$0				\$0		\$0
Uninsured		\$150	516	\$77,400	\$0	\$0	\$6,000	\$71,400	\$118,400	(\$47,000)
<b>Total NonGovernment</b>			<b>516</b>	<b>\$77,400</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,000</b>	<b>\$71,400</b>	<b>\$118,400</b>	<b>(\$47,000)</b>
<b>Total All Payers</b>		<b>\$0</b>	<b>516</b>	<b>\$77,400</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,000</b>	<b>\$71,400</b>	<b>\$118,400</b>	<b>(\$47,000)</b>

# Financial Attachment IIb: Project Courage, LLC

Year 2: Fiscal Year 2014

Type of Service Description: Intensive Outpatient  
 Type of Unit Description: Individual, Family, and Group  
 # of Months in Operation: 16

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Rate	Units	Gross Revenue Col. 2 * Col. 3	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue Col.4 - Col.5 -Col.6 - Col.7	Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	Gain/(Loss) from Operations Col. 8 - Col. 9
<b>FY 2013</b>										
<b>FY Projected Incremental</b>										
Total Incremental Expenses:	<b>\$574,500</b>									
<b>Total Facility by Payer Category:</b>										
Medicare				\$0				\$0	\$0	\$0
Medicaid				\$0				\$0	\$0	\$0
CHAMPUS/TriCare				\$0				\$0	\$0	\$0
<b>Total Governmental</b>			0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Self Pay		\$150	620							
Commercial Insurers		\$150	5,572	\$928,800	\$0	\$92,880	\$10,000	\$825,920	\$574,500	\$251,420
Uninsured		\$0		\$0				\$0	\$0	\$0
<b>Total NonGovernment</b>		\$0	6,192	\$928,800	\$0	\$92,880	\$10,000	\$825,920	\$574,500	\$251,420
<b>Total All Payers</b>		\$0	6,192	\$928,800	\$0	\$92,880	\$10,000	\$825,920	\$574,500	\$251,420

# Financial Attachment IIc: Project Courage, LLC

Year 3: Fiscal Year 2015

Type of Service Description Type of Unit Description: # of Months in Operation	(1) Intensive Outpatient Individual, Family, and Group	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total *	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
<b>FY 2013</b>										
<b>FY Projected Incremental</b>										
Total Incremental Expenses:	<b>\$714,400</b>									
<b>Total Facility by Payer Category:</b>										
Medicare				\$0				\$0		\$0
Medicaid		\$0		\$0				\$0		\$0
CHAMPUS/Tricare		\$0		\$0				\$0		\$0
<b>Total Governmental</b>			0	\$0	\$0	\$0	\$0	\$0		\$0
Self Pay		\$150	1,032	\$154,800				\$10,000	\$714,400	\$668,800
Commercial Insurers		\$150	9,288	\$1,548,000				\$0	\$0	\$0
Uninsured		\$0		\$0				\$0		\$0
<b>Total NonGovernmental</b>			10,320	\$1,548,000	\$0	\$154,800	\$10,000	\$1,383,200	\$714,400	\$668,800
<b>Total All Payers</b>		\$0	10,320	\$1,548,000	\$0	\$154,800	\$10,000	\$1,383,200	\$714,400	\$668,800

## Appendix F: Documentation Demonstrating Public Notice



**The Hartford Courant.**

A T R I B U N E P U B L I S H I N G C O M P A N Y

# Affidavit of Publication

State of Connecticut

Thursday, May 30, 2013

County of Hartford

I, Rena Matus, do solemnly swear that I am Financial Operations Assistant of the Hartford Courant, printed and published daily, in the state of Connecticut and that from my own personal knowledge and reference to the files of said publication the advertisement of Public Notice was inserted in the regular edition.

On dates as follows: 5/28/2013	\$32.72
5/29/2013	\$27.72
5/30/2013	\$27.72

In the amount of \$88.16  
PROJECT COURAGE  
20260909  
ZONE 1

Financial Operations Assistant  
Rena Matus

Subscribed and sworn to before me on May 30, 2013

Notary Public

WILLIAM B. McDONALD  
NOTARY PUBLIC, CONNECTICUT  
MY COMMISSION EXPIRES FEB. 28, 2014

2547867

**NOTICE**

Notice is hereby given that pursuant to Connecticut general statutes section 19a-638, Project Courage, LLC a Connecticut limited liability company intends to establish substance abuse and psychiatric outpatient treatment services for adolescents and young adults at 251 Main Street, Old Saybrook CT with an associated capital expenditure of \$40,000. Interested parties may contact the State Department of Public Health, Office of Healthcare Access, Attention Steven Lazarus 410 Capitol Ave MS #13HCA, Hartford, CT 06134 or try phone at 860-418-7001 for additional information.



**The Hartford Courant.**

A TRIBUNE PUBLISHING COMPANY

# Affidavit of Publication

State of Connecticut

Friday, May 31, 2013

County of Hartford

I, Rena Matus, do solemnly swear that I am Financial Operations Assistant of the Hartford Courant, printed and published daily, in the state of Connecticut and that from my own personal knowledge and reference to the files of said publication the advertisement of Public Notice was inserted in the regular edition.

On dates as follows: 5/31/2013 \$0.00

In the amount of \$0.00  
PROJECT COURAGE  
20260909  
ZONE 1

**NOTICE**

Notice is hereby given that pursuant to Connecticut general statutes section 19a-638, Project Courage, LLC a Connecticut limited liability company intends to establish substance abuse and psychiatric outpatient treatment services for adolescents and young adults at 251 Main Street, Old Saybrook CT with an associated capital expenditure of \$40,000. Interested parties may contact the State Department of Public Health, Office of Healthcare Access, Attention Steven Lazarus 410 Capitol Ave MS #13HCA, Hartford, CT 06134 or try phone at 860-418-7001 for additional information.

  
 \_\_\_\_\_ Financial Operations Assistant  
 Rena Matus

Subscribed and sworn to before me on May 31, 2013

  
 \_\_\_\_\_ Notary Public

WILLIAM B. McDONALD  
NOTARY PUBLIC, CONNECTICUT  
MY COMMISSION EXPIRES FEB. 28, 2014

# PUBLIC NOTICES

### TOWN OF ESSEX SPECIAL TOWN MEETING JUNE 5, 2013 MEETING ROOM A

**NOTICE IS HEREBY GIVEN** that a Special Town Meeting will be held in and for the Town of Essex, Connecticut, Wednesday, June 5, 2013 at 4:45 p.m. in the Essex Town Hall, 29 West Avenue in said Essex.

#### TO ACT AND CONSIDER THE FOLLOWING:

1. To consent and approve the endorsement of the Intertown Capital Equipment Purchase Incentive Program (ICE). A copy of said program application is on file in the Town Clerk's Office.

- Norman M. Needleman, First Selectman
- Stacia R. Libby, Selectman
- Joel B. Marzi, Selectman

Dated this 15th day of May, 2013

### NOTICE IS HEREBY GIVEN

that the Zoning Commission of the Town of Old Saybrook will hold the following public hearing at 7:00 p.m. on Monday June 3, 2013 in the first floor conference room of the Old Saybrook Town Hall, 302 Main Street to consider the following:

Petition to Amend the Old Saybrook Zoning Regulations, Section 53 Special Standards, to permit Food and Beverage Concession Service at Town Parks adjacent to Long Island Sound. Amend Section 37-1.10 Saybrook Point Districts to make the term "Parks & Playgrounds" consistent with all other districts. Section 9, add definition of park.; Petitioner: Old Saybrook Zoning Commission

At this hearing interested parties may appear and be heard and written communications received. Copies of applications and plans are on file in the Land Use Department, Old Saybrook Town Hall, 302 Main Street.

OLD SAYBROOK ZONING COMMISSION  
Robert C. Friedmann, Chairman  
Geraldine M. Lewis, Secretary

**NOTICE IS HEREBY GIVEN** that the Zoning Commission of the Town of Old Saybrook will hold the following public hearings at 7:00 p.m. on Monday June 3, 2013 in the first floor conference room of the Old Saybrook Town Hall, 302 Main Street to consider the following:

Petition to Amend the Old Saybrook Zoning Map to overlay Incentive Housing Zone (IHZ) - Multi-Family (MF) Subzone at 7 North Main Street (Assessor's Map 40, Lot 5) and adjacent parcels on North Main Street known as Assessor's Map 40, Lot 6-1 and Assessor's Map 39, Lot 9 in the Shopping Center Business B-2 Zoning District & Pedestrian Node.  
**Petitioner: Eastpointe, LLC; Agent: Attorney Edward Cassella**

Petition to Amend the Old Saybrook Zoning Regulations Section 9 Definition of Developable Land Incentive Housing Zone (IHZ), Item C to exclude enforceable or along property lines in the IHZ from developable land. Add Section 54.1.3 to permit "Saybrook Junction" IHZ overlay and IHZ Multi Family Subzone "Eastpointe at Saybrook Junction" in the Shopping Center Business B-2 District at 7 North Main Street (Assessor's Map 40, Lot 5) and at adjacent parcels on North Main Street known as Assessor's Map 40, Lot 6-1 and Assessor's Map 39, Lot 9. Add new Section 54.7.8 to permit multi-family building maximum height of 47 feet and 3 stories in the Shopping Center Business B-2 District when located within 100 feet of a railway station or on a parcel of land with frontage on North Main Street.  
**Petitioner: Eastpointe, LLC; Agent:**

### NOTICE

Notice is hereby given that pursuant to Connecticut general statutes section 19a-638, Project Courage, LLC a Connecticut limited liability company intends to establish substance abuse and psychiatric outpatient treatment services for adolescents and young adults at 251 Main Street, Old Saybrook CT with an associated capital expenditure of \$40,000. Interested parties may contact the State Department of Public Health, Office of Healthcare Access, Attention Steven Lazarus 410 Capitol Ave MS #13HCA, Hartford, CT 06134 or try phone at 860-418-7001 for additional information.

**cars.com**

**Confidence Comes Standard.**

### Notice of Decision

#### May 21, 2013 - Public Hearing and Regular Meeting

The Essex Zoning Board of Appeals conducted their regularly scheduled meeting on Tuesday, May 21, 2013 at 7:30 p.m. in Room A of the Essex Town Hall. Members in attendance were: Doug Demarest, Al Daddona, Paul Greenberg, Michael Noto, William Veillette, Alternate Member seated for Stu Ingersoll.

Variance GRANTED to **Application #13-5 on behalf of Thomas Hutton and Raquel Rivera Hutton, 25 Main Street, Essex, Assessor's Map 47 Lot 66 EV District, requesting variances to section 70B of the Essex zoning regulations** to allow a new 4' x 19' deck that would increase lot coverage from 30.2% to 31.1% where 25% is the maximum allowed. The hardship is the configuration of the lot. This is a necessary addition with minimal increase in coverage. This Variance is approved based on the plans as submitted.

Variance GRANTED to **Application #13-6 on behalf of Faith and Alan Kerr, 44 Summit Street, Ivoryton, Assessor's Map 58 Lot 19, RU District, requesting variances to sections 40D, 40E, 45D.3, 50D and 60B of the Essex zoning regulations** to allow a single family dwelling with a total floor area of less than 2000 s.f. to have an accessory apartment. Also, to allow a proposed 900 s.f. addition to increase the lot coverage from 8.4% to 10.35% where 7.5% is the maximum coverage allowed. The hardship is the topography, the preexisting lot with a preexisting house. This Variance is approved based on the plans as submitted dated March 8, 2013 and prepared by Richard Gates.

Variance GRANTED to **Application #13-7 on behalf of Peter Kamford, 14 Little Point Street, Essex, Assessor's Map 31 Lot 16, VR District, requesting a variance to section 60B of the Essex zoning regulations** to allow an 8' x 8' garden shed to increase building coverage from 18.11% to 19.65% where 7.5% is the maximum allowed. The hardship is the small lot size and the fact that this is a minimal increase in coverage. This Variance is approved for an 8'x8' structure with a 4'x4' door and the building is 10 feet in height. This variance is approved in accordance with the plans as submitted of the proposed shed drawing which accompanied the application.

Variance GRANTED to **Application #13-8 on behalf of David Wheeler, 16 Hickory Lane, Ivoryton, Assessor's Map 89 Lot 23, RU District, requesting a variance to section 61B of the Essex zoning regulations** to allow a 16.5" x 12" addition to the house to increase the building coverage from 14.3% to 15.38% where 7.5% is the maximum allowed. The hardship is based on the minimal intrusion on the coverage and the small lot size and on the topography of the land. This Variance is approved based on the plans as submitted with the application.

Variance GRANTED to **#13-9 on behalf of Mark D. McDonald, 6 Mack Lane, Essex, Assessor's Map 46 Lot 24, VR District, requesting variances to sections 40D, 40E, 40L.1, 50D and 60B of the Essex zoning regulations** to allow a Bilco door to be located 21 feet from the northern side property line where 25 feet is required. The hardship is the necessary access from the interior of the building to the outside of the building. This Variance is approved based on the plans as submitted dated April 26, 2013.

Variance GRANTED to **Application #13-10 on behalf of G&P Trust, 44 Main Street, Centerbrook, Assessor's Map 44, Lot 34 C District requesting variances to sections 40D, 40E, 40L.1, 50C.2, 50D and 80C of the Essex zoning regulations** to allow a 1,191 s.f. addition to a point 7'6" from the southerly side property line where 15 feet is required and to allow an increase to the building coverage from 11.5% to 19.9% where 15% is the maximum allowed. The hardship is the configuration of the lot and the fact that the property predates the zoning regulations. This Variance is approved based on the plans as submitted dated February 13, 2013.

Variance GRANTED to **Application #13-11 on behalf of Paul Simoneau, 21 Lynn Rd., Ivoryton, RU District requesting a variance to section 61B** to allow a 710 s.f. addition and a 364 s.f. porch to increase the building coverage from 5.9% to 7.66% where 7.5% is the maximum allowed. The hardship is that the lot is non-conforming and the proposal exceeds coverage by less than 1%. This Variance is approved based on the plans as submitted with the application.

Respectfully submitted,

Stella C. Beaudoin  
Recording Secretary



**Alison Morris**  
5, 10 & 11pm  
Mon - Fri

## PUBLIC NOTICE OF NATU

**Spectra Energy's Algonquin Gas T** pipeline maintenance at the Cromwell C beginning June 1.

In order to complete this work, we must natural gas from certain valves along the

Controlled natural gas releases will o located at 252 Shunpike R Saturday, June 1, beginning at and continuing throu

Spectra Energy representatives will be closely manage and monitor the control

Personnel and equipment will remain at planned activities for the pipeline maint Equipment will include portable air com monitors that constantly measure the le

As natural gas is released into the air, t that may last several hours. The noise i resulting from the odorant mercaptan, v gas to make it recognizable for safety r

Natural gas is naturally odorless and is and dissipate into the atmosphere. The traces will separate from the natural ga

During the releases, should you hear t natural gas, please know that there is r information, contact our office at 1-860.

## PUBLIC NOTIC

### NOTICE OF DECISION May 20, 2013

**NOTICE IS HEREBY GIVEN** that the Essex Zoning Commission at their meeting on Monday, May 20, 2013, at the Essex Town Hall, 29 West Avenue, Essex, CT took the following actions:

**Application 12 - 24** - New England Commercial Properties, LLC - A petition to amend section 90 (Limited Industrial District) of the Town's zoning regulations. **APPROVED.**

**Application 13-7** - NairCo, LLC - An application to allow an art studio at 61 Main Street, Centerbrook, CT. **APPROVED** with conditions.

**Application 13 - 8** - Michael Picard, 141 Saybrook Rd. - A Coastal Site Plan review for a project at 141 Saybrook Rd. **APPROVED.**

**NOTICE OF PUBLIC INFORMATION**  
TOWN OF ESSEX  
on the outdoor MOODUS RESERVOIR STUDY  
GRANGE HALL  
7:30 P.M.  
MONDAY, JUNE 10, 2013

Greg Bugbee of the Agricultural Experiment Station will discuss the outdoor aquatic plants in the Moodus Reservoir. Supported by the State of Connecticut Energy and Environmental and partial funding from the Town of East Haven. For more information call 873-5900.

Dated this 28th day

# PUBLIC NOTICES

**NOTICE TO CREDITORS**  
 ESTATE OF RALPH B. HIGNETT, late of East Haddam (13-00097)  
 The Hon. Jennifer L. Berkenstock, Judge of the Court of Probate, Region #14 Probate District, by decree dated May 28, 2013, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.  
 Linda A. Neal, Chief Clerk  
 The fiduciary is:  
 Horace F. Hignett, Jr.  
 c/o Mark A. Balaban, Esquire, The Balaban Law Firm, 425 Main Street, 4th Floor, Middletown, CT 06457.

**NOTICE**  
 Notice is hereby given that pursuant to Connecticut general statutes section 19a-638, Project Courage, LLC a Connecticut limited liability company intends to establish substance abuse and psychiatric outpatient treatment services for adolescents and young adults at 231 Main Street, Old Saybrook CT with an associated capital expenditure of \$40,000. Interested parties may contact the State Department of Public Health, Office of Healthcare Access, Attention Steven Lazarus 410 Capitol Ave MS #13HCA, Hartford, CT 06134 or try phone at 860-418-7001 for additional information.

**NOTICE TO CREDITORS**  
 ESTATE OF Louis M. Vinci, late of Portland (13-00139)  
 The Hon. Jennifer L. Berkenstock, Judge of the Court of Probate, Region #14 Probate District, by decree dated May 24, 2013, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.  
 Janice E. Visinski, Assistant Clerk  
 The fiduciary is:  
 Lou Michael Vinci, 10 Coe Avenue, Portland, CT 06480

**LEGAL NOTICE  
 POINT O' WOODS ASSOCIATION, INCORPORATED  
 WATER POLLUTION CONTROL AUTHORITY FOR PUBLIC HEARING**  
 Notice is hereby given that a PUBLIC HEARING will be held by the POINT O' WOODS, INCORPORATED WATER POLLUTION CONTROL AUTHORITY (WPCA) at The Old Lyme Public Library, 2 Library Lane, Old Lyme, Connecticut at 7:00 PM on FRIDAY, June 14, 2013.

**NOTICE TO CREDITORS**  
 ESTATE OF Severin Hutchinson, late of East Haddam (12-00295)  
 The Hon. Jennifer L. Berkenstock, Judge of the Court of Probate, Region #14 Probate District, by decree dated May 23, 2013, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.  
 Linda A. Neal, Chief Clerk  
 The fiduciary is:  
 Francis Hutchinson  
 c/o Richard Gee, Esquire, 339 Main Street, Yalesville, CT 06492

**LEGAL NOTICE -  
 TOWN OF WESTBROOK -  
 ZONING BOARD OF APPEALS**  
 Pursuant to the Provision of Section 8-7 of the General Statutes of the state of Connecticut (Revision of 1958), notice is hereby given that the Zoning Board of Appeals members present at the 22 May 2013 Public Hearing voted on the following appeals:  
**No. 13-08** - Appeal of Donna Szewczak, owner/applicant. Property located at 84 Old Pent Road. Identified on Assessor's map 183 as Parcel 2/3. HDR zone. Variance requested from Zoning Regulations Section No. 4.33.06(b) side yard setback (West) to allow 3' where 10' required, and Section No. 2.10.06 extension/enlargement of non-conforming structure, to remove and rebuild front porch on existing cottage, with addition on second floor including a deck. CAM exempt. GRANTED  
**No. 13-09** - Appeal of Kristi Joy, owner/applicant. Property located at 77 Chapman Beach Road. Identified on Assessor's map 180 as Parcel 109. HDR zone. Variance requested from Zoning Regulations Section No. 4.33.06(a) front yard setback, to allow 9.9' where 25' required, Section No. 4.33.06(b) side yard setback (South), to allow 7.91' where 10' required, Section No. 4.33.06(b) side yard setback (South), to allow 9.21' where 10' required, and Section No. 2.10.06 extension/enlargement of non-conforming structure, to add screened-in porch and second floor with second floor dormer bump-out. CAM exempt. GRANTED  
**No. 13-10** - Appeal of David J. & Carolyn Daniels, owner/applicant. Property located at 482 Seaside Avenue. Identified on Assessor's map 189/017 as Parcel 01. HDR zone. Variance requested from Zoning Regulations Section No. 4.33.06(b) side yard setback (West), to allow 3.8' where 10' required, Section No. 4.33.06(b) (East), to allow 6.9' where 10' required, and Section No. 2.10.06 extension/expansion of non-conforming structure, to allow 4' x 8' A/C condenser platform & electric meter and 78 sq.ft. roof over elevated landing area. CAM exempt (CAM previously granted 2/27/13 w/No. 13-04). GRANTED  
 Mark D. Damiani, Chairman  
 Zoning Board of Appeals  
 Dated at Westbrook, Connecticut  
 This 24th May 2013

**LEGAL NOTICE  
 Town of Old Saybrook  
 Zoning Board of Appeals**  
**NOTICE IS HEREBY GIVEN** that the Zoning Board of Appeals of the Town of Old Saybrook will hold a public hearing at the **Town Hall, First Floor Conference Room** located at 302 Main Street, Old Saybrook on **Wednesday, June 12, 2013 at 7:30 p.m.** to hear the following:  
**12/13-53 - David K. McNiff** seeks a variance of Par. 10.8.3 (nonconforming lots/12,500 s.f. required)/Par. 24.3.1A (minimum lot area in a Res. A District/20,000 s.f. required/8,002 s.f. existing), Par. 24.5.1 as modified by 68.1.2 B4 (narrow streetline setback/30' required/12' proposed), Par. 24.6.2 (building/structure coverage/20% allowed/22.4% proposed) and Par. 24.5.3 (other property line setbacks/15' required/8.6' proposed) of the Zoning Regulations to permit demolition of existing cottage and detached garage and construction of a Cape style home with attached garage on property located at 2 Fox Lane, Map No. 3, Lot No. 204.  
**12/13-54 - Robert E. & Susan M. Malton** seek a variance of Par. 23.3.1A (minimum lot area in a Res. AA-2 District/20,000 s.f. required/15,863 s.f. proposed) of the Zoning Regulations to permit moving the historic residence to a conforming location on the southern portion of the lot, and creating a new building lot to the north on property located at 24 North Cove Road, Map No. 23, Lot No. 15.  
 Old Saybrook Zoning Board of Appeals  
 Rexford H. McCall, Chairman

**LEGAL NOTICE  
 PUBLIC HEARING  
 TOWN OF CROMWELL  
 ZONING BOARD OF APPEALS**  
 The Cromwell Zoning Board of Appeals will hold a Public Hearing and Regular Meeting at 7:00 pm on Tuesday, June 11, 2013 in Room 224 of the Cromwell Town Hall at 41 West Street on the following item:  
 1. Application #13-03: Request for a Variance from Article 2.2.B Bulk Requirements to allow for the construction of an addition in the side yard at 462 Main Street in a Residence 25 Zone. Kevin P. Calhoun is the Applicant and Owner.  
 2. Application #13-04: Request for a Variance from Article 2.2.B Bulk Requirements (15% Maximum Building Coverage) to allow for the construction of a deck at 20 Newbury Road in a Residence 15 Zone. Michael R. and Laura A. Kulpa are the Applicants and Owners.  
 At this hearing interested parties may appear and be heard, and written testimony received. This application is on file in the office of the Town Planner at 41 West Street, Cromwell, Connecticut.  
 Joseph Morin  
 Chairman  
 Dated in Cromwell, Connecticut this 28th day of May 2013

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**MR. SPARKLE CAR WASH**  
 West Hartford, 191 Park Road, 1/2 mile east of Troutbrook or Newington, Corner of Pane Road & Berlin Tnpk, next to Best Wethersfield, 750 Silas Deane Highway mrsparklecarwash.com  
**DELUXE \$2 OFF CLOTH ANY WASH \$4.99**  
**GET CLEAN FOR SPRING**  
 "Satisfaction Guaranteed" Open 7 Days 8-5 Offer expires 6/1/13  
**LOOK FOR THIS COUPON IN THIS SECTION EVERY THURSDAY**

**PUBLIC NOTICE OF NATURAL GAS RELEASES**  
 Spectra Energy's Algonquin Gas Transmission pipeline maintenance at the Cromwell Compressor Station beginning June 1.  
 In order to complete this work, we must conduct controlled natural gas releases from certain valves along the pipeline.  
 Controlled natural gas releases will occur at 252 Shunpike Road, Cromwell, CT, on Saturday, June 1, beginning at approximately 7:00 AM and continuing throughout the day.

Spectra Energy representatives will be at the site to closely manage and monitor the controlled releases.  
 Personnel and equipment will remain at the site during the planned activities for the pipeline maintenance. Equipment will include portable air compressors and gas monitors that constantly measure the levels of natural gas.  
 As natural gas is released into the air, there will be a smell that may last several hours. The noise may be heard resulting from the odorant mercaptan, which is added to natural gas to make it recognizable for safety reasons.  
 Natural gas is naturally odorless and is lighter than air and will dissipate into the atmosphere. The odorant traces will separate from the natural gas that is released.  
 During the releases, should you hear the noise of natural gas, please know that there is no cause for concern. For more information, contact our office at 1-860-894-1000.

**FLAVO**



# PUBLIC NOTICES

## PUBLIC NOTICE OF NATU

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During the releases, should you hear the noi  
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information, contact our office at 1-860-894-1

**INLAND WETLANDS AND WATERCOURSES COMMISSION**  
**TOWN OF EAST HADDAM LEGAL NOTICE**  
The East Haddam Inland Wetlands and Watercourses Commission at its regular meeting held May 21, 2013 took the following action:  
Approved with conditions: Elizabeth Gustafson, 77 Bashan Road, construction of gazebo on existing pier. Assessor's Map 58, Lot 102  
Approved with conditions: Michael Moffat, 1 Lakeview Road (Moodus Reservoir) proposed addition in the upland review area. Assessor's Map 75, Lot 208  
Randolph Dill, Chairman  
East Haddam Inland Wetlands and Watercourses Commission  
Dated at East Haddam this 31st day of May 2013

**NOTICE**  
Notice is hereby given that pursuant to Connecticut general statutes section 19a-638, Project Courage, LLC a Connecticut limited liability company intends to establish substance abuse and psychiatric outpatient treatment services for adolescents and young adults at 251 Main Street, Old Saybrook CT with an associated capital expenditure of \$40,000. Interested parties may contact the State Department of Public Health, Office of Healthcare Access, Attention Steven Lazarus 410 Capitol Ave MS #13HCA, Hartford, CT 06134 or try phone at 860-418-7007 for additional information.

**Legal Notice of Decision**  
**Town of Killingworth Planning & Zoning Commission**  
The Killingworth Planning & Zoning Commission at its meeting of Tuesday, May 21, 2013, took the following action:  
Approved with minor modifications Proposed Amendments to the Zoning and Subdivision Regulations, effective June 14, 2013.  
Thomas Lentz, Chairman  
Dated at Killingworth, Connecticut this 28th day of May 2013.

**TOWN OF CROMWELL BOARD OF SELECTMEN PUBLIC HEARING**  
**JUNE 12, 2013**  
**6:45 P.M. TOWN HALL ROOM 224/5**  
The Board of Selectmen of the Town of Cromwell, Connecticut will hold a Public Hearing on the 12th day of June, 2013, at 6:45 p.m. in Room 224/5, located at 41 West Street, Cromwell, Connecticut. At said public hearing, the Board of Selectmen will consider and may act on proposed amendments to Ordinance Chapter §82 regarding Animals. The primary change will allow for use of the proposed Dog Park when completed.  
A copy of the proposed ordinance, in its entirety, is available for public inspection at the Office of the Town Clerk, 41 West Street, Cromwell, Connecticut 06416.  
Dated at Cromwell, Connecticut this 31st day of May 2013.  
Mertie L. Terry, First Selectman  
For the Board of Selectmen

**NOTICE IS HEREBY GIVEN THAT THE CORNFIELD POINT ASSOCIATION WILL HOLD THE ANNUAL MEETING ON SATURDAY, JUNE 15, 2013 AT 9:00 A.M. AT THE CLUBHOUSE, TOWN BEACH ROAD, OLD SAYBROOK, CT TO CONSIDER THE FOLLOWING:**  
1. REVIEW OF BUDGET 2013-2014,  
2. ADOPTION OF BUDGET FOR FISCAL YEAR 2013-2014,  
3. ADOPTION OF ASSESSMENT RATE FOR FISCAL YEAR 2013-2014,  
4. AUTHORIZATION OF BOARD OF GOVERNORS TO TRANSFER FUNDS WITHIN THE BUDGET,  
5. AUTHORIZATION OF BOARD OF GOVERNORS TO USE UP TO \$8,500.00 FOR EMERGENCY REPAIRS TO PROPERTIES OF CORNFIELD POINT WITHOUT HOLDING A SPECIAL MEETING,  
6. ADOPTION OF ORDINANCES,  
7. ELECTION OF BOARD OF GOVERNORS,  
8. REVIEW OF RESOLUTION #3 FROM THE MAY 14, 2013 PETITION,  
9. ANY OTHER BUSINESS WHICH MAY PROPERLY COME BEFORE THE ANNUAL MEETING.

**NOTICE TO CREDITORS**  
**ESTATE OF MARY SERGEANT SWIFT, Late of CHESTER (13-0264)**  
The Hon. Terrance D. Lomme, Judge of the Court of Probate, Saybrook Probate District, by decree dated May 28, 2013, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.  
Margaret Schroeder, Assistant Clerk  
The fiduciary is:  
Edward C. Swift  
C/o Jane R. Marsh,  
Attorney At Law  
6 Elm Street  
Deep River, CT 06417

**NOTICE OF PUBLIC SALE OF PERSONAL PROPERTY**  
Notice is hereby given that the undersigned will sell, to satisfy lien of the owner, at public sale by competitive bidding on **06/14/2013 at 11:30 am** at the Extra Space Storage Facility located at:  
1156 Cromwell Ave  
Rocky Hill, CT 06067  
860-529-9427  
The personal goods stored therein by the following may include, but are not limited to, general household, furniture, boxes, clothes, and appliances.  
**Unit #3097** Markesha Smith  
Household Goods  
**Unit #3060** Gloria Santiago  
Household Goods  
Purchases must be made with cash only and paid at the time of sale. All goods are sold as is and must be removed at the time of purchase. Extra Space Storage reserves the right to bid. Sale is subject to adjournment.

**NOTICE OF PUBLIC SALE OF PERSONAL PROPERTY**  
Notice is hereby given that the undersigned will sell, to satisfy lien of the owner, at public sale by competitive bidding on **6/14/2013 at 10:30 A.M.** at the Extra Space Storage facility located at:  
56 Pameacha Ave Middletown, CT 06457 860-347-1569  
The personal goods stored therein by the following may include, but are not limited to, general household, furniture, boxes, clothes, and appliances.  
Purchases must be made with cash only and paid at the time of sale. All goods are sold as is and must be removed at the time of purchase. Extra Space Storage reserves the right to bid. Sale is subject to adjournment.

**NOTICE OF PUBLIC SALE OF PERSONAL PROPERTY**  
Notice is hereby given that the undersigned will sell, to satisfy lien of the owner, at public sale by competitive bidding on **June 14, 2013 at 3:00pm** at the Extra Space Storage facility located at:  
163 South Road  
Enfield, CT 06082  
860-741-3170  
The personal goods stored therein by the following may include, but are not limited to, general household, furniture, boxes, clothes, and appliances.  
**A11** Roxanne Bouchard  
**G27** Robin Kidwell  
**G99** Kimberly Floyd  
**H18** William Widun  
Purchases must be made with cash only and paid at the time of sale. All goods are sold as is and must be removed at the time of purchase. Extra Space Storage reserves the right to refuse any bid. Sale is subject to adjournment.

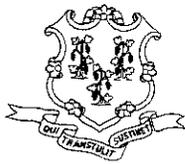
**NOTICE OF PUBLIC SALE OF PERSONAL PROPERTY**  
Notice is hereby given that the undersigned will sell, to satisfy lien of the owner, at public sale by competitive bidding on **06/14/2013 at 11:30 am** at the Extra Space Storage Facility located at:  
1156 Cromwell Ave  
Rocky Hill, CT 06067  
860-529-9427  
The personal goods stored therein by the following may include, but are not limited to, general household, furniture, boxes, clothes, and appliances.  
**390** Mutima McArthur  
**416** Robert Tabellione  
**636** Kelly Lamesa  
Purchases must be made with cash only and paid at the time of sale. All goods are sold as is and must be removed at the time of purchase. Extra Space Storage reserves the right to bid. Sale is subject to adjournment.

**CITY OF MIDDLETOWN NOTICE OF PUBLIC HEARING**  
Notice is hereby given that a regular meeting of the Common Council of the City of Middletown will be held in the Council Chamber of the Municipal Building on **Monday, June 3, 2013 at 7 p.m.** to consider and act upon the following:  
A.Registrars of Voters\$2,495.84, Account No. 1000-09000-55500, Voting Machine Expenses, General Fund.  
B.Fire Department\$30,000, Account No. 2010-50000-51340-0500, Over-time, Fire Fund.  
Any and all persons interested may appear and be heard.  
ATTEST:  
MAYOR DANIEL T. DREW  
Mayor  
Dated at Middletown, Connecticut, this 25th day of May, 2013.  
The Council Chamber is wheelchair accessible. If you require special accommodations for any meeting, please call the Acting ADA Coordinator at (860)344-3497 (voice) or (860) 344-3521 (TDD/TTY) or the Town Clerk's Office at (860) 344-3459 at least ten days prior to the scheduled meeting.

**PLANNING & ZONING COMMISSION LEGAL NOTICE**  
**TOWN OF EAST HADDAM**  
The East Haddam Planning and Zoning Commission will hold a Public Hearing on Tuesday, June 11, 2013 at 8:00 p.m. at the Town Grange, 488 Town Street, East Haddam, to hear the following:  
Application 02-13, R&M Investment Properties, 74 Leesville Road, subdivision review proposed 2-lot subdivision. Assessor's Map 55, Lot 19.  
Application 13-08, Jon Peters, applicant, J.R. Johnson, property owner, 32 Main Street, proposed coffee shop/deli. Assessor's Map 17, Lot 8.  
At this hearing interested persons shall be heard and correspondence received.  
Crary H. Brownell, Chairman  
East Haddam Planning and Zoning Commission  
Dated at East Haddam this 31st day of May 2013

**LEGAL NOTICE**  
**MIDDLETOWN ZONING BOARD OF APPEALS PUBLIC HEARING JUNE 6, 2013, 5:30 P.M., COUNCIL CHAMBERS, 245 DEKOVEN DRIVE, MIDDLETOWN, CT**  
1. Continued; proposed Variance to Section 21 with regard to side yard setback for a (20'x22') addition to garage and add second floor (44' x 22') to garage in an R-15 zone located at 58 Ten Acre Rd. Applicant/agent Kathleen Lundell ZBA2013-3  
2. Proposed variance to Section 21.02 with regard to the rear yard setback for a proposed 12' x 28' shed in the R-60 zone located at 94 Pine-

**SHOP UP TO 80**  
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**NEW DEALS EVERY**



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

July 19, 2013

VIA FAX ONLY

Andrew Buccaro  
 President / CEO  
 Project Courage, LLC  
 26 Spring Street,  
 Deep River, CT 06417

RE: Certificate of Need Application, Docket Number 13-31846-CON  
 Project Courage, LLC  
 Establish an Outpatient Behavioral Health and Substance Abuse Treatment Facility in Old Saybrook, Connecticut

Dear Mr. Buccaro:

On June 21, 2013, the Office of Health Care Access (“OHCA”) received your Certificate of Need (“CON”) application filing on behalf of Project Courage, LLC (“Applicant”) proposing to establish an outpatient behavioral health and substance abuse treatment facility in Old Saybrook, Connecticut, with an associated cost of \$40,000.

OHCA has reviewed the CON application and requests the following additional information pursuant to General Statutes §19a-639a(c). The page numbers given in each question refer to the submitted initial Certificate of Need (“CON”) application.

1. Please provide projected volume by service types (intensive-outpatient, outpatient, etc.) in the Table below. For each service type, report the average number of units (e.g., individual/group sessions) projected.

Projected Volume (First 3 Full Operational FYs)**								
Service Type	FY2013*		FY2014		FY2015		FY2016	
	Patients	Units	Patients	Units	Patients	Units	Patients	Units
Intensive Outpatient								
Outpatient								
Other (specify)								
<b>Total</b>								

2. On page 4, the Applicant states that Project Courage “will limit its capacity to 40 Intensive Outpatient

Treatment Program clients.” Please provide details and methodology on how the Applicant determined this number. Please reconcile this number to projected volume provided on page 12, Table 1.

3. What is the source of your referrals? Please provide the referral source (other providers, school, family, etc.) for your 2012 patients in the Table below.

Referral Source	FY2012
Healthcare Providers	
School	
Family	
Other (specify)	

4. Please check the corresponding license(s) needed to establish the services listed as part of the proposal that is/are not currently held by the Applicant.

Agency	License	Needed for Proposal
DPH	Psychiatric Outpatient Clinic for Adults	
	Facility for the Care or the Treatment of Substance Abusive or Dependent Persons (Outpatient)	
	Mental Health Day Treatment Facility	
DCF	Outpatient Psychiatric Clinic for Children	
	Extended Day Treatment	

5. In response to Question 3c on page 14, the Applicant provides historical volumes for 2009-2011. Please provide volumes for 2012 and current year to date.
6. On page 23 of the application, the Applicant provides the projected payer mix by patient population. Please provide the current population mix for existing services.
7. On pages 25 and 74 of the application, the Applicant states that first year losses are expected. Please explain how it will be covered and who will be responsible for the losses.
8. On pages 5 of the application, it states that “not all clients will have access to an insurance plan ... this challenge can be offset by offering: a) a reduced “financial hardship rate for those clients who do not have out-of-network coverage; b) high-quality services and the most stringent confidentiality possible; c) a robust referral service when necessary.” Please elaborate and clarify the above.
9. On page 11, the Applicant lists four other outpatient treatment programs in the area. Do you have any relationship with these providers for referral purposes? Please discuss in detail how these programs differ from the Applicant’s proposal thereby not duplicating the services provided by existing providers.
10. The Applicant does not appear to differentiate between gross and net revenue in the Financial Attachments on pages 75-77 (IIa-IIc). Is the Applicant assuming that the commercial payers will be paying the full rate of \$150 per session without any contractual allowances? Please explain.

11. The Applicant provides the 2011 Tax Return and Profit-Loss Statement. Please provide the same information for 2012.
12. On page 22 of the application, the Applicant states that the associated cost of the proposed services is \$40,000. Please provide details regarding the funding source.
13. Provide the policies and procedures that will be utilized in relation to the proposal. Explain the quality assurance program. What level of staff will be responsible for quality assurance on-site?
14. On page 17 of the application, the Applicant states that "Center for Change" will perform urine toxicology screens. Please explain the Applicant's relationship with "Center for Change".

In responding to the questions contained in this letter, please repeat each question before providing your response. Paginate and date your response, i.e., each page in its entirety. Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. Please begin your submission using Page 84 and reference "Docket Number: 13-31846-CON." Submit one (1) original and six (2) hard copies of your response. In addition, please submit a scanned copy of your response, in an Adobe format (.pdf) including all attachments on CD. If available, a copy of the response in MS Word should also be copied to the CD.

Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information not later than sixty days after the date that this request was transmitted. Therefore, please provide your written responses to OHCA no later than September 17, 2013, otherwise your application will be automatically considered withdrawn. If you have any questions concerning this letter, please feel free to contact me by email or at (860) 418-7007.

Sincerely,



Alla Veyberman  
Health Care Analyst

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

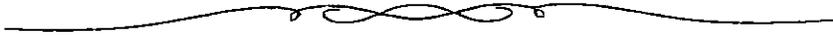
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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Andrew Buccaro  
FAX: \_\_\_\_\_  
AGENCY: \_\_\_\_\_  
FROM: Alla Veyberman  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
NUMBER OF PAGES: 4  
*(including transmittal sheet)*



Comments:  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.



July 23, 2013  
Alla Veyberman  
State of Connecticut  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue  
Hartford, CT 06134

RE: Docket Number 13-31846-CON

Dear Ms. Veyberman:

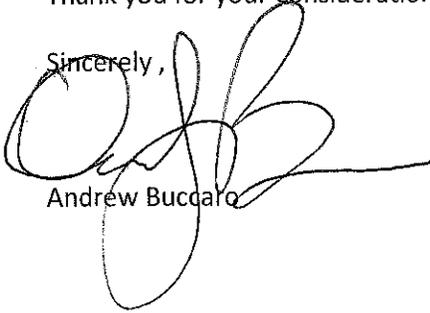
Enclosed please find one original and six (6) hard copies of our response to questions regarding the Certificate of Need (CON) Application for Project Courage, LLC originally submitted on June 21, 2013. They are submitted in response to your request for additional information as detailed in your letter of July 19, 2013.

We have also enclosed a CD with both .pdf and MS Word versions of our responses as requested.

Please advise at your earliest convenience whether we have now satisfied your Office's information gathering regarding our application.

Thank you for your consideration.

Sincerely,



Andrew Buccaro



### **ADDENDUM**

The following pages contain responses to fourteen (14) items of request for additional information sent from the Office of Healthcare Access (OHCA) to Project Courage, LLC and contained in a letter dated July 19, 2013. The request for additional information is related to Certificate of Need (CON) application, Docket Number 13-31846-CON.

1. *Please provide projected volume by service types (intensive-outpatient, outpatient, etc.) in the Table below. For each service type, report the average number of units (e.g., individual/group sessions) projected.*

Projected Volume (First 3 Full Operational FYs)**								
Service Type	FY2013*		FY2014		FY2015		FY2016	
	Patients	Units	Patients	Units	Patients	Units	Patients	Units
Intensive Outpatient	3	516	12	6192	20	10320	25	12900
Outpatient	13	625	16	710	16	710	19	836
Other (specify)								
Total	16	1141	28	6902	36	11030	44	13736

\*2013 is not a full operational year

2. *On page 4, the Applicant states that Project Courage "will limit its capacity to 40 Intensive Outpatient Treatment Program clients." Please provide details and methodology on how the Applicant determined this number. Please reconcile this number to projected volume provided on page 12, Table 1.*

Identifying a standard of care that recommends caseload sizes for adolescent and young adult treatment in Connecticut proves elusive. In August of 2008, the National Association of State Alcohol and Drug Abuse Counselors published *Guide to States: Treatment Standards for Women with Substance Use Disorders*. This document made the following suggestions for caseload sizes for women with substance use disorders in treatment:

- Clinicians in methadone maintenance outpatient and intensive outpatient programs should have no more than 20 clients on their caseload.
- Clinicians in "residential trauma" programs should have a maximum caseload size of 15
- Clinicians in "intensive residential" programs should have a maximum caseload size of 10

In July 2003, the Substance Abuse and Mental Health Services Administration (SAMHSA) published its report Alcohol and Drug Services Study (ADSS) titled *The National Substance Abuse Treatment System: Facilities Services, Clients, and Staffing*. According to this document, the average number of "full time direct care staff" providing services in a "non-methadone outpatient treatment facility" was seven. Additionally, the average number of clients in a "non-methadone outpatient treatment facility" was 88 (only 11% were under the age of 18). This suggests caseload sizes of 12-13.

Finally, in the *Manual for Recovery Coaching and Personal Recovery Plan Development* developed by Fayette Companies, a behavioral health organization in Peoria Illinois (and funded by the Illinois Department of Human Services Department of Alcoholism and Substance Abuse), it is suggested caseload sizes for recovery coaches "should not exceed 15-20 active clients in the program."

The capacity of 40 clients is based on our belief in offering the highest quality of care. Our intention is for our clinicians to have caseloads no higher than ten clients. Due to this goal, we are sacrificing volume in favor of quality care and as such we are mindful of the constraints (financial, staffing, physical space) we will encounter.

On average, the professionals providing services at Project Courage have seventeen years of experience working with adolescent and young adult clients struggling with substance use and mental health disorders. It has been our clinical experience and observation that treating the adolescent and young adult poses unique challenges. For example, a greater sensitivity is needed in determining diagnoses. Adolescent and young adult clients are still developing biologically, cognitively, emotionally, and socially, and it is critical to account for these variables in the diagnostic context. Also, it is typical to encounter working with multiple systems when working with this population; families, schools systems, and judicial systems often have a much stronger influence in the treatment process than is the case with adults.

Finally, a maximum caseload size of 10 for this population allows for the following benefits:

- Clinicians can prepare for client sessions (review of individual therapy notes, group therapy notes, collaboration with other providers, etc.), and do not have to schedule “back to back” appointments. Likewise, clinicians can also spend time after appointments completing the appropriate documentation and engaging in any necessary case management services. The notion here is the actual therapy session is only as effective as the hour spent in preparation and follow up to it.
- Clinicians can attend daily staff meetings to ensure quality assurance and performance management.
- Clinicians can attend daily case reviews to ensure a high quality of care.
- Clinicians can respond more effectively to crises.
- The organization can respond more effectively to growth and the acquisition of and training of new staff.

Our numbers do not reconcile with Table 1 on pg.12 because we are conservatively estimating in Table 1 that we will have 25 clients during fiscal year 2016. *Our intention here is to show that even with conservative projections the company will still be operational.*

**3. What is the source of your referrals? Please provide the referral source (other providers, school, family, etc.) for your 2012 patients in the Table below.**

Referral Source	FY2012
Other mental health providers	31 (28.1%)
Existing or former clients	24 (21.8%)
Agency/Organizations (youth service bureaus, IOP's, etc.)	6 (5.4%)
Trainings/Workshops	3 (2.7%)
School Systems	33 (30%)
Other healthcare providers (i.e. pediatricians, primary care physicians)	12 (11%)
Media/Website	1 (.9%)

**4. Please check the corresponding license(s) needed to establish the services listed as part of the proposal that is/are not currently held by the Applicant.**

Agency	License	Needed for Proposal
DPH	Psychiatric Outpatient Clinic for Adults	X
	Facility for the Care or the Treatment of Substance Abusive or Dependent Persons (Outpatient)	X
	Mental Health Day Treatment Facility	
DCF	Outpatient Psychiatric Clinic for Children	
	Extended Day Treatment	

**5. In response to Question 3c on page 14, the Applicant provides historical volumes for 2009-2011. Please provide volumes for 2012 and current year to date.**

Year	Annual Referrals	Volume
2012*	110	22
2013	71	23

\*Please keep in mind that in 2012 there were 4 clinicians at Project Courage, all of which were contractual. The one full time clinician made a significant reduction in his caseload to accommodate a full time position as a director of a nearby program. This individual will be returning to Project Courage upon initiation of its expansion

**6. On page 23 of the application, the Applicant provides the projected payer mix by patient population. Please provide the current population mix for existing services.**

	Current FY 2013
Medicare*	
Medicaid*	
CHAMPUS & TriCare	
Total Government	
Self Pay	100% (23)
Commercial Insurers*	
Uninsured	
Workers Compensation	
Total Non-Government	100% (23)
Total Payer Mix	100% (23)

**7. On pages 25 and 74 of the application, the Applicant states that first year losses are expected. Please explain how it will be covered and who will be responsible for the losses.**

The CEO/Founder of Project Courage, Andy Buccaro, will be funding this expansion. He will personally be responsible for covering any projected losses. Please see the attached letter that supports this claim in Appendix A.

**8. On pages 5 of the application, it states that "not all clients will have access to an insurance**

*plan ...this challenge can be offset by offering: a) a reduced "financial hardship rate for those clients who do not have out-of-network coverage; b) high-quality services and the most stringent confidentiality possible; c) a robust referral service when necessary." Please elaborate and clarify the above.*

Those clients who will not have the ability to use insurance to cover the costs of services for Project Courage will have the option of using a reduced out-of-pocket or self-pay rate. This rate is lower than our published billable rate because the associated overhead costs employed with billing insurances (i.e. billing, collections, acquiring treatment authorizations, etc.) will be minimized and thus offset losses. Those clients opting to pay for services out-of-pocket will also enjoy the benefit of knowing that their personal health information will not be shared with any third parties for purposes of billing and reimbursement. Finally, those clients who cannot access Project Courage's services because of financial hardship will not simply be turned away. We will work hard with such referrals to identify quality services that can be provided within the financial constraints they experience. This is a principal that Project Courage already practices. In our current self-pay only structure we often encounter clients who cannot afford our services. It is our ethical obligation to help such prospective clients to identify and locate services be it with Project Courage or another provider.

9. *On page 11, the Applicant lists four other outpatient treatment programs in the area Do you have any relationship with these providers for referral purposes? Please discuss in detail how these programs differ from the Applicant's proposal thereby not duplicating the services provided by existing providers.*

Project Courage has absolutely referred to these other providers in its seven year existence and will continue to do so. As described in the previous question, Project Courage often takes on the role of a referral resource when clients are not able to access our services for reasons of eligibility or financial hardship. It is our anticipation that as we expand our services our referrals will also increase, and in turn, the previous statement will prove even more to be the case.

As mentioned on pg. 11 only one of the four identified programs provides services for adolescents, and the programming offered by this facility is leveraged towards psychiatric services. While there is a substance abuse component to this program, it is not the central focus of the program. Further, this program makes use of the Seven Challenges as its substance abuse treatment model. Project Courage will employ motivational interviewing, motivational strategies, and stage based interventions that allow treatment to be individualized along the continuum of change. Thus, the treatment modalities will be very different. Readiness to change will be a major factor in our assessment, treatment planning, and discharge. Project Courage will limit it's caseload size to ten clients. Traditional clinical services will be supplemented by wrap around services that support a recovery lifestyle including among others: intensive family services, medication management, case management, and recreational services such as yoga, boxing, martial arts, basketball, weight training, music lessons, and the arts. Clients will receive more than just "treatment" at Project Courage as they learn to develop healthy recreation and alternatives to substance use. The clinical programming at Project Courage is intended to be delivered over three days (10

hours of group, individual and family therapy spread out over 3 days per week). The other two days of the week will be used to provide programming based on recreation and developing healthy alternatives to substance use. There is also consideration being given to providing such activities on weekends. As such, Project Courage clients will be under observation for potential changes in attitudinal, behavioral, and physiological changes that might suggest use of substances or changes in mood. Efforts will be made to creatively schedule individual therapy appointments. Due to the existing relationships Project Courage already enjoys with many shoreline schools, we have often provided services to many of our clients at the client's school during the school day. A treatment plan will be developed for each family based on identified needs and will be tailored to the family along a continuum of treatment intensity from psycho-education, coaching and re-establishing limits, to intensive in-home family therapy. A full-time position will be created titled 12-step Liaison/Care Coordinator which will be employed to provide case management services for clients and their families. Among other responsibilities, this individual will provide daily reminders by calling and texting clients with appointment times. This individual will also work closely with loved ones (parents or spouses) to enlist their aid in ensuring the client gets to appointments. Finally, the 12-step Liaison/Care Coordinator will be firmly embedded and familiar with the 12-Step community in the shoreline area. As such, he/she will have intimate knowledge about members and meetings in the area that may be more suitable for a given client. He/she will also attend meetings with clients and educate them on 12-step programs to counter obstacles typically encountered by the developing adolescent and young adult who attend such meetings. In addition to Intensive Outpatient Treatment, Project Courage will also offer outpatient therapy and counseling ranging from 1-3 hours per week. Thus, clients who complete the Intensive Outpatient Treatment program will have the ability to transition to this level of care without the threat of fragmentation or duplicative services. Because the programming at Project Courage will mirror the developmental continuum, clients will have the ability to access treatment for a prolonged period. Project Courage will rely on clients paying out-of-pocket or employing their out-of-network benefits to pay for services. All of the other identified programs accept payment via clients' use of in-network insurance plans, this will also have a significant impact on the populations served. The above examples illustrate how Project Courage will be unique in its service offerings. However, the significant need clearly identified for adolescent and young adult treatment both statewide and on the shoreline, demonstrates that even were the programs to be an exact duplicate of one another, both would have a sufficient client base to pull from.

**10. *The Applicant does not appear to differentiate between gross and net revenue in the Financial Attachments on pages 75-77 (IIa-IIc). Is the Applicant assuming that the commercial payers will be paying the full rate of \$150 per session without any contractual allowances? Please explain.***

Financial attachments IIa-IIc indicate the following

- In 2013 there is a projected gross revenue of \$77,400 and projected net revenue of \$71,400 *before* operating experiences.
- In 2014 there is a projected gross revenue of \$928,000 and projected net revenue of \$825,920 *before* operating experiences.
- In 2015 there is a projected gross revenue of \$1,548,000 and a projected net revenue of \$1,383,200 *before* operating experiences.

The following assumptions were used regarding these projections:

- In 2013 Project Courage anticipated billing 4 months of IOP services at 3 hours per day, 3 days per week plus an individual therapy session. We conservatively estimated having three clients. Thus, 3 clients at 10 hours per week for 4 months translates to 516 units ( 3 clients X 10 hours X 4.3 weeks per month X 4 months = 516 units)
- In 2014 Project Courage would be in operation for a full year. Again, we have conservatively estimated having twelve clients. Thus, 12 clients at 10 hours per week for 12 months translates to 6192 units ( 12 clients X 10 hours X 4.3 weeks per month X 12 months = 6192 units)
- In 2014 Project Courage would be in operation for a full year. Again, we have conservatively estimated having 20 clients. Thus, 20 clients at 10 hours per week for 12 months translates to 10,320 units ( 25 clients X 10 hours X 4.3 weeks per month X 12 months = 10,320 units)
- The amount of \$150 per hour is used also as a conservative projection. This translates to \$450 for one day of IOP services and \$150 for one hour of individual, group or family therapy. *It is critical to understand that Project Courage will be billing commercial insurances on an out-of-network basis.* This process is very different from billing insurances in-network, and a fundamental difference is that out-of-network insurances plans reimburse at rates much higher than in-network rates. Thus, it a very fair estimate to assume an hourly amount of \$150. In our affiliations with other organizations employing this method of billing out-of-network insurance polices we have seen this proven true.
- In those instances when insurances do not cover the full fee for services, clients can be balanced billed.

**11. *The Applicant provides the 2011 Tax Return and Profit-Loss Statement. Please provide the same information for 2012.***

The applicant's 2012 Tax Return and Profit-Loss Statement for 2012 are included in Appendix B.

**12. *On page 22 of the application, the Applicant states that the associated cost of the proposed services is \$40,000. Please provide details regarding the funding source.***

The associated costs of \$40,000 will be covered by revenue generated from existing operations coupled with funding from the personal savings from CEO/Founder of Project Courage, Andy Buccaro. Please see the attached letter that supports this claim in Appendix A.

**13. *Provide the policies and procedures that will be utilized in relation to the proposal. Explain the quality assurance program. What level of staff will be responsible for quality assurance on-site?***

As referenced in the CON proposal on pg. 15 in addition to a medical director (Peter Mohrer) there five masters level, licensed clinicians that currently provide services at Project Courage, LLC. An additional clinical therapist (maters level, licensed clinician) will be hired in 2014.

Bios for key clinical staff are as follows:

**Andy Buccaro, LCSW, LADC.** PROJECT COURAGE was created by Andy Buccaro, LCSW, LADC. Andy holds a Master's of Social Work degree and Licensure in Drug and Alcohol Counseling. Before launching Project Courage, Andy was the Director of School-Based Programming for New Hope Manor Inc. In this role, Andy worked with public and private schools arranging contracts to allow schools to supplement their support staff with substance abuse counseling. Additionally, Andy worked as a clinician for Yale University's Forensic Psychology Department in their research project comparing Cognitive Behavioral Therapy with Twelve Step Facilitation models for treating alcoholism and addiction. During this time, he also provided clinical services for Yale's adolescent substance abuse prevention program for students re-entering New Haven Public Schools. With credentials in both the mental health and substance abuse fields, combined with over years of of experience, Andy provides clinical services that include thoughtful, compassionate and confidential interventions. Andy's specialties include substance abuse, anxiety disorders, parenting, and working with the adolescent population.

**Ryan Hocking LCSW.** Ryan earned his BA in Sociology from the University of New Hampshire and his Masters in Social Work from Southern Connecticut State University. Ryan started his career working at the Rushford Center, Inc. where he provided services to adolescents with mental health and addiction issues. His work there included biopsychosocial assessments, individual, family and group therapy. From Rushford, Ryan continued his social work career in his a position at the APT Foundation where he offered individual and group therapy to patients receiving opioid replacement treatment. Ryan's other professional experiences include his work at The Strong House, an adult day center. As a provider at The Strong House, Ryan provided counseling to patients and families affected by Alzheimer's and other geriatric disorders as well as monitoring adolescents involved in the Connecticut juvenile judicial system. Ryan brings his dedicated work in the social work field to Project Courage and feels passionate about helping individuals and families achieve their treatment goals.

**Mike Regan LCSW.** Mike has over 25 years of experience in the mental health field. Mike began his career working in residential treatment facilities for children, adolescents and adults. His next position would see him as a high school substance abuse counselor. After several years directing a youth and family service agency Mike settled into his current position where he has been a high school social worker for over fifteen years. His ability to work with multiple populations, his extensive school-based experience, and his superior ability to connect with his clients are just some of the qualities that have earned Mike a strong reputation as a therapist throughout the shoreline. Mike holds a masters degree both in clinical psychology and in social work.

**Lisa Uihlein LMFT.** Lisa brings 20+ years of experience working with adolescents and their families in area schools, and youth service bureaus to Project Courage. Her personal/professional evolution includes: practicing yoga, and becoming a Kripalu yoga teacher and owner/operator of Turning Point Yoga, a Kripalu affiliated studio, in Madison Ct. [www.turningpointyoga.com](http://www.turningpointyoga.com). Lisa combines the skills of a licensed family therapist, with

cutting edge practices in the field of meditation and brain science to access the potential for growth and life enhancing change with the kids and families she serves.

**Vincent Samoulis, LCSW, LADC.** Vincent Samuolis, LCSW, LADC has over twenty years experience working with adults, adolescents, and families. Vincent began his career working for the Connecticut Department of Correction providing substance abuse counseling for adults re-entering the community. He later worked with adults in a psychiatric hospital providing psychotherapy for patients with persistent mental illness and for those dually diagnosed with addiction disorders. For the past seventeen years, Vincent has worked as a social worker with the Bridgeport public school system providing counseling and support services to children, adolescents and their families. He has most notably served as a therapist for the district's cutting edge "Family Solution Center" providing counseling for parents and families of students with a myriad of behavioral challenges. He is an advocate of "Positive Behavior Support" in nurturing students' strengths to achieve their personal goals. Vincent continues to use a similar approach in his work with individual clients renewing their sense of self worth and fostering hope and possibility in their future. His multicultural experience offers openness and comfort to all persons wherever they may be on their path in life.

As elaborated on pgs. 16-21 of the Project Courage CON proposal, we will use the following 14 standards of care from the *Treatment Improvement Protocol (TIP) 47* as provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) to structure the delivery of our services:

1. Make Treatment Readily Available
2. Ease Entry
3. Build on Existing Motivation
4. Enhance Therapeutic Alliances
5. Make Retention a Priority
6. Assess and Address Individual Treatment Needs
7. Provide Ongoing Care
8. Monitor Abstinence
9. Use Mutual Help and other Community Based Supports:
10. Use of Medications if Indicated
11. Educate About Substance Abuse, Recovery, and Relapse
12. Engage Families, Employers, and Significant Others
13. Incorporate Evidence-Based Approaches
14. Improve Program Administration

Further, these standards of care will be employed by a staff rich with experience in working with adolescents, young adults, substance use disorders and mental health disorders. The coupling of these two variable ensures that our screening, intake, assessment, treatment planning, discharge, and overall delivery of services meet recommendations for adolescent and young adult treatment as described by NAMI, NIDA and SAMHSA. Thus, we are able to offer a true dual diagnosis treatment facility.

Licensed clinical staff will be conducting assessments, facilitating group therapy, and providing individual therapy. An onsite psychiatrist will be available for medication

evaluation, medication management, and crises management.

Additionally, Project Courage will also use the American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC) to ensure our clients are: a) safe; b) receiving the correct level of care; and, c) receiving individualized treatment that matches the client's needs.

We have included our intake assessment in Appendix C to illustrate how from early on in the treatment process we are considering the biopsychosocial facets of the individual juxtaposed with one's development, ASAM placement criteria, and the interface between mental health and substance abuse.

Please also see Appendix D which includes excerpts from the Project Courage Policy and Procedure manual which relate quality assurance and the maintenance of it.

***14. On page 17 of the application, the Applicant states that "Center for Change" will perform urine toxicology screens. Please explain the Applicant's relationship with "Center for Change".***

The statement referring to Center for Change on pg. 17 of the application was a typographical error and should have read "Project Courage will use urine<sup>u</sup> toxicology screens with clients."

Appendix A: Letter in Support of Capital Expenditure costs and  
Potential Associated Losses.

93



63 Eugene O'Neill Drive  
New London, CT 06320

July 23, 2013

Re:  
Andrew Buccaro  
Project Courage LLC  
251 Main St Ste 101  
Old Saybrook, CT 06475

To Whom It May Concern:

Please be advised that the above customer has banked with Citizens Bank since October 2006 and has maintained their accounts in good standing since inception. They currently have sufficient balances to cover a \$40,000.00 capital expenditure and/or associated losses.

Lynne Cleghorn  
Banker II  
Deep River Office  
141 Main St  
Deep River, CT 06417

Appendix B: 2012 Federal Tax Returns and Profit Loss Statement.

6:29 PM  
07/22/13  
Cash Basis

PROJECT COURAGE, LLC  
Profit & Loss  
January through December 2012

	Jan - Dec 12
Ordinary Income/Expense	
Income	
Miscellaneous income	-278.94
Consulting Revenue	300.00
Fee for Service Income	
Testing	100.00
Fee for Service Income - Other	94,440.39
Total Fee for Service Income	94,540.39
Total Income	94,561.45
Gross Profit	94,561.45
Expense	
Finance charge	135.62
Personal Property Taxes	11.55
Reconciliation Discrepancies	0.00
Department of the Treasury IRS	1,847.24
Commissioner of Revenue Service	336.00
Unemployment Tax Expense	79.04
Subcontractors	76,020.28
Licenses & Dues	190.00
Equipment Rental	309.24
Advertising and Promotion	151.91
Bank Service Charges	1,279.24
Business Licenses and Permits	270.00
Computer and Internet Expenses	351.83
Dues and Subscriptions	59.91
Insurance Expense	349.00
Medical Records and Supplies	191.95
Office Supplies	1,980.18
Postage and Delivery	279.90
Rent Expense	8,052.00
Telephone Expense	845.69
Travel Expense	19.84
Utilities	1,084.30
Total Expense	93,844.72
Net Ordinary Income	716.73
Other Income/Expense	
Other Expense	
Ask My Accountant	-332.13
Total Other Expense	-332.13
Net Other Income	332.13
Net Income	1,048.86

COPY

OMB No. 1545-0074

Form 8879

IRS e-file Signature Authorization

2012

Department of the Treasury Internal Revenue Service

Do not send to the IRS. This is not a tax return. Keep this form for your records.

Declaration Control Number (DCN) 00-063119-00516-3

Taxpayer's name: ANDREW J BUCCARO; Spouse's name: KERRY L SMITH; Social security number; Spouse's social security number

Table with 2 columns: Line number and Amount. Rows include Adjusted gross income (219,272), Total tax (37,258), Federal income tax withheld (36,827), Refund (119), and Amount you owe.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2012, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only. I authorize JAMES T. BROSNAN to enter or generate my PIN 24355 as my signature on my tax year 2012 electronically filed income tax return.

Your signature and Date fields.

Spouse's PIN: check one box only. I authorize JAMES T. BROSNAN to enter or generate my PIN 44958 as my signature on my tax year 2012 electronically filed income tax return.

Spouse's signature and Date fields.

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 06311911843 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2012 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's signature and Date 03/11/13

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For the year Jan 1 - Dec 31, 2012, or other tax year beginning 2012, ending 2012

Your first name and initial: **ANDREW** Last name: **J BUCCARO**

If a joint return, spouse's first name and initial: **KERRY** Last name: **L SMITH**

Home address (number and street). If you have a P.O. box, see instructions. **26 SPRING ST** Apartment no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **DEEP RIVER CT 06417**

Foreign country name Foreign province/state/county Foreign postal code

See separate instructions. Your social security number \_\_\_\_\_

spouse's social security number \_\_\_\_\_

▲ Make sure the SSN(s) above and on line 6c are correct.

**Presidential Election Campaign**

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above & full name here . . . . .

4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . . . .

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

6b  Spouse . . . . .

6c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax cr (see instrs)
LUKE A	BUCCARO		Son	<input checked="" type="checkbox"/>
DEVON C	BAKOLEDIS		Daughter	<input type="checkbox"/>

If more than four dependents, see instructions and check here . . . . .

Boxes checked on 6a and 6b . . . . . **2**

No. of children on 6c who:

- lived with you . . . . . **2**
- did not live with you due to divorce or separation (see instrs) . . . . .

Dependents on 6c not entered above

Add numbers on lines above . . . . . **4**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . **7 219,541.**

8a Taxable interest. Attach Schedule B if required . . . . . **8 a 25.**

b Tax-exempt interest. Do not include on line 8a . . . . . **8 b**

9a Ordinary dividends. Attach Schedule B if required . . . . . **9 a**

b Qualified dividends . . . . . **9 b**

10 Taxable refunds, credits, or offsets of state and local income taxes . . . . . **10**

11 Alimony received . . . . . **11**

12 Business income or (loss). Attach Schedule C or C-EZ . . . . . **12 -44.**

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . . . . . **13**

14 Other gains or (losses). Attach Form 4797 . . . . . **14**

15a IRA distributions . . . . . **15 a** b Taxable amount . . . . . **15 b**

16a Pensions and annuities . . . . . **16 a** b Taxable amount . . . . . **16 b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . **17 0.**

18 Farm income or (loss). Attach Schedule F . . . . . **18**

19 Unemployment compensation . . . . . **19**

20a Social security benefits . . . . . **20 a** b Taxable amount . . . . . **20 b**

21 Other income . . . . . **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income . . . . . **22 219,522.**

**Adjusted Gross Income**

23 Educator expenses . . . . . **23 250.**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . **24**

25 Health savings account deduction. Attach Form 8889 . . . . . **25**

26 Moving expenses. Attach Form 3903 . . . . . **26**

27 Deductible part of self-employment tax. Attach Schedule SE . . . . . **27**

28 Self-employed SEP, SIMPLE, and qualified plans . . . . . **28**

29 Self-employed health insurance deduction . . . . . **29**

30 Penalty on early withdrawal of savings . . . . . **30**

31a Alimony paid b Recipient's SSN . . . . . **31 a**

32 IRA deduction . . . . . **32**

33 Student loan interest deduction . . . . . **33**

34 Tuition and fees. Attach Form 8917 . . . . . **34**

35 Domestic production activities deduction. Attach Form 8903 . . . . . **35**

36 Add lines 23 through 35 . . . . . **36 250.**

37 Subtract line 36 from line 22. This is your adjusted gross income . . . . . **37 219,272.**

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 219,272.

39 a Check  You were born before January 2, 1948.  Blind. Total boxes checked 39 a   
 if:  Spouse was born before January 2, 1948;  Blind. checked 39 b   
 b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39 b

**Standard Deduction for -**

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
  - Single or Married filing separately, \$5,950
  - Married filing jointly or Qualifying widow(er), \$11,900
  - Head of household, \$8,700

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 29,321.

41 Subtract line 40 from line 38 41 189,951.

42 Exemptions. Multiply \$3,800 by the number on line 6d 42 15,200.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 174,751.

44 Tax (see instrs). Check if any from: a  Form(s) 8814 c  962 election  
 b  Form 4972 44 36,709.

45 Alternative minimum tax (see instructions). Attach Form 6251 45 549.

46 Add lines 44 and 45 46 37,258.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 19 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit. Attach Schedule 8812, if required 51

52 Residential energy credits. Attach Form 5695 52

53 Other crs from Form: a  3800 b  8801 c  53

54 Add lines 47 through 53. These are your total credits 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 37,258.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a  4137 b  8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59 a Household employment taxes from Schedule H 59 a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59 b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 56-60. This is your total tax 61 37,258.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 36,827.

63 2012 estimated tax payments and amount applied from 2011 return 63 550.

64 a Earned income credit (EIC) 64 a

b Nontaxable combat pay election 64 b

65 Additional child tax credit. Attach Schedule 8812 65

66 American opportunity credit from Form 8863, line 8 66

67 Reserved 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a  2439 b  Reserved c  8801 d  8885 71

72 Add lns 62, 63, 64a, & 65-71. These are your total pmts 72 37,377.

Refund

Direct deposit? See instructions.

73 if line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 119.

74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74 a 119.

b Routing number 211170114 c Type:  Checking  Savings

d Account number 2230539870

75 Amount of line 73 you want applied to your 2013 estimated tax 75

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions 76

77 Estimated tax penalty (see instructions) 77

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

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

Joint return? See instructions.

Keep a copy for your records.

Your signature: *[Signature]* Date: 3/11/13 Your occupation: SOCIAL WORKER Daytime phone number: \_\_\_\_\_

Spouse's signature: *[Signature]* Date: 3/11/13 Spouse's occupation: SCHOOL SOCIAL WORKER If the IRS sent you an Identity Protection PIN, enter it here (see instrs): \_\_\_\_\_

Print/Type preparer's name: James T Brosnan Preparer's signature: *[Signature]* Date: 03/11/2013 Check  if self-employed PTIN: P00668141

Paid Preparer Use Only

Firm's name: JAMES T. BROSNAN Firm's EIN: \_\_\_\_\_

Firm's address: 6 SHEWKEY CT WALLINGFORD CT 06492-2762 Phone no. (203) 269-7960

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2012**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).  
Attach to Form 1040.

Name(s) shown on Form 1040

**ANDREW J BUCCARO & KERRY L SMITH**

		1	2	3	4
<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1		3,430.	
	2 Enter amount from Form 1040, line 38	2	219,272.		
	3 Multiply line 2 by 7.5% (.075)	3		16,445.	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.	
<b>Taxes You Paid</b>	5 State and local (check only one box):	5		12,830.	
	a <input checked="" type="checkbox"/> Income taxes, or				
	b <input type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions)	6		4,355.	
	7 Personal property taxes	7		504.	
	8 Other taxes. List type and amount	8			
	9 Add lines 5 through 8	9			17,689.
<b>Interest You Paid</b>	10 Home mtg interest and points reported to you on Form 1098	10		10,222.	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address	11			
	12 Points not reported to you on Form 1098. See instrs for spcl rules	12			
	13 Mortgage insurance premiums (see instructions)	13			
	14 Investment interest. Attach Form 4952 if required. (See instrs.)	14			
	15 Add lines 10 through 14	15			10,222.
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16		660.	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		750.	
	18 Carryover from prior year	18			
	19 Add lines 16 through 18	19			1,410.
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21		1,210.	
	See Line 21 statement. Unreimbursed employee expenses		1,210.		
	22 Tax preparation fees	22			
	23 Other expenses — investment, safe deposit box, etc. List type and amount	23			
	24 Add lines 21 through 23	24		1,210.	
	25 Enter amount from Form 1040, line 38	25	219,272.		
	26 Multiply line 25 by 2% (.02)	26		4,385.	
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			0.	
<b>Other Miscellaneous Deductions</b>	28 Other — from list in instructions. List type and amount	28			
<b>Total Itemized Deductions</b>	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29			29,321.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here				

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2012**

Department of the Treasury  
Internal Revenue Service (99)

► For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment  
Sequence No. **09**

Name of proprietor  
**ANDREW J BUCCARO**

Social security number (SSN)  
( )

**A** Principal business or profession, including product or service (see instructions)  
**SOCIAL WORKER**

**B** Enter code from instructions  
► **621330**

**C** Business name. If no separate business name, leave blank.  
**PROJECT COURAGE**

**D** Employer ID number (EIN), (see instrs)  
**20-5756347**

**E** Business address (including suite or room no.) ► **251 MAIN ST, SUITE 101**  
City, town or post office, state, and ZIP code **OLD SAYBROOK, CT 06475**

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ►

**G** Did you 'materially participate' in the operation of this business during 2012? If 'No,' see instructions for limit on losses ...  Yes  No

**H** If you started or acquired this business during 2012, check here ...  Yes  No

**I** Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) ...  Yes  No

**J** If 'Yes,' did you or will you file all required Forms 1099? ...  Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked	<input type="checkbox"/>	1	94,546.
2	Returns and allowances (see instructions)		2	
3	Subtract line 2 from line 1		3	94,546.
4	Cost of goods sold (from line 42)		4	
5	<b>Gross profit.</b> Subtract line 4 from line 3		5	94,546.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	<b>Gross income.</b> Add lines 5 and 6		7	94,546.

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

8	Advertising	8	152.	18	Office expense (see instructions)	18	1,980.
9	Car and truck expenses (see instructions)	9	2,092.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11		20 a	a Vehicles, machinery, and equipment	20 a	
12	Depletion	12		20 b	b Other business property	20 b	8,052.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0.	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	192.
15	Insurance (other than health)	15	349.	23	Taxes and licenses	23	12.
16	Interest:			24	Travel, meals, and entertainment:	24	
16 a	a Mortgage (paid to banks, etc)	16 a		24 a	a Travel	24 a	20.
16 b	b Other	16 b	136.	24 b	b Deductible meals and entertainment (see instructions)	24 b	
17	Legal & professional services	17	300.	25	Utilities	25	1,084.
18				26	Wages (less employment credits)	26	
19				27 a	27 a Other expenses (from line 48)	27 a	80,221.
20				27 b	b Reserved for future use	27 b	
21				28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28	94,590.
22				29	Tentative profit or (loss). Subtract line 28 from line 7	29	-44.
23				30	Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30	
24				31	<b>Net profit or (loss).</b> Subtract line 30 from line 29.	31	-44.
25					<ul style="list-style-type: none"> <li>• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If a loss, you must go to line 32.</li> </ul>		
26					32 If you have a loss, check the box that describes your investment in this activity (see instructions).		
27					<ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the instructions for line 31). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If you checked 32b, you must attach Form 6198. Your loss may be limited.</li> </ul>		
28				32 a	<input checked="" type="checkbox"/> All investment is at risk.		
29				32 b	<input type="checkbox"/> Some investment is not at risk.		

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C (Form 1040) 2012

FD-20112 01/03/13

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a  Cost b  Lower of cost or market c  Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No  
If 'Yes,' attach explanation .....

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation .....	35	
36 Purchases less cost of items withdrawn for personal use .....	36	
37 Cost of labor. Do not include any amounts paid to yourself .....	37	
38 Materials and supplies .....	38	
39 Other costs .....	39	
40 Add lines 35 through 39 .....	40	
41 Inventory at end of year .....	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 .....	42	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 07/01/2010

44 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:  
 a Business 3,770 b Commuting (see instructions) 2,250 c Other 14,200

45 Was your vehicle available for personal use during off-duty hours?  Yes  No

46 Do you (or your spouse) have another vehicle available for personal use?  Yes  No

47 a Do you have evidence to support your deduction?  Yes  No  
 b If 'Yes,' is the evidence written?  Yes  No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

SUBCONTRACTORS	76,020.
LICENSES AND DUES	460.
EQUIPMENT RENTAL	309.
BANK CHARGES	1,279.
PAYROLL TAXES	279.
COMPUTER/ INTERNET CHARGES	352.
COMMISSIONER OF REVENUE FEES	336.
TELEPHONE EXPENSE	846.
See Line 48 Other Expenses	340.
<b>48 Total other expenses.</b> Enter here and on line 27a	<b>80,221.</b>

Name(s) shown on return. Do not enter name and social security number if shown on Page 1. Your social security number

ANDREW J BUCCARO & KERRY L SMITH

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: AFFILIATES FOR CONSULTATION & PSYCHOT., P, 06-1177618.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes sub-totals and line 32 Total partnership and S corporation income or (loss).

Part III Income or Loss From Estates and Trusts

33 (a) Name (b) Employer ID no.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes sub-totals and line 37 Total estate and trust income or (loss).

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes line 39 Combine columns (d) and (e) only.

Part V Summary

Summary table with 2 columns: Description, Amount. Includes lines 40 Net farm rental income or (loss), 41 Total income or (loss), 42 Reconciliation of farming and fishing income, 43 Reconciliation for real estate professionals.

**Alternative Minimum Tax – Individuals**

Department of the Treasury  
Internal Revenue Service (99)

Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).  
Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

**ANDREW J BUCCARO & KERRY L SMITH**

**C**

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	189,951.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	0.
3	Taxes from Schedule A (Form 1040), line 9	3	17,689.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	0.
6	Skip this line. It is reserved for future use	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	0.
19	Passive activities (difference between AMT and regular tax income or loss)	19	0.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately, see instructions.)	28	207,640.

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. See instructions	29	64,340.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33 and 35, and go to line 34	30	143,300.
31	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here.</li> <li><b>All others:</b> If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</li> </ul>	31	37,258.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	37,258.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	34	36,709.
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	549.

Name(s) shown on return

Identifying number

**ANDREW J BUCCARO & KERRY L SMITH**

**Part I 2012 Passive Activity Loss**

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1 a	Activities with net income (enter the amount from Worksheet 1, column (a))	1 a	
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1 b	
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1 c	
d	Combine lines 1a, 1b, and 1c	1 d	

**Commercial Revitalization Deductions From Rental Real Estate Activities**

2 a	Commercial revitalization deductions from Worksheet 2, column (a)	2 a	
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2 b	
c	Add lines 2a and 2b	2 c	

**All Other Passive Activities**

3 a	Activities with net income (enter the amount from Worksheet 3, column (a))	3 a	0.
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3 b	-22.
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3 c	
d	Combine lines 3a, 3b, and 3c	3 d	-22.

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	-22.
---	---	---	------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	
6	Enter \$150,000. If married filing separately, see the instructions	6	
7	Enter modified adjusted gross income, but not less than zero (see instrs)	7	
8	Subtract line 7 from line 6	8	
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9	10	0.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

**Part IV Total Losses Allowed**

15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	Total losses allowed from all passive activities for 2012. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c					

**Worksheet 2 – For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

**Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
AFFILIATES FOR CONSULTATION & PSYCHOT.	0.	22.			22.
Total. Enter on Form 8582, lines 3a, 3b, and 3c	0.	22.			

**Worksheet 4 – Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

**Worksheet 5 – Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
AFFILIATES FOR CONSULTATION & PSYCHOT.	E Ln 28A	22.	1.00000000	22.
Total		22.	1.00	22.

**Worksheet 6 – Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
AFFILIATES FOR CONSULTATION & PSYCHOT	E Ln 28A	22.	22.	0.
<b>Total</b>		22.	22.	0.

**Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

Name of activity	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
<b>Total</b>			1.00		

Name of activity	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
<b>Total</b>			1.00		

## Noncash Charitable Contributions

OMB No. 1545-0008

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

Attachment Sequence No. **155**

Department of the Treasury  
Internal Revenue Service

▶ **Information about Form 8283 and its separate instructions is at [www.irs.gov/form8283](http://www.irs.gov/form8283).**

Name(s) shown on your income tax return

Identifying number

**ANDREW J BUCCARO & KERRY L SMITH**

**Note.** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities** — List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

**Part I Information on Donated Property** — If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, unless Form 1098-C is attached.)
A	GOODWILL INDUSTRIES HAMILTON ST NEW HAVEN CT 06511	<input type="checkbox"/>	7 BAGS OF CLOTHES / HOUSEHOLD GOODS
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

**Note.** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

A	(d) Date of the contribution	(e) Date acquired by donor (mo., yr)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	10/12/2012	Various	Purchase	2,950.	750.	Thrift shop value
B						
C						
D						
E						

**Part II Partial Interests and Restricted Use Property** — Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest

If Part II applies to more than one property, attach a separate statement.

**b** Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year  
(2) For any prior tax years

**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):  
Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town

State ZIP code

**d** For tangible property, enter the place where the property is located or kept

**e** Name of any person, other than donee organization, having actual possession of the property

**3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

**c** Is there a restriction limiting the donated property for a particular use?

	Yes	No
3a	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>
3c	<input type="checkbox"/>	<input type="checkbox"/>

Schedule A

Line 21 statement - Unreimbursed employee expenses

<u>Excess Educator Expenses</u>	<u>275.</u>
<u>Union and professional dues</u>	<u>745.</u>
<u>PROFESSIONAL DUES/LICENSE</u>	<u>190.</u>
Total	<u>1,210.</u>

Schedule C - SOCIAL WORKER

Line 48 Other Expenses

<u>POSTAGE / DELIVERY</u>	<u>280.</u>
<u>DUES / SUBSCRIPTIONS</u>	<u>60.</u>
Total	<u>340.</u>

1201110309

Form CT-1040 - 2012, Page 1 of 4
Connecticut Resident Income Tax Return

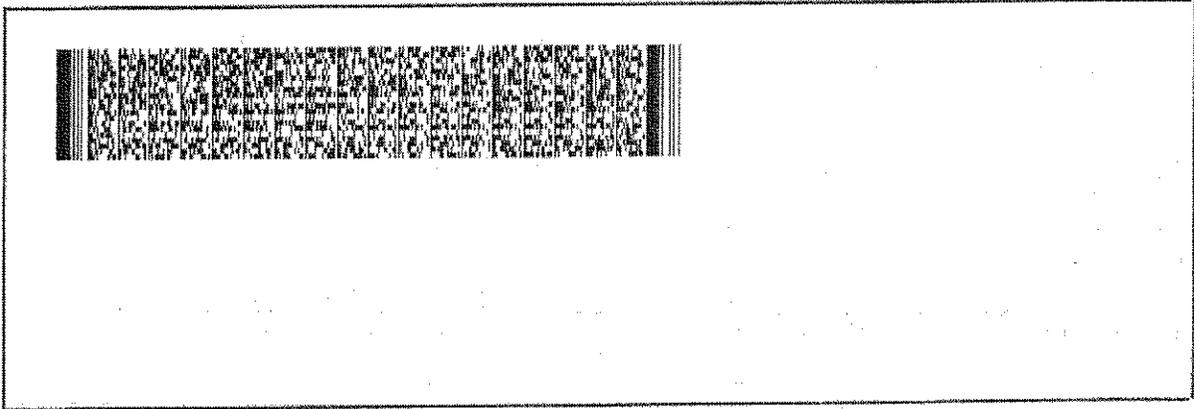
COPY

Other taxable year, beginning: 2012 and ending:

N S Y FJFC N FJC N FSFC N FSC N HH N OW
ANDREW J BUCCARO N Dec.
KERRY L SMITH N Dec.
26 SPRING ST N CT-2210
DEEP RIVER CT 06417 N CT-8379 N CT-1040CRC

Table with 3 columns: Line number, Description, and Amount. Includes rows for Federal adjusted gross income, Connecticut adjusted gross income, and Total tax.

Do Not Send Here Do Not Staple



17 Enter amount from Line 16

17\* 11657

W-2, W-2G, and 1099 Information

	Col. A - Employer or Payer's Fed. ID No.	Column B - CT Wages, Tips, etc.	Column C - CT Income Tax Withheld
18a	06 - 0885440	76926	3672
18b	27 - 4313481	142615	7990
18c		0	0
18d		0	0
18e		0	0
18f		0	0
18g		0	0

18h Additional CT withholding (from Supplemental Schedule CT-1040WH, Line 3) 18h 0

18 Total Connecticut income tax withheld: Amounts in Column C 18 11662

19 All 2012 estimated tax payments and any overpayments applied from a prior year 19 103

20 Payments made with Form CT-1040 EXT 20 0

20a Earned income tax credit (from Schedule CT-EITC, line 16) 20a 0

21 Total payments: Add Lines 18, 19, 20 and 20a 21 11765

22 Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21 22 108

23 Amount of Line 22 overpayment you want applied to your 2013 estimated tax 23 0

24 Total Contributions of refund to designated charities (from Schedule 5, Line 70) 24 0

25 Refund: Lines 23 and 24 subtracted from Line 22 25 108

If you have not elected to direct deposit, the refund may be issued by debit card or check.

25a Acct. type Y Ck. N Sv. 25b Rout. # 211170114 25c Acct.# 2230539870

25d Refund going to a bank account outside the U.S. 25d

26 Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 21 26 0

27 If late: Penalty entered. Line 26 multiplied by 10% (.10) 27 0

28 If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01) 28 0

29 Interest on underpayment of estimated tax (from Form CT-2210) 29 0

30 Total amount due: Add Lines 26 through 29 30 0

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

CTIA0112 12/26/12

Sign Here

Your Signature	Date	Daytime Telephone Number
Spouse's Signature (if joint return)	Date	Daytime Telephone Number
Paid Preparer's Signature	Date 031113	Telephone Number (203) 2697960
		Preparer's SSN or PTIN P00668141

Keep a copy for your records.

Firm's Name, Address, and ZIP code	FEIN
JAMES T. BROSNAN 6 SHWEKY CT WALLINGFORD CT 06492-2762	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's Name	Telephone Number	Personal Identification Number (PIN)

Connecticut Alternative Minimum Tax Return – Individuals

You must attach this form directly following Form CT-1040 or Form CT-1040NR/PY. Complete in blue or black ink only.

Your first name and middle initial <b>ANDREW J</b>	Last name <b>BUCCARO</b>	Your Social Security Number .....
If a joint return, spouse's first name and middle initial <b>KERRY L</b>	Last name <b>SMITH</b>	Spouse's Social Security Number .....

Part I – Read the instructions before you complete this form.

1	Federal alternative minimum taxable income: See instructions	▶ 1	207,640.00
2	Additions to federal alternative minimum taxable income: See instructions	▶ 2	0.00
3	Add Line 1 and Line 2	3	207,640.00
4	Subtractions from federal alternative minimum taxable income: See instructions	▶ 4	0.00
5	Adjusted federal alternative minimum taxable income: Subtract Line 4 from Line 3. If filing separately and Line 5 is more than \$232,500, see instructions	▶ 5	207,640.00
6	Enter \$78,750 if filing jointly or qualifying widow(er); \$50,600 if single or head of household; or \$39,375 if filing separately	6	78,750.00
7	Enter \$150,000 if filing jointly or qualifying widow(er); \$112,500 if single or head of household; or \$75,000 if filing separately	7	150,000.00
8	Subtract Line 7 from Line 5. If zero or less, enter '0' here and on Line 9	8	57,640.00
9	Multiply Line 8 by 25% (.25)	9	14,410.00
10	Exemption: Subtract Line 9 from Line 6. If zero or less, enter '0.' If you were under age 24 at the end of 2012, see instructions	▶ 10	64,340.00
11	Subtract Line 10 from Line 5. If more than zero, go to Line 12. If zero or less, enter "0" here and on Line 23 and skip Lines 12 through 22	11	143,300.00
12	If Lines 2 and 4 above are zero, enter the amount from federal Form 6251, Line 31, here.  If you entered an amount on Lines 2 or 4 above and: • You filed federal Form 2555 or Form 2555-EZ, see the Line 12 instructions for the amount to enter. • You completed Part III of federal Form 6251, complete Part II of this form and enter the amount from Line 42 here. <b>All others:</b> If Line 11 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 11 by 26% (.26). Otherwise, multiply Line 11 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately) from the result	▶ 12	37,258.00
13	Alternative minimum tax foreign tax credit from federal Form 6251, Line 32	▶ 13	0.00
14	Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12	14	37,258.00
15	Multiply Line 14 by 19% (.19)	15	7,079.00
16	Multiply Line 5 by 5.5% (.055)	16	11,420.00
17	Connecticut minimum tax: Enter the lesser of Line 15 or Line 16	17	7,079.00
18	Apportionment factor: <b>Residents</b> , enter 1.0000; <b>nonresidents and part-year residents</b> , see instructions	▶ 18	1.000000
19	Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18	19	7,079.00
20	Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10	▶ 20	11,657.00
21	Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter '0.'	21	0.00
22	Credit for alternative minimum tax paid to qualifying jurisdictions. <b>Residents and part-year residents only</b> from Schedule A, Line 5	▶ 22	0.00
23	Subtract Line 22 from Line 21. Enter the amount here and on Form CT-1040, Line 9, or Form CT-1040NR/PY, Line 13	▶ 23	0.00

ANDREW J BUCCARO & KERRY L SMITH

**Part II**

Complete Part II of this form only if you are required to complete Part III of federal Form 6251

24	Enter the amount from Line 11. If you are filing federal Form 2555 or Form 2555-EZ, enter the amount from Line 3 of the <i>Connecticut Foreign Earned Income Tax Worksheet</i> . . . . . ▶	24		00
25	Enter the amount from federal Form 6251, Line 37. See instructions . . . . . ▶	25		00
26	Enter the amount from federal Form 6251, Line 38. See instructions . . . . . ▶	26		00
27	Enter the amount from federal Form 6251, Line 39. See instructions . . . . . ▶	27		00
28	Enter the smaller of Line 24 or Line 27 . . . . .	28		00
29	Subtract Line 28 from Line 24 . . . . .	29		00
30	If Line 29 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 29 by 26% (.26). Otherwise, multiply Line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately) from the result . . . . .	30		00
31	Enter: • \$70,700, if filing jointly or qualifying widow(er); • \$35,350, if single or filing separately; or • \$47,350, if head of household . . . . .	31		00
32	Enter the amount from federal Form 6251, Line 44. See instructions . . . . . ▶	32		00
33	Subtract Line 32 from Line 31. If zero or less, enter '0' . . . . .	33		00
34	Enter the smaller of Line 24 or Line 25 . . . . .	34		00
35	Enter the smaller of Line 33 or Line 34 . . . . .	35		00
36	Subtract Line 35 from Line 34 . . . . .	36		00
37	Multiply Line 36 by 15% (.15). If Line 26 is zero or blank, skip Lines 38 and 39 and go to Line 40. Otherwise, go to Line 38 . . . . .	37		00
38	Subtract Line 34 from Line 28 . . . . .	38		00
39	Multiply Line 38 by 25% (.25) . . . . .	39		00
40	Add Lines 30, 37, and 39 . . . . .	40		00
41	If Line 24 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 24 by 26% (.26). Otherwise, multiply Line 24 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately) from the result . . . . .	41		00
42	Enter the smaller of Line 40 or Line 41 here and on Line 12. If you are filing federal Form 2555 or Form 2555-EZ, do not enter this amount on Line 12. Enter it on Line 4 of the <i>Connecticut Foreign Earned Income Worksheet</i> on the instructions . . . . . ▶	42		00

Appendix C: Project Courage Intake Assessment.

## Project Courage Intake Assessment

### Client Data

**Client Name** [Click here to enter text.](#) **Staff Member :** [Click here to enter text.](#)  
**Date:** [Click here to enter a date.](#) **D.O.B. :** [Click here to enter a date.](#) **Age:** [Click here to enter text.](#) **Admit Date:** [Click here to enter a date.](#)  
**Client Home Address:** [Click here to enter text.](#) **Client's Phone:** [Click here to enter text.](#)

### Client Interests

1. **What are some of your favorite movies?** [Click here to enter text.](#)
2. **What are some of your favorite books?** [Click here to enter text.](#)
3. **Tell me about the music you are listening to at this point in your life** [Click here to enter text.](#)
4. **If you play video games what are some of the games you're playing?** [Click here to enter text.](#)
5. **What other interests do you have; art, writing, horses, cars, paintball, etc.?** [Click here to enter text.](#)
6. **Do you play any sports or do you follow any sports?** [Click here to enter text.](#)

### ASAM Dimension I: Substance Abuse History

1. **Select substance primarily used by client:** [Choose an item.](#)
  - a. **If necessary please further specify substances used (i.e. if hallucinogens were selected specify the type(s) of hallucinogen used):** [Click here to enter text.](#)
  - b. **Prior to receiving treatment what was the amount you were using (be sure to indicate the amount and the frequency; i.e. was the amount per day, week, month etc.)** [Click here to enter text.](#)
  - c. **How long did you use this substance at this rate?** [Click here to enter text.](#)
  - d. **How old were you when you first used this substance?** [Click here to enter text.](#)
  - e. **What was the route of administration for this substance?** [Choose an item.](#)
  - f. **What was the date that you last used this substance?** [Click here to enter a date.](#)<sup>99</sup>
  - g. **What was the amount that you used when you last used this substance?** [Click here to enter text.](#)

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2. **If applicable select a second substance primarily used by client:** [Choose an item.](#)
  - a. **If necessary please further specify substances used (i.e. if hallucinogens were selected specify the type(s) of hallucinogen used):** [Click here to enter text.](#)
  - b. **Prior to receiving treatment what was the amount you were using (be sure to indicate the amount and the frequency; i.e. was the amount per day, week, month etc.)** [Click here to enter text.](#)
  - c. **How long did you use this substance at this rate?** [Click here to enter text.](#)
  - d. **How old were you when you first used this substance?** [Click here to enter text.](#)
  - e. **What was the route of administration for this substance?** [Choose an item.](#)
  - f. **What was the date that you last used this substance?** [Click here to enter a date.](#)
  - g. **What was the amount that you used when you last used this substance?** [Click here to enter text.](#)

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3. **If applicable select a third substance primarily used by client:** [Choose an item.](#)
  - a. **If necessary please further specify substances used (i.e. if hallucinogens were selected specify the type(s) of hallucinogen used):** [Click here to enter text.](#)
  - b. **Prior to receiving treatment what was the amount you were using (be sure to indicate the amount and the frequency; i.e. was the amount per day, week, month etc.)** [Click here to enter text.](#)
  - c. **How long did you use this substance at this rate?** [Click here to enter text.](#)
  - d. **How old were you when you first used this substance?** [Click here to enter text.](#)
  - e. **What was the route of administration for this substance?** [Choose an item.](#)
  - f. **What was the date that you last used this substance?** [Click here to enter a date.](#)
  - g. **What was the amount that you used when you last used this substance?** [Click here to enter text.](#)

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4. **If applicable select a fourth substance primarily used by client:** [Choose an item.](#)
  - a. **If necessary please further specify substances used (i.e. if hallucinogens were selected specify the type(s) of hallucinogen used):** [Click here to enter text.](#)
  - b. **Prior to receiving treatment what was the amount you were using (be sure to indicate the amount and the frequency; i.e. was the amount per day, week, month etc.)** [Click here to enter text.](#)
  - c. **How long did you use this substance at this rate?** [Click here to enter text.](#)
  - d. **How old were you when you first used this substance?** [Click here to enter text.](#)
  - e. **What was the route of administration for this substance?** [Choose an item.](#)
  - f. **What was the date that you last used this substance?** [Click here to enter a date.](#)
  - g. **What was the amount that you used when you last used this substance?** [Click here to enter text.](#)

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5. **What has occurred to cause the person to seek services now?** [Click here to enter text.](#)

6. What are the results of the clients most recent urine screen and what was the date that this was administered? [Click here to enter text.](#) [Click here to enter a date.](#)
7. What is the longest period of abstinence the client has obtained; when and why did this occur? [Click here to enter text.](#)
8. Have you experienced any overdoses (including alcohol poisoning) or been hospitalized as a direct result of your substance use? If so can you elaborate? [Click here to enter text.](#)
9. Can you give us a rough estimate of how much money you spent on substances in a given week, and how you supported this level of us? [Click here to enter text.](#)
10. We'd like to ask you about some of the functions you're substance use served, particularly the substance(s) you primarily used (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> It/they helped me focus or concentrate better                | <input type="checkbox"/> It/they stopped weird or bizarre thoughts from happening                                    |
| <input type="checkbox"/> It/they helped me feel less depressed or sad                 | <input type="checkbox"/> It/they helped me forget troublesome things   |
| <input type="checkbox"/> It/they helped me feel more energetic                        | <input type="checkbox"/> It/they helped me not think about my problems   |
| <input type="checkbox"/> It/they helped me feel more relaxed                          | <input type="checkbox"/> It/they helped me to feel less intensely; to feel like I was more in control of my feelings |
| <input type="checkbox"/> It/they helped me not worry so much                          | <input type="checkbox"/> It/they helped me feel good and gave me something to look forward to                        |
| <input type="checkbox"/> It/they helped me not to think so much                       | <input type="checkbox"/> It/they was my only source of pleasure  |
| <input type="checkbox"/> It/they helped to talk to other people                       |  |
| <input type="checkbox"/> It/they helped me feel more comfortable in social situations |  |

**ASAM Dimension II Biomedical/Health**

1. Do you have any special health needs that we need to be aware of (asthma, allergies, glasses hearing aids, etc)? [Click here to enter text.](#)
2. Do you suffer from any of the following health conditions (check all that apply):

<input type="checkbox"/> Hypertension	<input type="checkbox"/> DT's
<input type="checkbox"/> Heart problems/disease	<input type="checkbox"/> Lung or respiratory problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chronic pain
<input type="checkbox"/> Liver issues	<input type="checkbox"/> Obesity
<input type="checkbox"/> Blackouts	<input type="checkbox"/> Other
<input type="checkbox"/> Seizures	
3. Please elaborate on any of the above items that were endorsed: [Click here to enter text.](#)
4. Do you have any history of head trauma or concussions (please prompt the client to include any incidents that may not be typically thought of as head trauma, such as falling off a bike, swing set, etc.)? [Click here to enter text.](#)
5. Have you been to the emergency room in the past three years and if so why? [Click here to enter text.](#)
6. Current height and weight: [Click here to enter text.](#)
7. Please give us an indication of how you are eating; what is the percentage of your daily food intake: [Click here to enter text.](#)
8. Please give us an indication of how you are sleeping; on average how many hours of sleep do you get a night (if there are sleep difficulties please indicate if this is due to problems with falling asleep, staying asleep, etc)? [Click here to enter text.](#)
9. What is the name of your primary care physician and when was the last time you had a physical examination? [Click here to enter text.](#)

**ASAM Dimension III Cognitive, Behavioral, Emotional**

1. Have you ever been diagnosed with a mental health condition? [Click here to enter text.](#)
2. Have individuals in your immediate or extended family ever struggled with mental health conditions? [Click here to enter text.](#)
3. Have you ever been, or are you now on any psychotropic medications (please clarify doses, reason for prescription, and prescribing physician)?

Past medications

Current medications

[Click here to enter text.](#)

[Click here to enter text.](#)

4. We want to describe several mental health conditions to you to see if you feel like you've suffered from any of them. As we describe each of these to you, keep in mind that we're interested in struggles you may have had with any of these for a significant period (meaning a week or longer AND for MOST of the time):

LEARNING & EXECUTIVE FUNCTION: Struggles with attention, focus, or learning; feeling restless,

OBSESSIVE-COMPULSIVE: Having invasive or intrusive unwanted thoughts that you cannot get rid of or

distracted, having a difficult time concentrating or understanding ; troubles with math, reading or writing

**DISORDERS OF DEVELOPMENTAL:** Any struggles with reading, tying your shoes, potty training, bed-wetting, handwriting, following rules, etc.

**GENERALIZED ANXIETY:** Struggles with worrying, feeling keyed up, feeling anxious a lot of the time, feeling anxious without a good explanation

**PANIC:** At times feeling overwhelmed with fear; bouts with racing heart, sweating, thinking "you're going crazy," or "losing your mind."

**PHOBIAS:** Having fears of very specific things like heights, small spaces, etc.

**SOCIAL ANXIETY:** Feeling shy, withdrawn, nervous about social situations, worrying about how to talk to others

**SEPARATION ANXIETY:** Do you remember being concerned about not being around one or both parent(s) when you were younger, or refusing to go to school because you worried about your mother or father? How about currently with significant others?

struggle to try and get rid of; habits or quirks that you engage in that provide some relief or you feel "help" in some way.

**ANGER-IRRITABILITY:** Feeling short on patience often, losing your temper frequently, feeling hostile a lot, feeling frustrated regularly

**DEPRESSION:** Feeling like you're not really interested in things including things that were once interesting, feeling like you often don't have a lot of energy, feeling like things will never go your way or there's really "no point," crying often or wanting to cry and feeling like you can't

**EATING DISORDERS:** feeling preoccupied with food, body weight and/or body image; regularly restricting food intake or binging and purging

**THOUGHT DISORDERS--PSYCHOSIS:** Feeling like people are purposely trying to offend or injure you; that you have special powers that others do not have; that you receive special messages from the television, radio, or some other source; that someone or something outside yourself was controlling your behavior, thoughts or feelings against your will; that you sometimes hear things other people cannot hear

5. Please elaborate on any of the above items that were endorsed: [Click here to enter text.](#)
6. Do you have any history of cutting or other forms of self-injurious behavior: Choose an item.
  - a. If "yes" can you please elaborate; tell us what you would do: [Click here to enter text.](#)
  - b. If "yes" can tell us when you last cut or hurt yourself: [Click here to enter text.](#)
7. Do you have any history of suicidal ideation or thoughts about killing yourself: Choose an item.
  - a. If "yes" can you please elaborate; did you have a plan? Have you ever attempted suicide, if so how and what happened (PLEASE INCLUDE DATES): [Click here to enter text.](#)
  - b. If "yes" can tell us when you last cut or hurt yourself: [Click here to enter text.](#)
8. Do you currently have any suicidal ideation or thoughts about killing yourself: Choose an item.
  - a. If "yes" can you please elaborate; do you have a plan? How intent are you on following through with this? What's keeping you from following through with your plan? [Click here to enter text.](#)
9. Do you have any history of homicidal ideation or violent behavior including domestic violence? Choose an item.
  - a. If "yes" can you please elaborate; did you have a plan? Have you ever attempted to follow through on this plan, if so how and what happened (PLEASE INCLUDE DATES): [Click here to enter text.](#)
  - b. If "yes" can tell us when you last cut or hurt yourself: [Click here to enter text.](#)
10. Do you currently have any homicidal ideation or thoughts about hurting someone? Choose an item.
  - a. If "yes" can you please elaborate; do you have a plan? How intent are you on following through with this? What's keeping you from following through with your plan? [Click here to enter text.](#)
11. Have you ever been the victim of emotional, physical, and/or sexual abuse (OFFER EXAMPLES)? Choose an item.
  - a. If "yes" can you please elaborate; tell us what happened (PLEASE BE RESPECTFUL FO THE CLIENT'S COMFORT LEVEL IN ANSWERING THESE QUESTIONS): [Click here to enter text.](#)
12. Have you ever been the perpetrator of emotional, physical, and/or sexual abuse (PLEASE BE REMIND THE CLIENT ABOUT LIMITATIONS TO CONFIDENTIALITY)? Choose an item.
  - b. If "yes" can you please elaborate; tell us what happened: [Click here to enter text.](#)

**ASAM Dimension IV Readiness to Change & Legal History**

1. What stage of change do you feel you are in regarding your use of substances; precontemplative, contemplative, preparation, action, or maintenance (EXPLAIN EACH STAGE OF CHANGE TO THE CLIENT SO THAT HE/SHE FEELS COMFORTABLE ANSWERING THIS QUESTION)? [Click here to enter text.](#)
2. Do you feel there have been any serious consequences as a result of your substance abuse and if so can you give us some examples? Choose an item. [Click here to enter text.](#)

3. Have you had any legal problems directly related to your substance use, and if so can you tell us about these (are there any outstanding issues, warrants, court dates, probation or parole officers, etc)? Choose an item. [Click here to enter text.](#)
4. Has your substance abuse jeopardized your school or employment status? Choose an item. [Click here to enter text.](#)

#### ASAM Dimension V Risk of Relapse

1. Have you ever been to any other form of treatment or tried other forms of "help"? (check all that apply)  
 School-based  
 Outpatient (Therapist, LCSW, Psychologist, etc.)  
 Psychiatrist  
 Intensive Outpatient  
 Residential  
 Extended Care/Therapeutic Community  
 12-Step programs  
 Sponsorship  
 Family therapy  
 Support group  
 Other
2. For those items selected above can you give a sense of when those happened (i.e. month and year)  
[Click here to enter text.](#)
3. Would say that you experience any cravings and if so can you tell us about them (i.e. how often, intensity of, what substances etc.)? Choose an item. [Click here to enter text.](#)
4. Do you feel you were able to control your substance use? Why or why not? Choose an item. [Click here to enter text.](#)
5. Are alcohol and/or drugs present in your living environment? Choose an item. [Click here to enter text.](#)

#### ASAM Dimension VI Recovery Environment

1. What is the client's marital status? [Click here to enter text.](#)
2. Does the client have any children (if so what are their ages)? [Click here to enter text.](#)
3. Was the client given an ultimatum prior to his/her most recent treatment episode? Choose an item. [Click here to enter text.](#)
4. Does the client live where treatment is likely to succeed? [Click here to enter text.](#)
5. Does the client hold an occupation where his/her continued substance use is likely to put the public at risk (i.e. healthcare professional, truck driver, police officer, etc.)? [Click here to enter text.](#)
6. Can the client identify support system? [Click here to enter text.](#)
7. Is the client struggling with any other compulsive behaviors such as gambling, video gaming, eating, sex, etc.? [Click here to enter text.](#)

#### Employment History

1. Can you give me a brief history of your employment history over the past 3-4 years (i.e. jobs held, if terminated why, hours, etc.)? [Click here to enter text.](#)

#### Cultural/Ethnic Background

1. How would you describe your cultural or ethnic heritage? [Click here to enter text.](#)
2. Do you consider yourself identifying more with one specific cultural or ethnic group than another? [Click here to enter text.](#)
3. Are you or have you experienced any problems--interpersonally or intrapersonally--because of your cultural or ethnic heritage or beliefs? [Click here to enter text.](#)

#### Educational-Social-Adversity Experience Summary (AES)

For grades 1-12 please ask the following questions to assess potential adverse experiences the client has experienced:

1. Please tell me about the following: 1)How you got along with your teacher 2)How you got along with other kids in your class, also if you were getting bullied 3)How you performed academically; any spec. ed. needs? 4)How your behavior was at school 5)If you moved 6)How your relationship was with your mom and/or dad, did you get to spend a lot of time with them 7)If you had siblings how your relationship was with them 8)If your parents were married how their relationships was; did they argue a lot, did they separate ever 9)If either one of your parents was dating or had remarried did you get along with their partner 10)If you had to witness violence at home 11)If there were any stressful relationships with adults (coaches, family friends, etc.) 12)If there were any financial stressors on the family, or changes in jobs for mom or dad 13)If there were any threats to any family members such as illnesses or hospitalizations 14)Any events or natural disasters

First Grade: Age 6-7 [Click here to enter text.](#)

Second Grade: Age 7-8 [Click here to enter text.](#)

Third Grade: Age 8-9 [Click here to enter text.](#)

Fourth Grade: Age 9-10 [Click here to enter text.](#)

Fifth Grade: Age 10-11 [Click here to enter text.](#)

Sixth Grade: Age 11-12 [Click here to enter text.](#)

Seventh Grade: Age 12-13 [Click here to enter text.](#)

Eighth Grade: Age 13-14 [Click here to enter text.](#)

Ninth Grade: Age 14-15 [Click here to enter text.](#)

Tenth Grade: Age 15-16 [Click here to enter text.](#)

Eleventh Grade: Age 16-17 [Click here to enter text.](#)

Twelfth Grade: Age 17-18 [Click here to enter text.](#)

Post Grad: Age 18+ [Click here to enter text.](#)

#### Family History

1. Please complete attached genogram.
2. Give us a grade (A+ through F) for how well you feel your parents did in their ability to spend time with you (If applicable, ask the client to please give a grade for each parent independently and to elaborate): [Click here to enter text.](#)
3. Give us a grade (A+ through F) for how well you feel your parents did in their ability discipline you (If applicable, ask the client to please give a grade for each parent independently and to elaborate): [Click here to enter text.](#)
4. Give us a grade (A+ through F) for how well you feel your parents did in their ability to accept you as you are (If applicable, ask the client to please give a grade for each parent independently and to elaborate): [Click here to enter text.](#)
5. Give us a grade (A+ through F) for how well you feel your parents did in their ability to love you (If applicable, ask the client to please give a grade for each parent independently and to elaborate): [Click here to enter text.](#)
6. What two people get the gold medal for fighting the most with each other in your family, and what did they usually fight about? [Click here to enter text.](#)

#### Religious & Spirituality History

1. How important are spiritual matters to you? [Click here to enter text.](#)
2. Do you claim membership with a religious group? [Click here to enter text.](#)
3. Are you open to the idea that there may be a power or power(s) greater than yourself? Why or why not? [Click here to enter text.](#)

#### Sexuality History

1. How would you describe your sexual orientation? [Click here to enter text.](#)
2. Have you always had the same sexual orientation (if "no" please elaborate)? [Choose an item.](#)
3. [Click here to enter text.](#)
4. Have you ever struggled with your gender identity or wondered if you were born the "right" gender? [Choose an item.](#) [Click here to enter text.](#)
5. Would you describe yourself as having practiced safe sex? [Choose an item.](#) [Click here to enter text.](#)
6. Have you ever had a sexual experience that felt awkward or just didn't feel "right"? [Choose an item.](#)
7. [Click here to enter text.](#)
8. Have you ever been the victim of sexual assault or rape? [Choose an item.](#) [Click here to enter text.](#)
9. Do you feel that you have ever engaged in behavior that violated someone else's personal or sexual boundaries? [Choose an item.](#) [Click here to enter text.](#)
10. Has your substance abuse OR mental health impacted your sexual functioning (For example: has either increased or decreased your libido? Has either altered your decision making or increased your promiscuity? Have you used sex as means to obtain substances?) [Choose an item.](#) [Click here to enter text.](#)

#### Treatment Goals

Read the following to the client:

1. Suppose that when you are sleeping tonight and the entire house is quiet a miracle happens. The miracle is that the problem you brought here is solved. Because you are sleeping though, you don't realize the miracle has happened. When you wake up tomorrow what will be different that will tell you a miracle has happened, and that the problem that brought you here is solved? What would you notice as you were lying in bed when you awoke? When you were having breakfast? When you got to work or school? What would other people do? What other people notice? [Click here to enter text.](#)

2. Based on your above answer, what do you see as being a good goal for you to work on in treatment; what do you want to accomplish while you're here (if necessary consider short, intermediate, and long term goals)? [Click here to enter text.](#)

#### Client Strengths

**Check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Able to express feelings            | <input type="checkbox"/> Had good insight                                    |
| <input type="checkbox"/> Has good sense of humor             | <input type="checkbox"/> Strong intellectual ability                         |
| <input type="checkbox"/> Able to define needs                | <input type="checkbox"/> In good physical health                             |
| <input type="checkbox"/> Has high school education           | <input type="checkbox"/> Able to live independently                          |
| <input type="checkbox"/> Has some college education          | <input type="checkbox"/> Strong adaptive ability                             |
| <input type="checkbox"/> Has college degree                  | <input type="checkbox"/> Has history of healthy functioning prior to illness |
| <input type="checkbox"/> Able to engage others               | <input type="checkbox"/> Has supportive family                               |
| <input type="checkbox"/> Able to retain information          | <input type="checkbox"/> Has supportive friend(s)                            |
| <input type="checkbox"/> Able to secure gainful employment   | <input type="checkbox"/> Has hobbies and interests                           |
| <input type="checkbox"/> Able to maintain gainful employment | <input type="checkbox"/> Participates in social activities                   |
| <input type="checkbox"/> Able to seek treatment              | <input type="checkbox"/> Has established outpatient treatment linkages       |
| <input type="checkbox"/> Motivated for treatment             | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Able to manage own finances         |  |
| <input type="checkbox"/> Receptive to change                 |  |

**If necessary elaborate on strengths here:** [Click here to enter text.](#)

#### Mental Status

**Appearance (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> No atypical characteristics              | <input type="checkbox"/> Appears younger than actual age     |
| <input type="checkbox"/> Appears unkempt, unclean, or disheveled  | <input type="checkbox"/> Appears older than actual age       |
| <input type="checkbox"/> Clothing is atypical or dirty            | <input type="checkbox"/> Presents with body odor             |
| <input type="checkbox"/> Grooming is atypical or dirty            | <input type="checkbox"/> Eye contact is avoidant or atypical |
| <input type="checkbox"/> Nails and/or hands are atypical or dirty | <input type="checkbox"/> Posture is rigid or atypical        |
| <input type="checkbox"/> Appears unhealthy or sickly              |  |

**Psychomotor Activity (select one):** Choose an item. [Click here to enter text.](#)

**Speech (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> No atypical characteristics | <input type="checkbox"/> Soft speech                      |
| <input type="checkbox"/> Rapid speech                | <input type="checkbox"/> Neologisms                       |
| <input type="checkbox"/> Slowed speech               | <input type="checkbox"/> Mute                             |
| <input type="checkbox"/> Loud speech                 | <input type="checkbox"/> Atypical quality (i.e. slurring) |

**Interpersonal Style (Check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> No atypical characteristics             | <input type="checkbox"/> Suspicious, guarded, evasive |
| <input type="checkbox"/> Domineering, controlling                | <input type="checkbox"/> Withdrawn, reticent          |
| <input type="checkbox"/> Submissive, compliant, and/or dependent | <input type="checkbox"/> Seductive                    |
| <input type="checkbox"/> Provocative, hostile, challenging       | <input type="checkbox"/> Uncooperative, noncompliant  |

**Mood—climate (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Euthymic  | <input type="checkbox"/> Anxious, fearful                                 |
| <input type="checkbox"/> Euphoric  | <input type="checkbox"/> Angry, hostile                                   |
| <input type="checkbox"/> Dysphoric (general or overall distress; discontentment) | <input type="checkbox"/> Ashamed, guilty                                  |
| <input type="checkbox"/> Dysthymic   | <input type="checkbox"/> Suspicious, paranoid                             |
| <input type="checkbox"/> Hypomanic   | <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a> |

Concordance with thoughts, behavior, and/or body language: Choose an item. *If "discordant" indicate level of impairment:* Choose an item.

Intensity: Choose an item.

**Affect—weather**

Concordance with mood: Choose an item. *If "discordant" indicate level of impairment:* Choose an item.

Mobility: Choose an item. *If "labile" or "constricted" indicate level of impairment:* Choose an item.

Intensity: Choose an item. *If "exaggerated" or "blunted" indicate level of impairment:* Choose an item.

**Perception**

- Does the client suffer from (check all that apply):  Auditory Hallucinations  Visual Hallucinations  
 Other sensory based hallucinations (olfactory, tactile, etc.)

**Thought Organization (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> No atypical characteristics                             | <input type="checkbox"/> Blocked                            |
| <input type="checkbox"/> Constricted   | <input type="checkbox"/> Circumstantial                     |
| <input type="checkbox"/> Tangential, flight of ideas, loosely associated thought | <input type="checkbox"/> Derailing                          |
|  | <input type="checkbox"/> Generally confused or disorganized |

For any of the above selected items please indicate level of impairment: Choose an item.

**Thought Content (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> No atypical characteristics | <input type="checkbox"/> Delusions: Persecutory           |
| <input type="checkbox"/> Obsessive-compulsive        | <input type="checkbox"/> Delusions: Somatic               |
| <input type="checkbox"/> Phobias                     | <input type="checkbox"/> Delusions: Self-accusation       |
| <input type="checkbox"/> Ideas of reference          | <input type="checkbox"/> Delusions: Control               |
| <input type="checkbox"/> Thought broadcasting        | <input type="checkbox"/> Depersonalization                |
| <input type="checkbox"/> Suicidal ideation           | <input type="checkbox"/> Derealization                    |
| <input type="checkbox"/> Homicidal ideation          | <input type="checkbox"/> Other: Click here to enter text. |
| <input type="checkbox"/> Delusions: Grandeur         |   |

For any of the above selected items please indicate level of impairment: Choose an item.

**Sensorium & Cognition**

Please indicate the client's level of consciousness: Choose an item.

For any of the above selected items OTHER THAN "alert" please indicate level of impairment: Choose an item.

Is the client oriented to person place and time? Choose an item.

Client's memory of recent is past is (ask to remember three things for five minutes): Choose an item.

Client's memory of remote is past is (ask to remember last two presidents): Choose an item.

Client's attention and concentration are (ask to 40 by 3's or repeat sets of numbers): Choose an item.

Client's judgment is (ask about being lost in the woods or a fire in a movie theater): Choose an item.

Client's impulse control is: Choose an item.

Client's insight is best described as: Choose an item.

**Neurovegetative:**

Client's appetite is: Choose an item.

Client's sleep pattern is: Choose an item.

Client's libido is: Choose an item.

Client's energy level is: Choose an item.

**Diagnosis**

Axis I (Include numeric code and description. If more than one Axis I diagnosis is given please indicate which is primary): Click here to enter text.

Axis II: Click here to enter text.

Axis III—Health and medical (if applicable): Click here to enter text.

Axis IV—Problems with environment (if applicable): Click here to enter text.

Axis V—GAF (if applicable): Click here to enter text.

Appendix D: Project Courage Quality Assurance Policy ¶¶

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**1.A.8                      Staff Development**

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Staff development is intended to extend beyond the normal orientation and training events that a new employee or newly promoted employee might receive. It provides for ongoing development and experience in order to meet the identified needs of our clients and the field. Project Courage will allocate time and resources to all clinical staff for ongoing educational and supportive programs in order to keep its staff updated and informed in the fields of in mental health and substance abuse treatment services. Opportunity for continued staff training and development will be provided through some or all of the following means:

- Weekly supervision
- Professional literature provided by Project Courage's library
- Staff meetings
- In-house workshops provided by outside consultants
- Attendance at conferences, workshops, and classes outside Project Courage when funds are available
- Consultations with qualified personnel (i.e. clinical staff meetings with psychiatrist).

Attendance at all in-services, workshops, or seminars shall be documented with date, topic discussed and individual presenting, and placed in the employee's file.

## Project Courage Clinical Supervision Informed Consent

### **The Purpose of Supervision at Project Courage is:**

1. To ensure the best possible care for the clients of Project Courage.
2. To help you develop your professional goals and provide the best services to your clients.
3. To ensure the fidelity of program's model(s).
4. To address any potential ethical or legal dilemmas: Risk Management

### **Clinical supervision:**

1. Will occur weekly.
2. Will begin on time.
3. Missed sessions will need to be rescheduled.
4. Will include developing an Individual Development Plan and you will receive—at a minimum—an annual evaluation based on your progress with your Individual Development Plan.
5. You will have the opportunity—at a minimum—to annually offer your supervisor written evaluation in the form of a rating scale. We encourage this and this can be done anonymously.

### **An orientation to the supervision process:**

1. Supervision will employ both indirect observations methods (file reviews, your feedback in our supervision, client feedback, and potentially other methods i.e. process reports) and direct observation methods (either video tape or joint sessions).
2. Direct observation will occur monthly. This will be a planned event that you will be aware of.
3. Supervision will focus on your interpersonal reactions to the client as well as skill building.
4. You will have the opportunity for group supervision in our weekly staff meetings should you choose to use this forum.
5. You will be made are aware of your supervisor's training and theoretical orientation.

### **Confidentiality of records and disclosures:**

1. The primary goal of clinical supervision is to build a trusting and safe relationship between the supervisor and supervisee.

2. Documents related to your supervision will be kept under lock and key and be kept separate from your personnel file with the exception of performance reviews.
3. You have the right to review your clinical supervision documentation and make amendments to them.
4. There are real limits to confidentiality as described in confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2; and the Health and Insurance Portability and Accountability Act (HIPPA), 45 C.F.R. Parts 142, 160, 162, and 164 . In addition to this, your supervisor has a duty to uphold the ethical and legal mandates for client care. Professional misconduct is not necessarily protected. Should disclosures during the course of your clinical supervision arise that include or suggest conduct that is egregious to the client's well being (such as boundary violations or breeches to client confidentiality) this information must be reported to appropriate parties.

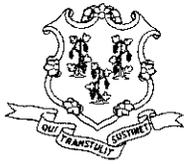
**Due Process procedure**

1. You are aware that if you have complaints or are having problems with your clinical supervisor to initially address these with your supervisor.
2. Subsequent to discussing your complaint with your supervisor if you feel it has not been addressed a more formal process is available to you. At this point you may initiate the Due Process Procedure by completing the Project Courage Grievance Form located in this packet (additional copies can be made and area available from the Administrative Assistant).

I (We) certify that I (we) have received a copy of, read, understand and agree to the conditions as described in the above document in its entirety.

Supervisee: Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_



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

August 23, 2013

VIA FAX ONLY

Andrew Buccaro  
President/CEO  
Project Courage, LLC  
26 Spring Street,  
Deep River, CT 06417

RE: Certificate of Need Application, Docket Number 13-31846-CON  
Project Courage, LLC  
Establish an Outpatient Behavioral Health and Substance Abuse Treatment Facility in Old Saybrook, Connecticut

Dear Mr. Buccaro:

On July 24, 2013, the Office of Health Care Access ("OHCA") received completeness responses to the Certificate of Need ("CON") application proposing to establish an outpatient behavioral health and substance abuse treatment facility in Old Saybrook, Connecticut, with an associated cost of \$40,000.

OHCA has reviewed the responses and requests the following additional information pursuant to General Statutes §19a-639a(c).

1. Does the Applicant plan to contact the Department of Children and Families to inquire whether there is a need to obtain a license for Outpatient Psychiatric Clinic for Children due to the age of the population to be served (ages 14-26)?
2. Please revise the Financial Attachments on pages 75-77 (IIa-IIc) to show the difference between gross and net revenue and indicate the projected Allowances/Deduction amount for commercial payers.

In responding to the questions contained in this letter, please repeat each question before providing your response. Paginate and date your response, i.e., each page in its entirety. Information filed after the initial CON application submission (i.e., completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. Please begin your submission using Page 127 and reference "Docket Number: 13-31846-CON." Submit one (1) original and two (2) hard copies of your response. In addition, please submit a scanned copy of your response, in an Adobe format (.pdf)

*An Equal Opportunity Provider*

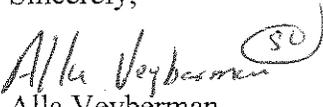
*(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)*

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

including all attachments on CD. If available, a copy of the response in MS Word should also be copied to the CD.

Pursuant to Section 19a-639a(c) of the Connecticut General Statutes, you must submit your response to this request for additional information not later than sixty days after the date that this request was transmitted. Therefore, please provide your written responses to OHCA no later than October 21, 2013, otherwise your application will be automatically considered withdrawn. If you have any questions concerning this letter, please feel free to contact me by email or at (860) 418-7007.

Sincerely,

  
Alla Veyberman  
Health Care Analyst

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 3651  
RECIPIENT ADDRESS 914752388353  
DESTINATION ID  
ST. TIME 08/23 10:25  
TIME USE 01'12  
PAGES SENT 3  
RESULT OK



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

FAX SHEET

TO: Andrea Buccaro  
FAX: (475) 238-8353  
AGENCY: \_\_\_\_\_  
FROM: Alla Vayberman  
DATE: 8/23/3 TIME: 10:20 am  
NUMBER OF PAGES: 3  
(including transmittal sheet)

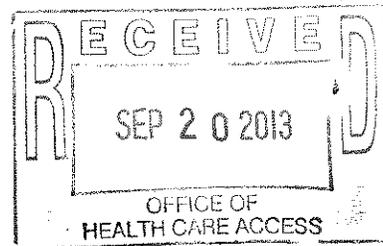
Comments:

*Completeness Letter Enclosed*

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.



September 19, 2013  
Alla Veyberman  
State of Connecticut  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue  
Hartford, CT 06134



RE: Docket Number 13-31846-CON

Dear Ms. Veyberman:

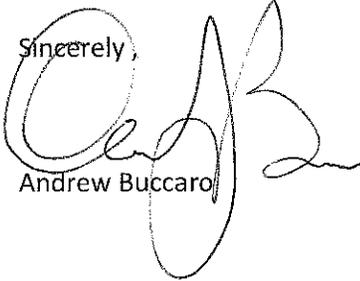
Enclosed please find one original and two (2) hard copies of our response to the second round of questions regarding the Certificate of Need (CON) Application for Project Courage, LLC originally submitted on June 21, 2013. They are submitted in response to your request for additional information as detailed in your letter of August 23, 2013.

We have also enclosed a CD with both .pdf and MS Word versions of our responses as requested.

Please advise at your earliest convenience whether we have now satisfied your Office's information gathering regarding our application. **If correspondence via fax is necessary please use the following fax number: 860-388-9463**

Thank you for your consideration.

Sincerely,

  
Andrew Buccaro

### **ADDENDUM**

The following pages contain responses to two (2) items of request for additional information sent from the Office of Healthcare Access (OHCA) to Project Courage, LLC and contained in a letter dated August 23, 2013. The request for additional information is related to Certificate of Need (CON) application, Docket Number 13-31846-CON.

- 1. Does the applicant plan to contact the Department of Children and Families to inquire whether there is a need to obtain a license for outpatient Psychiatric Clinic for children due to the age of the population to be served (ages 14-26)?***

The Department of Children and Families was contacted by the applicant in January of 2013. Please see a letter documenting the outcome of this discussion in Appendix A. Eligibility criteria for Project Courage clients mandates that all incoming clients must have a primary disorder of substance abuse or substance dependence, hence the use of the American Society of Addiction Medicine (ASAM ) patient placement criteria in our intake interview included in our previous submission. As such, we are well within the regulations and licensure by the Department of Children and Families is unnecessary as we will not be treating solely psychiatric conditions. Those adolescents referred to Project Courage without a primary diagnosis of substance abuse or substance dependence will be referred.

- 2. Please revise the Financial Attachments on pages 75 (IIa-IIc) to show the difference between gross and net revenue and indicate the projected Allowances/Deduction amount for commercial payers.***

Please reference Appendix B for revised Financial Attachments I and IIa-IIc.

In our initial application we used a standard net projected hourly rate of \$150 for both self pay and commercial insurance reimbursement. This was done to demonstrate that even using conservative projections the project was financially sustainable.

For clarification, in this submission we are using our charged or gross rates. Additionally, because we are using gross projections for Financial Attachments IIa-IIc, we have also included a revised Financial Attachment I. We have provided the following table detailing our rates.

Service	Billing or Revenue Code	Rate
Individual Therapy	CPT 90834	\$350.00/50 minute session
Family Therapy with Client present	CPT 90847	\$350.00/50 minute session
Family Therapy without Client present	CPT 90846	\$350.00/50 minute session
Group Psychotherapy (outpatient based as opposed to Intensive Outpatient)	CPT 90853	\$275.00/50 minute session
Intensive Outpatient (10 hours/week of programming over 3 days/week)	H0015	\$800.00/IOP day

These rates are usual and customary for our region of the country when billing out-of-network commercial insurances, as evidenced by our use of out-of-network billing with other organizations we have been affiliated with, and the experience of our contracted billing services.

Finally, we used an hourly unit of measure in our initial application rather than an intensive

outpatient day. In this submission we are defining a unit as one day of intensive outpatient services. Therefore:

- For 2013, in our previous submission, we had estimated 516 intensive outpatient units (3 clients at 10 hours per week for 4 months). In our current submission we are using 38 Intensive Outpatient days as our units (3 clients at 3 days per week for 1 month as it is now unrealistic that we will be licensed before December 2013. We have also adjusted expenses to reflect one month of operations for 2013).
- For 2014, in our previous submission, we estimated a total of 6192 intensive outpatient units (12 clients at 10 hours per week for 12 months). In our current submission we are using 1858 Intensive Outpatient days as out units (12 clients at 3 days per week for 12 months).
- For 2015, in our previous submission, we estimated 10,320 intensive outpatient units (20 clients at 10 hours per week for 12 months). In our current submission we are using 3096 Intensive Outpatient days as our units (20 clients at 3 days per week for 12 months).

Since we will be billing on an out-of-network basis only and do not intend to enter any agreements with third party billers, reimbursement rates by commercial insurances will vary. Allowances and deductions on financial attachments Ila-IIb signify this variation in reimbursement which will ultimately translate to aging receivables that clients will be balanced bill for.

All other assumptions outlined in the initial application remain intact.

We feel it is important to note that as Project Courage is a for-profit organization, this does not preclude us from working with clients who present with financial hardship or Medicaid/Medicare insurance plans. As excerpted from our policy and procedure manual under section 2.A.3 ADMISSIONS, CONTINUING CARE, DISCHARGE CRITERIA:

*Clients seeking services from Project Courage with Medicaid/Medicare, or other uncovered insurances plans, or with any financial hardship that would prevent them from accessing our services will be afforded the following:*

1. *A discounted out of pocket rate*
2. *The opportunity to complete a financial hardship application creating eligibility for a further discounted rate and/or scholarship*
3. *If, despite the above measures, Project Courage continues to not be a viable service provider, or if restrictions within the Medicaid/Medicare policy prevent the referent from accessing Project Courage, an aggressive referral system will be enacted. The referral process will only be deemed complete once a client is actively engaged with another competent provider in the area that provides services under the given insurance and/or financial circumstances of the client.*
4. *Project Courage will maintain its list of these providers.*

Finally, we would also ask that as you take into consideration that Project Courage has been a Connecticut business for over seven years, and as such, has demonstrated its ability as viable business despite a post-recession economic climate.

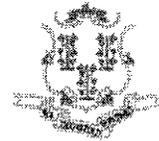
Appendix A: Letter from the Department of Children and Families.

September 19, 2013



Joette Katz  
Commissioner

**DEPARTMENT of CHILDREN and FAMILIES**  
*Making a Difference for Children, Families and Communities*



Dannel P. Malloy  
Governor

To Whom It May Concern,

January 15, 2013

In the state of Connecticut, a private freestanding outpatient facility, providing intensive outpatient and partial-hospital substance abuse treatment services for adolescents (specifically ages 13-17) does not require licensure by the Department of Children and Families, contingent on the following:

- The freestanding outpatient facility is licensed by the Connecticut Department of Public Health.
- The freestanding outpatient facility provides primary services of substance abuse treatment, thus all clients enrolled in the program must have a primary diagnosis of substance abuse or substance dependence as defined in the DSM-IV and meet the industry standard criteria (American society of Addiction Medicine (ASAM)), for the need for continuing treatment at the outpatient level of care.
- The freestanding outpatient facility does not primarily or solely treat psychiatric/mental health disorders.

We understand that psychiatric/mental health disorders often emerge after a period of abstinence from substance use, accompany substance use disorders, or are an antecedent to substance use disorders, and as such must be treated in accordance with substance use. Should you have any questions related to this matter please feel free to contact me at 860-550-6532, or via email at [jim.mcpherson@ct.gov](mailto:jim.mcpherson@ct.gov).

Sincerely,

Jim McPherson, Program Manager  
DCF Licensing Unit

**Appendix B: Revised Financial Attachments I & IIa-IIc.**

Financial Attachment I: Project Courage, LLC												
Total Facility: Description	FY 2012 Actual Results	FY 2013		FY 2014		FY 2014		FY 2015		FY 2015		FY 2015 Projected With CON
		Projected Without CON	Projected With CON	Projected Without CON	Projected With CON	Projected Without CON	Projected With CON	Incremental	Projected With CON			
<b>NET PATIENT REVENUE</b>												
Non-Government	\$94,540	\$94,000	\$116,800	\$106,500	\$1,017,983	\$106,500	\$1,474,950	\$1,581,450	\$0	\$0	\$0	\$0
Medicare			\$0		\$0							
Medicaid and Other Medical Assistance			\$0		\$0							
Other Government			\$0		\$0							
<b>Total Net Patient Revenue</b>	<b>\$94,540</b>	<b>\$94,000</b>	<b>\$116,800</b>	<b>\$106,500</b>	<b>\$1,017,983</b>	<b>\$106,500</b>	<b>\$1,474,950</b>	<b>\$1,581,450</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Other Operating Revenue	\$21	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Revenue from Operations</b>	<b>\$94,561</b>	<b>\$94,000</b>	<b>\$116,800</b>	<b>\$106,500</b>	<b>\$1,017,983</b>	<b>\$106,500</b>	<b>\$1,474,950</b>	<b>\$1,581,450</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>OPERATING EXPENSES</b>												
Salaries and Fringe Benefits	\$0	\$0	\$3,000	\$0	\$340,000	\$0	\$485,000	\$485,000	\$0	\$0	\$0	\$0
Professional / Contracted Services	\$76,020	\$76,020	\$0	\$64,375	\$0	\$84,375	\$84,375	\$84,375	\$0	\$0	\$0	\$0
Supplies and Drugs	\$2,570	\$2,570	\$500	\$4,000	\$36,000	\$4,000	\$40,000	\$40,000	\$0	\$0	\$0	\$0
Bad Debts	\$3,000	\$3,000	\$6,000	\$3,000	\$10,000	\$3,000	\$20,000	\$20,000	\$0	\$0	\$0	\$0
Other Operating Expense	\$3,870	\$3,870	\$5,120	\$15,000	\$30,000	\$15,000	\$25,000	\$25,000	\$0	\$0	\$0	\$0
<b>Subtotal</b>	<b>\$85,460</b>	<b>\$85,460</b>	<b>\$93,210</b>	<b>\$106,375</b>	<b>\$401,000</b>	<b>\$207,375</b>	<b>\$570,000</b>	<b>\$676,375</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$15,000</b>	<b>\$30,000</b>
Depreciation/Amortization	\$200	\$200	\$700	\$200	\$2,500	\$200	\$3,800	\$3,800	\$0	\$0	\$0	\$0
Interest Expense	\$8,052	\$8,052	\$3,100	\$8,700	\$28,500	\$8,700	\$29,400	\$29,400	\$0	\$0	\$0	\$0
Lease Expense	\$93,512	\$93,712	\$11,350	\$115,275	\$432,000	\$115,275	\$602,900	\$718,575	\$115,675	\$115,675	\$115,675	\$115,675
<b>Total Operating Expenses</b>	<b>\$1,049</b>	<b>\$288</b>	<b>\$11,450</b>	<b>(\$8,775)</b>	<b>\$479,483</b>	<b>(\$8,775)</b>	<b>\$872,050</b>	<b>\$862,875</b>	<b>(\$9,175)</b>	<b>(\$9,175)</b>	<b>(\$9,175)</b>	<b>\$862,875</b>
<b>Income (Loss) from Operations</b>	<b>\$0</b>	<b>\$288</b>	<b>\$11,450</b>	<b>\$11,738</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Non-Operating Income	\$1,049	\$288	\$11,450	\$11,738	\$479,483	\$470,708	\$872,050	\$862,875	\$0	\$0	\$0	\$0
<b>Income before provision for income taxes</b>	<b>\$2,183</b>	<b>\$195</b>	<b>\$7,820</b>	<b>\$8,015</b>	<b>\$188,283</b>	<b>\$188,283</b>	<b>\$345,150</b>	<b>\$345,150</b>	<b>(\$9,175)</b>	<b>(\$9,175)</b>	<b>(\$9,175)</b>	<b>\$345,150</b>
Provision for income taxes	(\$1,134)	\$93	\$3,630	\$3,723	\$291,200	\$282,425	\$526,900	\$517,725	\$0	\$0	\$0	\$0
<b>Net Income</b>	<b>\$57,900</b>	<b>\$56,766</b>	<b>\$56,766</b>	<b>\$56,766</b>	<b>\$60,396</b>	<b>\$60,396</b>	<b>\$351,596</b>	<b>\$351,596</b>	<b>\$38,909</b>	<b>\$38,909</b>	<b>\$38,909</b>	<b>\$351,596</b>
Retained earnings, beginning of year	\$56,766	\$56,859	\$60,396	\$60,489	\$342,914	\$342,914	\$878,486	\$890,639	\$0	\$0	\$0	\$0
Retained earnings, end of year	0	0	1	1	5	5	7	7	0	0	0	7
<b>FTEs</b>												
<b>*Volume Statistics:</b>												
Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.												
<b>Outpatient Services:</b>												
Intensive Outpatient Units	0	0	38	0	1703	0	2786	2786	0	0	0	2786
Intensive Outpatient Units Self Pay	0	0	0	0	155	0	310	310	0	0	0	310
Outpatient Units	625	625	0	710	0	710	0	0	710	710	710	0
Volume	13	13	3	16	12	16	20	20	16	16	16	20

Financial Attachment IIa: Project Courage, LLC										
Year 1: Fiscal Year 2013 (1 month of operation)										
Type of Service Description	Intensive Outpatient									
Type of Unit Description:	OP Day									
# of Months in Operation	1									
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FY 2013		Rate	Units	Gross Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss) from Operations
FY Projected Incremental	\$11,350			Col. 2 * Col. 3				Col. 4 - Col. 5 -Col. 6 - Col. 7	Col. 1 Total * Col. 4 / Col. 4 Total	Col. 8 - Col. 9
Total Incremental Expenses:										
Total Facility by Payer Category:										
Medicare				\$0				\$0		\$0
Medicaid		\$0		\$0				\$0		\$0
CHAMPUS/TriCare		\$0		\$0				\$0		\$0
<b>Total Governmental</b>			0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Self Pay		\$450	0							
Commercial Insurers		\$800	38	\$30,400	\$7,600	\$0	\$0	\$22,800	\$11,350	\$11,450
Uninsured		\$0		\$0				\$0		\$0
<b>Total NonGovernment</b>		\$0	38	\$30,400	\$7,600	\$0	\$0	\$22,800	\$11,350	\$11,450
<b>Total All Payers</b>		\$0	38	\$30,400	\$7,600	\$0	\$0	\$22,800	\$11,350	\$11,450
*No value is placed in column 7 "Bad Debt" because there is already a line item for this on row 25 of Financial Attachment I, so bad debt is already accounted for in "Total Incremental Expenses"										



**Financial Attachment IIc: Project Courage, LLC**

Year 3: Fiscal Year 2015										
Type of Service Description	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:	Intensive Outpatient	Rate	Units	Gross Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss) from Operations
# of Months in Operation	IOP Day			Col. 2 * Col. 3				Col. 4 - Col. 5 - Col. 6 - Col. 7	Col. 1 Total *	Col. 8 - Col. 9
<b>FY 2013</b>	<b>25</b>									
<b>FY Projected Incremental Total Incremental Expenses:</b>	<b>\$602,900</b>									
<b>Total Facility by Payer Category:</b>										
Medicare				\$0				\$0	\$0	\$0
Medicaid				\$0				\$0	\$0	\$0
CHAMPUS/TriCare				\$0				\$0	\$0	\$0
<b>Total Governmental</b>			<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Self Pay**		\$450	310	\$139,500	\$41,850			\$1,474,950	\$567,387	\$907,563
Commercial Insurers		\$800	2,786	\$2,228,800	\$557,200	\$154,800	\$0	\$0	\$0	\$0
Uninsured		\$0		\$0				\$0	\$0	\$0
<b>Total Non Government</b>		<b>\$0</b>	<b>3,096</b>	<b>\$2,368,300</b>	<b>\$599,050</b>	<b>\$154,800</b>	<b>\$0</b>	<b>\$1,474,950</b>	<b>\$567,387</b>	<b>\$907,563</b>
<b>Total All Payers</b>		<b>\$0</b>	<b>3,096</b>	<b>\$2,368,300</b>	<b>\$599,050</b>	<b>\$154,800</b>	<b>\$0</b>	<b>\$1,474,950</b>	<b>\$567,387</b>	<b>\$907,563</b>

\*No value is placed in column 7 "Bad Debt" because there is already a line item for this on row 25 of Financial Attachment I, so bad debt is already accounted for in "Total Incremental Expenses"  
\*\*per payer population mix projections, 20% of referrals will choose to pay out-of-pocket, thus the reduced rate for financial hardship and offsetting overhead costs.

ORIGINAL

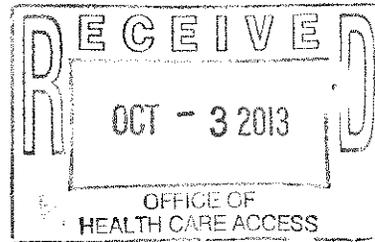
OR  
NEW/UPDATED FAX #  
IS 800-388-9463



Project Courage

251 Main Street  
Old Saybrook, CT  
projectcourageworks.com  
860-388-9656

October 3, 2013  
Alla Veyberman  
State of Connecticut  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue  
Hartford, CT 06134



RE: Docket Number 13-31846-CON

Dear Ms. Veyberman:

Enclosed please find one original and two (2) hard copies of our addendum to the second completeness letter regarding the Certificate of Need (CON) Application for Project Courage, LLC originally submitted on June 21, 2013.

**If correspondence via fax is necessary please use the following fax number: 860-388-9463**

Thank you for your consideration.

Sincerely,

Andrew Buccaro

**ADDENDUM TO SECOND COMPLETENESS LETTER**

The following pages provide clarification on (2) items of as requested from the Office of Healthcare Access (OHCA) to Project Courage, LLC related to Certificate of Need (CON) application, Docket Number 13-31846-CON.

**1. Please provide clarification on the different “hourly” unit of measure used in financial attachments I and IIa-IIc in the original Certificate of Need Application submitted by Project Courage on June 23<sup>rd</sup>, 2013 as compared to the “IOP day” unit of measure employed in your response to the Office of Health Care Access’ request for information submitted September 19<sup>th</sup>, 2013?**

In the original submission of our Certificate of Need application dated June 23<sup>rd</sup>, 2013 we used a unit of measure based on hours when completing financial attachments I and IIa-IIc on pgs. 74-77. Table 1 summarizes the projected units as detailed in our original submission:

Year	Total Units	Formula to Determine Total Units
2013	516 hourly units	3 clients X 10 hours/week x 4 months (or 17.2 weeks) =516 hourly units.
2014	6192 hourly units	12 clients X 10 hours/week x 12 months (or 51.6 weeks) =6192 hourly units
2015	10320 hourly units	20 clients X 10 hours/week x 12 months (or 51.6 weeks) =10320 hourly units.

To better reflect our billing procedure and for added clarity in our response to the Office of Health Care Access’ second set of questions dated September 19<sup>th</sup>, 2013 we use a different unit of measure being an Intensive Outpatient Day. Table 2 summarizes the projected units as detailed in this most current submission:

Year	Total Units	Formula to Determine Total Units
2013*	38 IOP day units	3 clients X 3 days/week x 1 months (or 4.3 weeks) =38 IOP day units.
2014	1858 IOP day units	12 clients X 3 days/week x 12 months (or 51.6 weeks) =1858 IOP day units.
2015	3096 IOP day units	20 clients X 3 days/week x 12 months (or 51.6 weeks) =3096 IOP day units.

\*Please keep in mind that in our original Certificate of Need application submitted in June of 2013 we were anticipating four months of operation for the remainder of the year 2013. Currently we are projecting one month of operation while we continue to pursue licensure.

Thus, the central point here is that we are only changing a unit of measure and this will have no impact on the quantity or quality of services or the larger financial projections. Stated numerically:

- 10 hours/week (9 hours of group and 1 hour of individual therapy)= 3 IOP days/week
- 3 IOP days/week= 10hours/week ( 9 hours of group and 1 hour of individual therapy)

On pg.19 of the original application we reference this relationship between hourly units and IOP day units: “The clinical programming at Project Courage is intended to be delivered over three days (10-12 hours of group, individual, and family therapy spread out over 3 days per week).”

**2. Please provide clarification on the change in number of full time employees from financial attachments I and IIa-IIc in the original Certificate of Need Application submitted by Project Courage on June 23<sup>rd</sup>, 2013 as compared to the number of full time employees on financial attachments I and IIa-IIc in your response to the Office of Health Care Access request for information submitted September 19<sup>th</sup>, 2013?**

A change was made in the number of full time employees (FTE) to reflect our changing timeline in terms of when we anticipated being operational. In the original submission of our Certificate of Need application we indicated 3 FTE's in 2013, 7 in 2014, and 9 in 2015 when completing financial attachments I and IIa-IIc on pgs. 74-77.

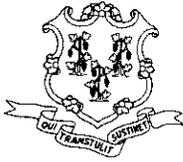
In our response to the Office of Health Care Access' second set of questions dated September 19<sup>th</sup>, 2013 we felt it was important to reflect our changed timeline and its impact on our FTE status. In this most current submission we indicate 1 FTE in 2013 (with only one month in operation), 5 FTE's in 2014, and 7 FTE's in 2015 (pgs133-136).

To offset any concerns about changes in quality of care and utilization of services, we would draw your attention to the fact that, despite this change, we will still see staff-to-client ratios that are considerably higher than industry standards. In 2013, we are projecting one full time staff member with a caseload of 3 clients. Likewise, in the year 2014 there will be 5 staff members available to 12 clients, and, finally, in 2015, we're projecting 7 staff members available to 20 clients.

Further, while we have noted changes to the number of our FTE's, the number of contractual providers that Project Courage currently has agreements with will not be impacted (as reflected in the financial agreements both in our initial submission and in the financial attachments submitted in response to the second set of questions dated September 19<sup>th</sup>, 2013). These contractual services will allow the flexibility needed to fill roles that emerge as Project Courage expands (i.e. providing individual therapy, facilitating groups, intake assessments, crisis management, etc.).

It is also important to note that with less FTE's there is also an associated decrease in operating expenses which is reflected in the financial attachment I under line item "Salaries and Fringe Benefits" in our response to the second set of questions dated September 19<sup>th</sup>, 2013. This further bolsters the financial sustainability of the project.

Finally, the projected profit margins indicate there will be ample ability to hire additional staff should this need become clear as it is critical that we uphold our commitment to the highest level of quality of care. In short, we felt it prudent to reflect that our changing timeline would potentially impact our operations in several ways however, we are prepared to do what is necessary to ensure that our clients receive the care they deserve.



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

October 8, 2013

VIA FACISIMILE ONLY

Andrew Buccaro  
President/CEO  
Project Courage, LLC  
26 Spring Street,  
Deep River, CT 06417

RE: Certificate of Need Application, Docket Number 13-31846-CON  
Project Courage, LLC  
Establish an Outpatient Behavioral Health and Substance Abuse Treatment Facility in Old Saybrook, Connecticut

Dear Mr. Buccaro,

This letter is to inform you that, pursuant to Section 19a-639a (d) of the Connecticut General Statutes, the Office of Health Care Access has deemed the above-referenced application complete as of October 8, 2013.

If you have any questions regarding this matter, please feel free to contact me at (860) 418-7007.

Sincerely,

A handwritten signature in cursive script that reads "A. Veyberman".

Alla Veyberman  
OHCA Health Care Analyst

*An Equal Opportunity Provider*

*(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)*

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
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STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: ANDREW BUCCARO  
FAX: 475.238.8353/800.388.9463  
AGENCY: PROJECT COURAGE  
FROM: OHCA  
DATE: 9/10/13 Time: \_\_\_\_\_  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

Comments: Docket Number 13-31846

PLEASE PHONE  
TRANSMISSION PROBLEMS

IF THERE ARE ANY

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
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STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: ANDREW BUCCARO

FAX: 475.238.8353

AGENCY: PROJECT COURAGE

FROM: OHCA

DATE: 9/10/13 Time: \_\_\_\_\_

NUMBER OF PAGES: 2  
*(including transmittal sheet)*

**Comments:**

Docket Number: 13-31846

**PLEASE PHONE  
TRANSMISSION PROBLEMS**

**IF THERE ARE ANY**

Phone: (860) 418-7001

Fax: (860) 418-7053

41 Capitol Ave., MS#13HCA



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

January 8, 2014

**IN THE MATTER OF:**

An Application for a Certificate of Need filed  
Pursuant to Section 19a-638, C.G.S. by:

Notice of Final Decision  
Office of Health Care Access  
Docket Number: 13-31846-CON

**Project Courage**

**Establish an Outpatient Behavioral  
Health and Substance Abuse Treatment  
Facility in Old Saybrook, Connecticut**

To:

Andrew Buccaro  
President/CEO  
Project Courage, LLC  
26 Spring Street,  
Deep River, CT 06417

Dear Mr. Buccaro:

This letter will serve as notice of the Final Decision of the Office of Health Care Access in the above matter, as provided by Section 19a-638, C.G.S. On January 7, 2014, the Final Decision was rendered as the finding and order of the Office of Health Care Access. A copy of the Final Decision is attached hereto for your information.

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

---

Kimberly R. Martone  
Director of Operations

Enclosure  
KRM:amv

*An Equal Opportunity Provider*  
*(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)*  
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov



**Department of Public Health  
Office of Health Care Access  
Certificate of Need Application**

**Final Decision**

**Applicant:** Project Courage, LLC  
26 Spring St., Deep River, CT 06417

**Docket Number:** 13-31846-CON

**Project Title:** Establishment of an Intensive Outpatient Behavioral Health and Substance Abuse Treatment Facility for Adolescents and Young Adults

**Project Description:** Project Courage, LLC (“Project Courage” or “Applicant”) seeks authorization to establish an intensive outpatient program for substance abusing adolescents and young adults in Old Saybrook, Connecticut.

**Procedural History:** The Applicant published notice of its intent to file the Certificate of Need (“CON”) application in the *Hartford Courant* on May 29, 30 and 31, 2013. On June 21, 2013, the Office of Health Care Access (“OHCA”) received the CON application from the Applicant for the above-referenced project and deemed the application complete on October 8, 2013. OHCA received no responses from the public concerning the Applicant’s proposal and no hearing requests were received from the public pursuant to Connecticut General Statutes (“Conn. Gen. Stat.”) § 19a-639a. In rendering her decision, Deputy Commissioner Davis considered the entire record in this matter.

To the extent the findings of fact actually represent conclusions of law, they should be so considered, and vice versa. *SAS Inst., Inc., v. S & H Computer Systems, Inc.*, 605 F.Supp. 816 (Md. Tenn. 1985).

## Findings of Fact

1. The Applicant, a for-profit limited liability company established in March 2006, provides substance abuse and mental health counseling to adolescents and young adults on an outpatient basis. Ex. A, pp. 4, 14, 21
2. The Applicant proposes to establish an intensive outpatient behavioral health and substance abuse treatment facility for adolescents and young adults in Old Saybrook, Connecticut. Ex. A, p. 4
3. The Applicant currently provides substance abuse counseling for adolescents and young adults; counseling sessions are typically 50 minutes long and occur once a week. Ex. A, p. 4
4. The Applicant plans to meet all regulatory requirements to obtain the licensure required to provide an intensive outpatient program (“IOP”) level of service, enabling it to be recognized by third party payers. Ex. A, pp. 21, 23
5. To provide the proposed services, the Applicant requires licensure from the Department of Public Health as a Psychiatric Outpatient Clinic for Adults and as a Facility for the Care or the Treatment of Substance Abusive or Dependent Persons. Ex. A, pp. 21, 87
6. The proposed program will not require licensure from the Department of Children and Families (DCF) as it will not be treating solely psychiatric conditions. Project Courage mandates that all incoming clients have a primary disorder of substance abuse or substance dependence. Adolescents referred to Project Courage without a primary diagnosis of substance abuse or substance dependence will be referred to another facility. Ex. A, p.128, 131
7. The services proposed by the Applicant will be funded by commercial insurers and by the clients and their families on a self-pay basis. Ex. A, p. 23
8. The target population for Project Courage includes adolescents and young adults (ages 14-26) from the following shoreline towns, which comprise the proposed service area: Guilford, Branford, Old Lyme, Chester, Essex, Deep River, Old Saybrook, Madison, Killingworth, Haddam, East Lyme, Westbrook and Clinton. Ex. A, pp. 5-6
9. The table below shows Project Courage’s referral and utilization volume for the last four calendar years. The Applicant reports that the main reason for not being able to accept referrals was the limited capacity of the program – only 20% accepted in 2012.

**Table 1: Project Courage Historical Utilization.**

Year	Annual Referrals	Volume
2009*	90	25
2010**	103	28
2011***	115	20
2012****	110	22

\* In 2009 there were two clinicians: one contractual and one full time.

\*\* In 2010 there were 3 clinicians: two contractual, and one full time.

\*\*\* In 2011 there were 4 clinicians: all of which were contractual.

\*\*\*\* In 2012 there were 4 clinicians: all of which were contractual.

Ex. A, pp. 14, 87

- The Applicant has provided care to adolescents and young adults who were referred for treatment from local schools, mental and other health care providers, youth services and from former clients. Project Courage averages eight referrals per month for weekly counseling services.

**Table 2: 2012 Referral Sources of the Applicant's Clients**

Referral Source	Referrals	%
School Systems	33	30.0%
Other mental health providers	31	28.1%
Existing or former clients	24	21.8%
Other healthcare providers (i.e. pediatricians, primary care physicians)	12	11.0%
Agency/Organizations (youth service bureaus, IOPs, etc.)	6	5.5%
Trainings/Workshops	3	2.7%
Media/Website	1	0.9%
Total	110	100%

Ex. A, pp. 12, 86

- While treating its current clients, Project Courage became aware that substance abuse disorders demand more than one hour of treatment per week. Ex. A, p. 14
- Patient referrals to a higher level of care (i.e., intensive outpatient) have been difficult due to barriers such as proximity, accessibility and quality of care resulting from the shortage of substance abuse treatment programs for adolescents and young adults (ages 14-26). Ex. A, p. 14
- There are no intensive outpatient programs in the proposed service area that primarily target adolescents and young adults suffering from substance abuse. Joshua Center Program is the only program that provides intensive outpatient service for adolescents and it is geared toward psychiatric services. The following table includes licensed outpatient treatment programs in the area. Ex. A, pp. 11, 88

**Table 3: Licensed Programs Serving Residents of the Proposed Service Area**

Facility Name	Location	Population served
Bhcare, Inc.	Branford	Adults & children
Child and Family Agency of Southeastern CT	Essex	Adults & children
The CT Counseling Center	Old Saybrook	Adults & children
Joshua Center-Shoreline	Old Saybrook	Children (5-18 year)

Sources: Statewide Health Care Facilities and Services Plan; Substance Abuse and Mental Health Services Administration (“SAMHSA”) website: <http://findtreatment.samhsa.gov>; and websites of the listed agencies: <http://www.saybrookcounseling.com>; <http://bhcare.org>; <http://www.childandfamilyagency.org> and <http://www.natchaug.org/programms>.

14. All of the centers listed in Table 3 are not-for-profit and three of the four providers rely on state and/or federal funding to provide their services to clients who are in the lower income bracket. Ex. A, p. 11
15. The 2011 National Survey on Drug Use and Health (“NSDUH”) reported that:
  - a. The number of people who were past-year heroin users in 2011 was higher than the number in 2007;
  - b. The rate of current illicit drug use varied by age. Among youths aged 12 to 17 in 2010, the rate increased from 4.0% at ages 12 or 13 to 9.3% at ages 14 or 15 and to 16.6 % at ages 16 or 17.
  - c. The highest rate (23.1%) of current illicit drug use was among 18 to 20 year olds; the next highest rate (20.5%) was found among 21 to 25 year olds.Source: SAMHSA, Results from the 2010 NSDUH: Summary of National Findings, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: SAMHSA, 2011.
16. According to the US Census 2010, there are approximately 819-1,000 residents per shoreline town<sup>1</sup>, or 8,600 individuals in total, between the ages of 15-23. Ex. A, p. 7
17. The 2003-2006 NSDUH estimates that 8.7% of Connecticut’s adolescent boys and 10.1% of adolescent girls meet the diagnostic criteria for an alcohol or substance abuse disorder. Ex. A, pp. 6, 37
18. Based on the NSDUH statistics, Project Courage estimates that 80 to 100 students per school would potentially be in need of treatment for substance use disorder. For the ten high schools within a 15-mile radius of the facility, an estimated 1,200 students may utilize the Applicant’s proposed services. Ex. A, pp. 5-7
19. Project Courage intends to have caseloads no higher than ten clients per clinician<sup>2</sup> to ensure high quality care. The following table shows the projected volumes.

<sup>1</sup> The shoreline towns include Guilford, Madison, Clinton, Westbrook, Killingworth, Haddam and Old Saybrook.

<sup>2</sup> *Guide to States: Treatment Standards for Women with Substance Use Disorders*, published by the National Association of State Alcohol and Drug Abuse Counselors in 2008, recommends that clinicians in IOP programs should have a maximum caseload size

**Table 4: Projected Volume by Fiscal Year**

Service Type	FY2013*	FY2014**	FY2015***	FY2016
Intensive Outpatient	3	12	20	25
Outpatient	13	16	16	19
Total	16	28	36	44

\*2013 is a partial year. The Applicant estimates to serve 3 clients or 38 IOP units (3 clients x 3 days per week for 1 month).

\*\*The Applicant estimates that it can serve 12 clients or 1,858 IOP units (12 clients x 3 days per week for 1 year)

\*\*\*The Applicant estimates that it can serve 20 clients or 3,096 IOP units (20 clients x 3 days per week for 1 year)

Ex. A. pp. 4, 86 & 129

20. The Applicant proposes to provide intensive outpatient treatment for adolescents and young adults struggling with substance abuse disorders and co-occurring mental health disorders. Upon completion of the IOP program, patients will “step-down” to the outpatient level of care that includes individual therapy and group therapy for two to three hours per week. Ex. A, pp. 6, 26
21. The Applicant’s proposed services will include individual therapy, group therapy, intensive family therapy and drug screening. All of these core services will be supplemented by the following recovery lifestyle services: medication management, recreational services, case management and other holistic treatment programs such as yoga. To keep its clients motivated, Project Courage will also offer services specifically designed for the adolescent and young adult population such as boxing, martial arts, basketball, music lessons and the arts. Ex. A. pp. 5, 16
22. The proposed population will be kept in separate treatment groups (i.e., ages 14-17 and ages 18-26) and as such will receive treatment that is developmentally appropriate. Ex. A. p.6
23. The Applicant plans to have its standards of practice in line with the SAMHSA Treatment Improvement Protocol (“TIP”) 47<sup>3</sup> including:
  - a. providing easy entry;
  - b. making treatment readily available;
  - c. building on existing motivation;
  - d. enhancing therapeutic alliance;
  - e. making retention a priority;
  - f. assessing and addressing individual treatment needs;
  - g. providing ongoing care;
  - h. monitoring abstinence;
  - i. using mutual help and other community based supports;
  - j. using medications if indicated;

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of 10. *The Manual for Recovery Coaching and Personal Recovery Plan Development* by Fayette Companies suggested caseload sizes for recovery coaches should not exceed 15-20 active clients in the program. Ex. C, p. 85

<sup>3</sup> TIP 47 identifies 14 principles of protocol for the improvement of Intensive Outpatient Treatment.

- k. educating about substance abuse, recovery, and relapse;
- l. engaging families, employers, and significant others;
- m. incorporating evidence-based approaches; and
- n. improving program administration.

Ex. A, pp. 16-21

24. Project Courage plans to incorporate the following evidence based models in its IOP program:

- a. motivational interviewing;
- b. acceptance and commitment therapy (a third generation cognitive behavioral therapy);
- c. traditional cognitive behavioral therapy; and
- d. 12-step facilitation.

Ex. A, p. 21

25. Dr. Peter Mohrer, a psychiatrist experienced working with substance use disorders, will provide medication evaluations and management for Project Courage clients.

Ex. A, pp. 20, 48

26. The Applicant's proposal will provide high quality client-centered services that will promote recovery and resilience for its clients. Project Courage will provide a treatment alternative that decreases long-term behavioral healthcare costs, including costly acute-care expenses. Ex. A, p.26

27. The Applicant's proposal will improve health care delivery for adolescents and young adults by enhancing the continuum of care. Clients concluding their treatment at a higher level of care (e.g. residential) will be able to continue their treatment at a lower level of care. By providing continued treatment, the potential for relapse is reduced and the ability to transition into a productive, independent and self-supporting lifestyle is enhanced. Ex. A, p.15

28. Project Courage will rely on out-of-network insurance reimbursement and self-pay clients to fund its services. The Applicant's projected payer mix is as follows:

**Table 5: Projected Payer Mix**

	FY2013*	FY 2014	FY 2015
Self Pay		10%	20%
Commercial Insurers*	100%	90%	80%
Total Payer Mix	100%	100%	100%

\*2013 is a partial year

Ex. A, p.23

29. Clients that don't have an out-of-network insurance option or present with financial hardship will be offered a discounted out-of-pocket rate or the Applicant will provide an aggressive referral process to find another provider in the area that offers services under the given insurance and/or financial circumstances of the client. The referral process will only be deemed complete once an appropriate provider is found and the client is actively engaged with that provider. Ex. A, p.129

30. The total capital cost for the proposal is \$40,000 for non-medical equipment purchases and will be financed by Andy Buccaro, who is the current CEO/Founder of Project Courage. Ex. A, pp. 22, 87
31. Based on the experience of the Applicant's contracted billing services and knowledge of rates for other local providers offering similar levels of care, the Applicant anticipates charging from \$275 to \$350 for outpatient sessions and \$800 per day, per client in the IOP program. Ex. A, p. 128
32. The Applicant projects incremental gains from this proposal for FYs 2013 through 2015 of \$3,630, \$291,200 and \$526,900, respectively.

**Table 6: Projected Incremental Revenues and Expenditures by Fiscal Year**

Description	FY2013	FY2014	FY2015
Total Gross Revenue*	\$22,800	\$911,483	\$1,474,950
Total Expenses**	19,170	620,283	948,050
<b>Income (Loss) from Operations***</b>	<b>\$ 3,630</b>	<b>\$ 291,200</b>	<b>\$ 526,900</b>

\*Total Gross Revenue estimated by Applicant based on usual and customary charges in the region and does not necessary reflect actual reimbursement.

\*\*Total Expenses include salaries and fringe benefits, contracted services, supplies, bad debts, depreciation, lease expenses and income tax provision.

\*\*\*The Applicant anticipates charging from \$275 to \$350 for OP sessions and \$800 per day per client for IOP.

FY2013 revenue projection is based on 38 IOP days (3 clients x 3 days per week for 1 month)

FY2014 revenue projection is based on 1,858 IOP days (12 clients x 3 days per week x 12 mos)

FY2015 revenue projection is based on 3,096 IOP days (20 clients x 3 days per week x 12 mos)

Ex. A, pp. 129, 133

33. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))
34. This CON application is consistent with the overall goals of the State Health Care Facilities and Services Plan. (Conn. Gen. Stat. § 19a-639(a)(2))
35. The Applicant has established that there is a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3))
36. The Applicant has satisfactorily demonstrated that its proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))
37. The Applicant has satisfactorily demonstrated that its proposal would improve the accessibility of health care delivery in the region and it has satisfactorily demonstrated a potential improvement in quality and cost effectiveness. (Conn. Gen. Stat. § 19a-639(a)(5))
38. The Applicant has shown that there will be an increase in access to the provision of health care services to the relevant populations and payer mix. (Conn. Gen. Stat. § 19a-639(a)(6))

39. The Applicant has satisfactorily identified the population to be served by its proposal and has satisfactorily demonstrated that this population has a need as proposed. (Conn. Gen. Stat. § 19a-639(a)(7))
40. The Applicant's historical provision of treatment in the proposed service area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))
41. The Applicant has satisfactorily demonstrated that the proposal will not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))

## Discussion

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

Established in March 2006, Project Courage is a for-profit limited liability company that provides outpatient substance abuse and mental health counseling to adolescents and young adults (ages 14-26) in Old Saybrook, Connecticut. *FF1* The following shoreline towns comprise the Applicant's service area: Guilford, Branford, Old Lyme, Chester, Essex, Deep River, Old Saybrook, Madison, Killingworth, Haddam, East Lyme, Westbrook and Clinton. *FF8* The Applicant has been receiving an average of eight referrals per month from local schools, mental and other health care providers, youth services and from former clients. *FF10* The limited capacity of the Applicant's current program is the primary reason for its inability to accept additional referrals. *FF9*

While treating its current clients, Project Courage became aware that the treatment of substance abuse disorders for patients aged 14-26 demands more than one hour of treatment per week, as currently being provided by Project Courage. *FF11* Referring patients to a higher level of care (i.e., intensive outpatient) has been difficult for Project Courage due to proximity, accessibility and quality of care barriers resulting from the shortage of substance abuse treatment programs for adolescents and young adults (ages 14-26). *FF12* Only one program (Joshua Center Program) provides intensive outpatient service for adolescents in the proposed service area, but is geared more toward psychiatric services than substance abuse disorders. *FF13* To address this problem, Project Courage is proposing to establish an outpatient mental health and substance abuse treatment facility that will provide an intensive outpatient level of service for adolescents and young adults (ages 14-26). *FF20*

Project Courage's proposed core services will include individual therapy, group therapy, intensive family therapy and drug screening. In addition, the Applicant proposes to supplement its core services by providing recovery lifestyle services such as medication management, recreational services, case management and other holistic treatment programs such as yoga and martial arts. *FF21* Project Courage's proposal will enable patients who are exiting a residential treatment facility to obtain continued treatment in an outpatient setting thereby providing a smoother transition into a productive, independent and self-supporting lifestyle and a reduction in relapse. *FF27*

Given the challenges faced by Project Courage with respect to placement of patients for a higher level of care than it can currently provide, the need for the proposed service is evident. Furthermore, Project Courage has demonstrated that this need exists for the populations within its current service area. Project Courage's proposal will provide a continuum of care for those patients it currently serves as well as future patients. Therefore, the Applicant has sufficiently demonstrated that its proposal addresses a clear public need without the unnecessary duplication of services within its proposed service area.

Obtaining licensure as a facility providing intensive outpatient mental health and substance abuse treatment will enable Project Courage to receive out-of-network reimbursement for its services from third-party payers. *FF4,5,7,28* Clients that don't have an out-of-network insurance option or present with financial hardship will be offered a discounted out-of-pocket rate or Project Courage will work with the client to find another provider in the area that offers services under their insurance and/or financial circumstances. *FF29* The Applicant's proposal will, therefore, improve access to intensive outpatient services for the targeted population and provide additional payment options for clients and their families.

The Applicant's proposal has a capital cost of \$40,000 and projects incremental gains of \$3,630, \$291,200 and \$526,900 for FYs 2013 through 2015, respectively. *FF30, 32* With projected volumes that appear reasonable and achievable, the Applicant has demonstrated that its proposal is financially feasible.

## Order

Based upon the foregoing Findings of Fact and Discussion, the Certificate of Need application of Project Courage, LLC to establish an intensive outpatient program for substance abusing adolescents and young adults to be located in Old Saybrook, Connecticut, is hereby **APPROVED**.

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

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

1/8/14  
Date

  
Lisa A. Davis, MBA, BSN, RN  
Deputy Commissioner

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
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STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: ANDREW BUCZARO  
FAX: 860.388.9463  
AGENCY: PROJECT COURAGE  
FROM: OHCA  
DATE: 1/8/14 Time:  
NUMBER OF PAGES: 13  
*(including transmittal sheet)*

Comments:

Docket Number : 13-31846

PLEASE PHONE  
TRANSMISSION PROBLEMS

IF THERE ARE ANY

Phone: (860) 418-7001

Fax: (860) 418-7053

411 Capitol Ave., MS#13HCA

## Huber, Jack

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**From:** Huber, Jack  
**Sent:** Tuesday, June 17, 2014 4:19 PM  
**To:** 'projectcourage@hotmail.com'  
**Cc:** Roberts, Karen  
**Subject:** Notice of CON Expiration Date for the Decision Rendered under Docket Number:  
13-31846-CON

Dear Mr. Buccaro:

On January 8, 2014, in a final decision under Docket Number: 13-31846-CON, the Office of Health Care Access authorized a Certificate of Need ("CON") to Project Courage for the establishment of an intensive outpatient program for substance abusing adolescents and young adults to be located in Old Saybrook, CT. Pursuant to Section 19a-639b of the Connecticut General Statutes ("C.G.S."), "*a certificate of need shall be valid for two years from the date of issuance by this office.*"

With this letter, please be advised that pursuant to Section 19a-639b, C.G.S., the current CON authorization issued under Docket Number: 13-31846-CON will expire on January 8, 2016. Please contact me at (860) 418-7069 or Karen Roberts, Principal Health Analyst at (860) 418-7041, if you have any questions regarding this notification.

Sincerely,

*Jack A. Huber*

Jack A. Huber  
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