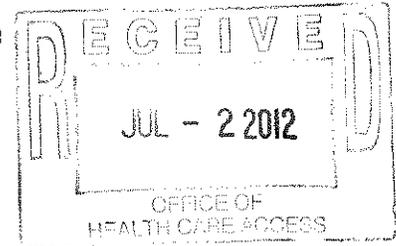




CT-FAMILY CARE SERVICES, LLC

**"In Collaboration with clients we
enhance their wellness through
internal and external solutions."**



June 29, 2012

Paolo Fiducia
Office of Health Care Access (OCHA)
Department of Public Health
410 Capital Ave,
Hartford, CT. 06134

Dear Paolo Fiducia

Attached herewith is an application for the certificate of need (CON).

In order to facilitate communication, please communicate with me at rweye@cox.net or at 860-508-8651.

Justinian Rweyemamu, MA, M.Div, MS-MFT, PhD student &
AAMFT Approved Supervisor Candidate
Founder & President
CT-Family Care Services, LLC

16 Enfield Ave.

Enfield, CT 06082

243 Main Street

Manchester, CT 06042

155 Maple St, Unit 204

Springfield, MA 01105

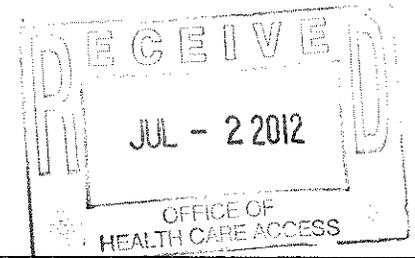
rweye@cox.net

(860) 508-8651



CT-FAMILY CARE SERVICES, LLC

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enhance their wellness through
internal and external solutions."**



**CT-FAMILY CARE SERVICES, LLC PRESENTS
TO THE DEPARTMENT OF PUBLIC HEALTH (DPH)**

**AN APPLICATION FOR THE CERTIFICATE OF NEEDS ("CON")
FOR AN OUTPATIENT INTEGRATED TREATMENT PROGRAM**

**FOR THE UNDERSERVED POPULATION IN ENFIELD & MANCHESTER
AREA IN CONNECTICUT**

The treatment will reduce:

- **School dropout**
- **Delinquency**
- **Problematic behaviors**
- **Mental illnesses, Substance uses & Poverty**
- **Dysfunctional family interactions that affect children and family members**

The treatment will

- **Enhance coping skills**
- **Increase academic performances**
- **Help students to graduate in High Schools and proceed to colleges or embrace careers**
- **Increase recovery and healing from mental illnesses and substance uses**
- **Improve relations between challenged individuals, families and foster wellness and economic success among underserved population**
- **Save taxpayers the burdens and costs of preventable incarceration among children, adults and increase skilled workforce and productive citizens.**
- **Greatly reduce health, educational and economical as well as healthcare disparities among underserved minorities and low income population**

16 Enfield Ave.

Enfield, CT 06082

243 Main Street

Manchester, CT 06042

155 Maple St, Unit 204

Springfield, MA 01105



CT-FAMILY CARE SERVICES, LLC

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CT-FAMILY CARE SERVICES LLC

16 ENFIELD AVENUE
ENFIELD, CT. 06082

1046

51-1063/111

Date

6/29/012

**PAY to the
order of**

Treasurer State of Connecticut
Five hundred

\$ 500.00

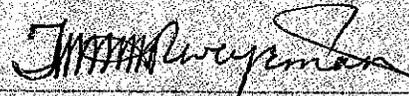
Dollars

 Security
Features
Guaranteed
MP™


New England Bank

FOR

the CON application



⑆00⑆046⑆ ⑆0⑆⑆⑆0633⑆ 580705⑆88⑆

HARTFORD COURANT PROOF

Customer: CT-FAMILY CARE SERVICES, LLC
Contact: JUSTINIAN RWEYEMAMU Phone: 8605088651

Ad Number: **2502675**
Insert Dates: 05/31/2012 06/01/2012 06/02/2012

Price: 338.38
Section: CL Class: 2174; CONNECTICUT Size: 1 x 1.75
Printed By: KURCHELL Date: 05/30/2012

Signature of Approval: _____ Date: _____

NOTICE
CT-Family Care Services, LLC is applying for a Certificate of Need pursuant to Section 19a-638 of the General Statutes to open a Behavioral Health Treatment Center with a focus on Marriage and Family Counseling/Therapy, Student Behavioral Counseling, School Dropout and Low Academic Performance Prevention, Cross-cultural Counseling Services and Job Preparedness for Refugees, and Integrated Therapy for Veterans suffering Post Traumatic Stress Disorder and their families as well as Therapeutic Treatment and Social Services for the underserved population. The facility will be located at 243 Main St, Suite 4, Manchester, CT 06042.

HARTFORD COURANT PAYMENT RECEIPT

Customer: CT-FAMILY CARE SERVICES, LLC
Account Number: **20257078** Phone: 8605088651

Ad Number: **2502675**
Classification: 2174; CONNECTICUT
Start: 05/31/2012 End: 06/02/2012
Insertions: 3 Size: 1 x 1.75

Price: \$338.38
Amount Paid: \$0.00 Amount Owed: \$0.00
Payment Method: CC Check No: 0
Credit Card: VI 10/31/2014

Printed By: KURCHELL Date: 05/30/2012

NOTICE
CT-Family Care Services, LLC is applying for a Certificate of Need pursuant to Section 12a-63b of the General Statutes to open a Behavioral Health Treatment Center with a focus on Marriage and Family Counseling/Therapy, Student Behavioral Counseling, School Dropout and Low Academic Performance Prevention, Cross-multicultural Counseling Services and Job Preparedness for Refugees, and Integrated Therapy for Veterans who suffering Post-Traumatic Stress Disorder and their families as well as Therapeutic Treatment and Social Services for the underserved population. The facility will be located at 243 Main St, Suite 4, Manchester, CT 06042.

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.: 12-31773-GW Check No.: 1046
OHCA Verified by: (S) Date: 7/2/12

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) 428-7053, at the time of the publication)

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.

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.

AFFIDAVIT

Applicant: **CT-FAMILY CARE SERVICES, LLC**

**Project Title: Outpatient Integrated Treatments for Underserved Population
in ENFIELD & MANCHESTER, Connecticut.**

I, Justinian Rweyemamu, MA, M. Div, MS-MFT, PhD student,
AAMFT Approved Supervisor Candidate.

Founder & President.

(Individual's Name)

(Position Title – CEO or CFO)

of **CT-FAMILY CARE SERVICES, LLC** being duly sworn, depose and state that
(Hospital or Facility Name)

CT-FAMILY CARE SERVICES, LLC's information submitted in this Certificate of
(Hospital or Facility Name)

Need Application is accurate and correct to the best of my knowledge.

Justinian Rweyemamu
Signature

6-30-2012
Date

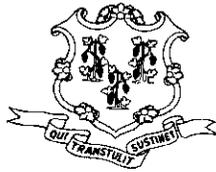
Subscribed and sworn to before me on 6/30/2012

T. Chaudhry

Notary Public/Commissioner of Superior Court

**T CHAUDHRY
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 2015**

My commission expires: _____



**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: CT-FAMILY CARE SERVICES, LLC

Contact Person: Justinian Rweyemamu, MA, M. Div, MS-MFT, PhD student & AAMFT Approved Supervisor Candidate, **Founder & President.**

**Contact Person's
Title:** Same as above

**Contact Person's
Address:** 16 Enfield Ave, Enfield, CT.06082

**Contact Person's
Phone Number:** 860-508-8651

**Contact Person's
Fax Number:**

**Contact Person's
Email Address:** rweye@cox.net

Project Town: ENFIELD and MANCHESTER

Project Name: CT-FAMILY CARE SERVICES, LLC

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

Estimated Total Capital Expenditure: \$1, 843,100.00

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

a. Please provide a narrative detailing the proposal.

INTRODUCTION: CT-Family Care Services, LLC is a minority owned and certified consulting company based in Connecticut. It was established and registered in Connecticut in July 2007. CT-Family Care Services is composed of seasoned professional social workers, therapists, teachers, psychiatrists, registered nurses, human rights advocates and administrators who are knowledgeable with different cultures. Some professionals are multi-lingual who speak several languages including the African languages, Swahili, English, Spanish, Italian, and French (The Logic Model Guide for CT-Family Care Services, LLC, 2008)

Through collaboration and partnership with clients, communities and agencies, the company is dedicated to serving the minorities, and low income population who are underprivileged medically, economically and social-culturally in order to reduce and overcome health and economic disparities in Connecticut as presented by researches and Connecticut Department of public Health (DPH website 2012, Healthcare for Connecticut's underserved population 2011, Connecticut's multicultural health 1999).

The company provides integrated treatments which are embedded with strong Academic-Social-Cultural-Emotional-Spiritual-Economic-Relational(ASCESER) components and therapeutic treatments which systemically decrease:

- *high school dropouts,*
- *poor academic performances*
- *delinquencies and imprisonment*
- *substance uses among students at schools and in their families*
- *irresponsible parenthood and family dysfunctional relationships that affect children's behaviors, and their safe environments*

The above integrated treatments increase

- (1) Positive coping skills in many ways of life (in day to day life)
- (2) Behavior improvements at school, home and in community
- (3) High academic achievement at schools
- (4) Number of students who graduate from high schools with diplomas
- (5) The number of students who have been prepared for colleges and careers or both
- (6) Skilled productive citizenships in communities
- (7) Productive alternatives to incarceration and family/community transformation
- (8) Inmates with positive community-re-entry qualifications before and after their discharge from prisons.
- (9) Ability to overcome or avoid factors that lead to school dropouts, illegal behaviors and incarcerations among children, students, minorities and from low income families.
10. Understanding marital, couples, or partners relationships in order to enhance couples and families' wellness as well as success.

The goal of CT-Family Care is to provide integrated systemic treatments needed in combating high school dropout, substance uses, delinquencies, poverty, and mental health issues and improve academic performances at schools as well as academic excellence so as to enable potential high school dropouts change course and go to four years colleges or community colleges or embrace meaningful careers or both. CT-Family Care will also prepare underprivileged youth, and families with job training and in a special way, provide integrated treatment to students, adults and families in order to enhance their coping skills, prevent or reduce mental, economic and academic crises and trauma patterns that seem to dominate among minorities and low income populations (Connecticut Department of Public Health on Health Care Disparities for underserved population-website-2011, Hynes 2011). In addition, the company will foster their workforce skills

and cultivate the spirit of self reliance so as to enable them to become productive members in their respective communities and sustain their successes.

CT-Family Care will achieve those goals through its intensive integrated treatment programs and services (Attached-Appendix #1: Organizational Chart with programs and Services). Those integrated services will be implemented in close partnerships and effective collaborations with stakeholders such as: Clients, parents, families, schools as well as Federal and State agencies such as the Department of Public Health(DPH), Department of Children and Families (DCF), Department of Social Services (DSS), Department of Mental Health and Addiction Services(DMHAS), the Department of Education (DE), Department of Correction and Connecticut Juvenile Court System, Department of Veteran Affairs(VA) and Private investors and towns or communities where the company provides services(attached-Appendix # 2 are copies of certification at Federal and State level).

(b) Selected Towns for services: The company has offices in Enfield and Manchester in Connecticut because in those towns, the communities have a good number of minorities and low income population and consequently, health problems are more common among them (Multicultural Health: The Health Statuses of Minority groups in Connecticut, 2000). By using an intensive multi-social-cultural approach, CT-Family Care provides integrated academic and behavioral treatments, cross-cultural education, coping skills enhancement leading to high academic achievements, behavioral improvement of students and sustainable healing as well as job embracement for individuals, groups and families in communities (Jezewski, Sotnik 2001)

(c) Category of Services provided: The Company provides integrated professional services in the following categories:

1. **Mental health:** Integrated and personalized in-home and in-clinic counseling and **therapy** provided by experienced clinicians, both graduates and licensed Marriage and Family Therapists (MFT's). Potential clients are couples, children, students, individuals and families.

2. **Social Services and Care:** Home Healthcare and Social Services are provided in home by licensed and experienced Social Workers, Certified Nursing Assistants (CNA) and Licensed Practical Nurses (LPNs) to support residents. The goal of these services is to help individuals live comfortably, safely and independently in their homes with professional care and supervision from CT-Family Care Services, LLC. The company has well trained MFTs, Social workers, and Nurses that support seniors and families at this unique stage of their life with emotional well being, healing and growth with a caring, respectful and holistic approach.
3. **Youth with Academic and behavioral enhancement needs:** CT-Family Care Services is focusing on working with school age youths and their families that have specific risk factors such as delinquency, problematic behaviors, school dropouts and dysfunctional family dynamics that are affecting their education and community life.
4. **Services for Veterans and their families.** While veterans continue to offer great sacrifices within the United States and overseas, especially now in Iraq and Afghanistan, veterans as well as their family members, especially their children are being affected with academic, behavioral and mental health issues. The children suffer from the absence of either one or both of their biological parents, who are far from them for a length of time. In addition, often veterans and their families are affected by Post Traumatic Stress Disorder (PTSD), consequently CT-Family Care Services provides customized, integrated therapeutic treatment and social services to veterans and their families in the area.
5. **Refugee and Immigrant Resettlement.** Refugees and Immigrants receive cross-cultural counseling services and job training. Studies and experience with Refugees' resettlements in New England indicate that, minority refugees encounter more hardships in adjusting to American culture even when they have talents. By supporting them through this transition and into the workforce, they contribute greatly to Connecticut economy and cultural diversities.

6. **Job Training and Readiness.** CT Family Care Services provides wrap-around job readiness services to its clients as needed.
7. **Community Re-entry and marital/family crisis:** Connecticut spends between \$30,000 to 40,000 per year to keep one inmate in prison and there is no guarantee that once released, they will not commit another crime, and that is a heavy burden to taxpayers. CT-Family Care Services provides intensive, integrated treatment needed in order to rehabilitate them and enable them to have positive outcomes while becoming productive members of our communities.
8. **Integrated Research Team:** The research focuses on treatments in order to find out how best to enhance clients' systemic recovery in a social-cultural context. It is purported that currently there is insufficient clinical researches on cultural competencies in healing mental health problems related to treatment of students, families, seniors, retired professionals and minorities. This research benefits all of those clients as well as mental health and government institutions on how to enhance positive treatment outcomes for those populations.
9. **Substance abuses prevention and treatment:** The misuse of alcohol and drug abuses among students, youth and adults seems to be another major Federal and State mental health challenges in the United States. In Connecticut, the survey among High schools students between 2007 and 2008 indicated that 46% of Connecticut high schools students reported using alcohol, 23% using marijuana, 21% using tobacco, 4% of cocaine, 10% of Heroin, and those misusing the prescription drugs (CT School Health Survey, 2008). The bio-medical approach remains a traditional approach in treating alcohol addiction symptoms and not treating the real problems which are yet hidden. Integrated therapy that CT-Family Care presents will treat both, the symptoms and their hidden causes in family-social-cultural contexts.
10. **Violence prevention:** Through integrated therapy, academic and coping skills enhancement and treatments, individuals will be enabled to identify triggers for their anger and violence, manage

them in order to enhance positive solutions for their needs and resolve conflicts without any harm to self or others in society.

2. Clear Public Need

a. Provide the following regarding the proposal's location:

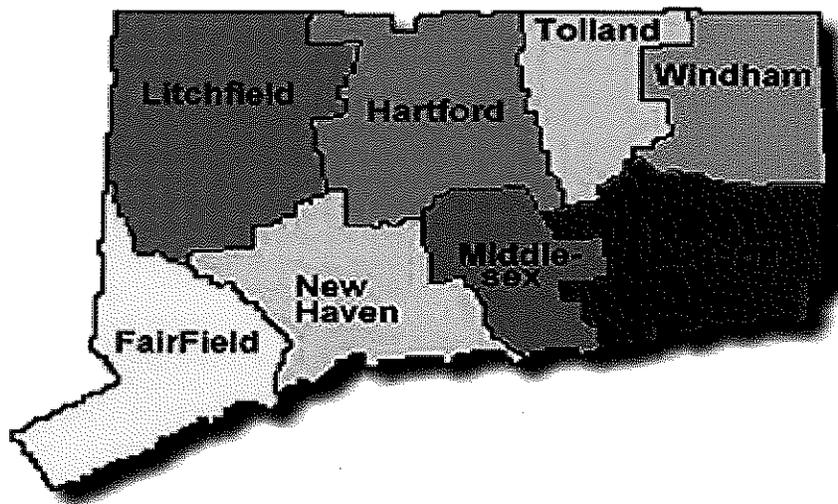
i. The rationale for choosing the proposed service location;

In Connecticut, CT-Family Care Services, LLC has offices in Enfield and Manchester because in those towns there are great needs for integrated treatments and expertise for the underserved population in order to prevent the following: **School dropouts, delinquencies, problematic behaviors, poverty, marital or relational crises, trauma, substance abuses, mental illnesses in families and dysfunctional family interactions that affect children and family members. In addition, as a minority owned company that is appreciative of the cross-cultural values, the company provides a bridge for evidence-based researches in multi-cultural treatments in mental health sector for the underprivileged population in order to enhance and sustain their good recovery, and success in Connecticut.**

In Connecticut, minorities have complex medical, economic and mental health issues including inabilities to access medical care. Clients that have medical issues such as Asthma, lead poisoning, tuberculosis and AIDS which seem to be more common among minorities (DPH website 2012) will be provided with integrated therapy and referred to nearby medical hospitals for medical treatments. CT-Family Care will continue to serve as a bridge in reducing those gaps especially through its cross-cultural therapeutic expertise and family therapy as well as **mental health treatments as diagnosed in the** Diagnostic and Statistical Manual of Mental Disorders-2012 (or DSM-V-2012) or in a later revised version.

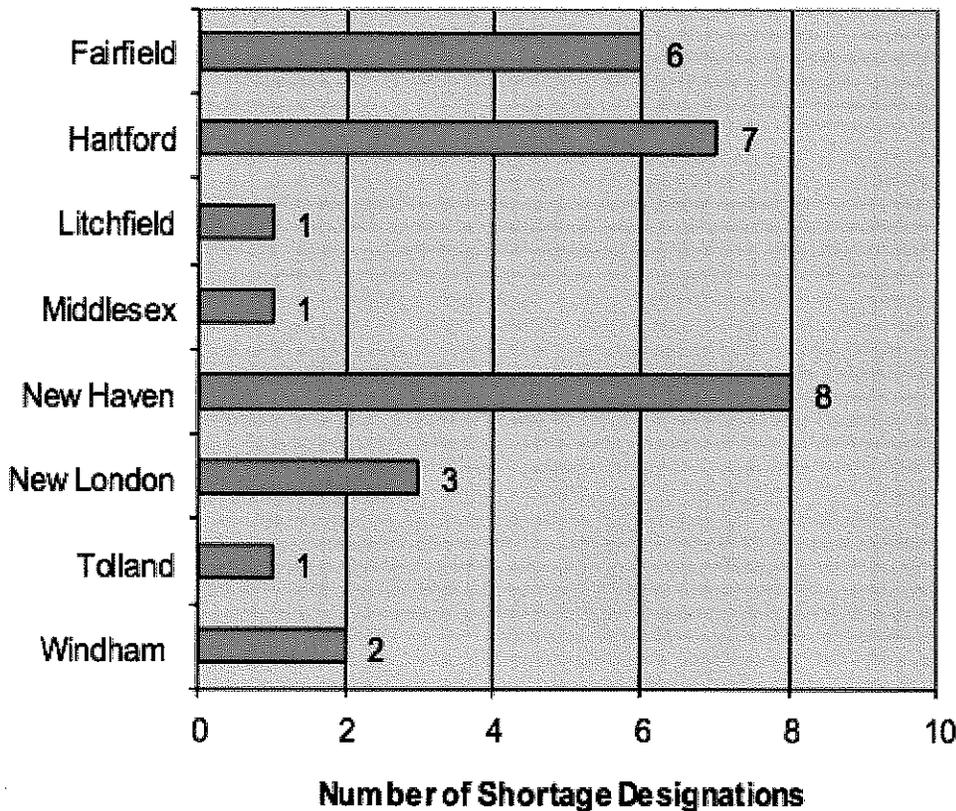
Integrated treatment approach: All those integrated treatments will be embedded with strong Academic-Social-Cultural-Emotional-Spiritual-Economic-Relational (ASCESER) components and behavioral treatments systemically in order to reduce and prevent the epidemics of

high school dropout, lower academic performances, delinquencies, substance uses and behavioral problems among students and families, especially minority students and white students from low income families in Connecticut, starting with Enfield and Manchester where the company has offices. The towns of Enfield and Manchester belong to **Hartford County** which has a significant number of the underprivileged population. Below are counties in Connecticut.



The map above shows Connecticut's counties (Health Care for Connecticut's underserved population-DPH-2011) and the following diagram show the shortages of professions for the underserved population (DHP website- underserved population 2011)

Figure 1. Number of Medically Underserved (MUAP) Shortage Designations by CT County, October, 2011



(Health Care for Connecticut’s underserved population-DPH-2011)

Selected Towns: in Connecticut (1) TOWN OF ENFIELD,CONNECTICUT:

CT-Family Care Services, LLC company was founded in 2007 in Enfield which in 2010 had a population of 46,880 of which 88.32% were white, 5.27% black,1.32% Native Americans, 3.74% were Hispanic and 1.19% for others (ww.enfield.ct.gov. filestorage 91/127). The big group of population in Enfield that was not included in the above data is the group of prisoners. The town of Enfield has six State prisons which are overcrowded with the greatest population of minorities and low income residents from different parts of Connecticut. When students drop out of school due to various reasons, research indicates that a good number of them end up in jails (Sum 2009).

**Population Counts by Facility
As Of January 1, 2012**

Facility	Sentenced	Accused	Total
Bergin CI	0	0	0

CT-FAMILY CARE SERVICES, LLC

Facility	Sentenced	Accused	Total
Bridgeport CC	189	572	761
Brooklyn CI	466	14	480
Cheshire CI	1,452	36	1,488
Corrigan-Radgowski CC	1,206	453	1,659
Enfield CI*	734	12	746
Garner CI*	429	214	643
Niantic Annex	548	12	560
Hartford CC	313	864	1,177
MacDougall-Walker CI*	1,704	421	2,125
Manson YI	313	229	542
New Haven CC	152	634	786
Northern CI*	284	74	358
Osborn CI*	1,835	174	2,009
Robinson CI*	1,439	37	1,476
Webster CI*	0	0	0
Willard-Cybulski CI*	1,146	20	1,166
York CI	745	301	1,046
Total	12,955	4,067	17,022

CI=Correctional Institution.

CC=Correctional Center.

YI=Youth Institution.

VA=Virginia.

(Department of Correction website 2012)

Institutions with a * mark (above) indicates that they are within Enfield town or in the next towns of Somers, Windsor and Suffield which are not far from other prisons in Enfield. Thus, the company plans to provide services to eight state prisons within or around Enfield. According to the report by Connecticut Department of Correction (DOC), Connecticut had about 17,022 inmates in prisons as of January 2012, Connecticut taxpayers pay about \$ 33,707. 45 (Department of Correction website- Annual budget 2009) per year to keep one inmate in jail and more often there is no assurance that after an inmate has been discharged from prison, he/she will have been entirely rehabilitated and that he /she would not violate the laws and go to prison again. Often, repetitive law violation leads to a cycle of incarcerations, poor quality of life, low education achievements and low economic income. There is a need for a change. CT-Family care services plans to provide integrated treatments for effective community re-entry to about 1,200 inmates annually from Enfield Prisons. Due to all those facts, CT-Family Care Services plans to continue playing a vital role in rehabilitating and treating inmates who are underserved in order to become positive,

productive and successful citizens. This will be another step towards overcoming health and economic disparities among the underprivileged population in Connecticut (DPH website-2012).

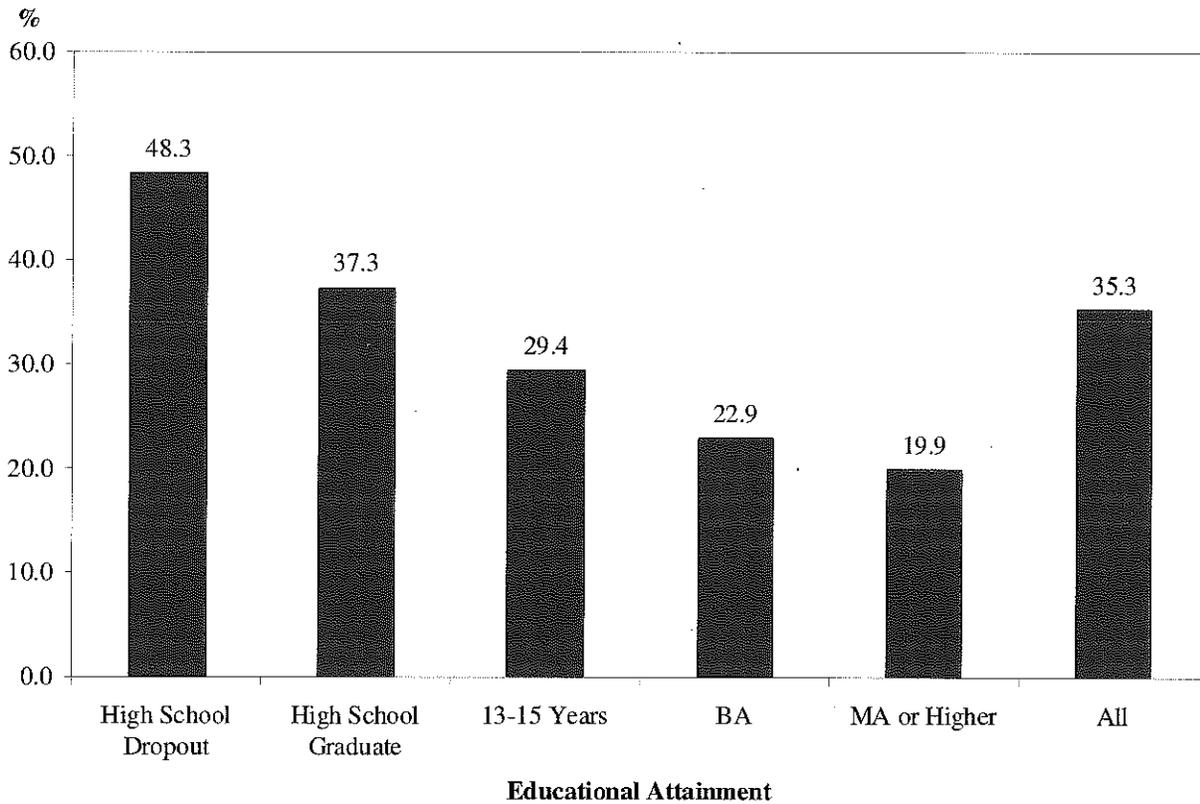
Race/Ethnicity and Gender. For many years, Connecticut Prison systems have been over crowded with minority youths and low income population. This disparity can be traced all the way back to delinquency cases and admission referrals, where minority overrepresentation is also apparent (Meadows, Pearson, Land and Lamb (2008). Thus, Complex issues need multi-faceted solution like the one that CT-Family Care is presenting. The company provides the integrated treatment to partners, families or key supportive friends of those inmates in order to enable the ex-prisoners to have strong supporting systems in their families and communities once they leave prison systems and end the cycle of violence, poverty and re-imprisonment. It is most certainly that many children from minority and low income populations are missing one or both parents because of imprisonments. The company provides a rehabilitation program for both, ex-inmates and their families in order to heal their trauma and foster healthy family as well as its relational family structures that help parents embrace good parenting and success in life.

Some epidemic problems among underserved population:

Town of Manchester, Connecticut: *School dropouts:*

Introduction: According to the study titled “the condition of education in Connecticut, of August 2008”, 16.6% (575,540) of the state population (3,405,565) were students enrolled in public schools, the State had 6.6% of high school dropouts (37,986)(Connecticut State Department of Education report (2008, p.2). A report to Connecticut’s governor, summer summit in 2009 on the economic, social, civic and fiscal consequences of school dropout, pointed out that, school dropouts in Connecticut left many young people with insufficient competitive labor force skills needed, and a good number of school dropout ended up in prisons and on welfares, thus making a substantial number of Connecticut young generation with lack of sufficient skills and positive productivity as citizens(Sum 2009) who also create a social-fiscal burdens to the tax payers.

A need for an effective response: It is obvious that, Connecticut has a huge number of high school dropouts each year and that creates a social-economic –academic and lawful burden to families, schools, towns and the state taxpayers. High school dropout puts a huge unjust burden to families and to communities in Connecticut including the town of Manchester as demonstrated by Sum (2009) who highlights that government subsidies are correlated with individual’s education and labor force skills. For Sum (2009) there was a correlation between high school dropout and receiving public assistance in the State of Connecticut where people are dependent on some form of cash which is a public assistance in the following chart below (Sum 2009).



CT-Family Care Services offers an effective response:

CT-Family Care Services treatment plan and services offers customized social-cultural treatments in therapeutic and academic treatments as well as through social services that enhance

clients' coping skills, healthy family dynamics and recovery with less cost (The Logic Model Guide for CT-Family Care Services, LLC, 2008, CT-Family Care Services, LLC Business Plan 2010)

Consequently, CT-Family Care through its services will benefit students, families and their schools as follows.

FOR STUDENTS:

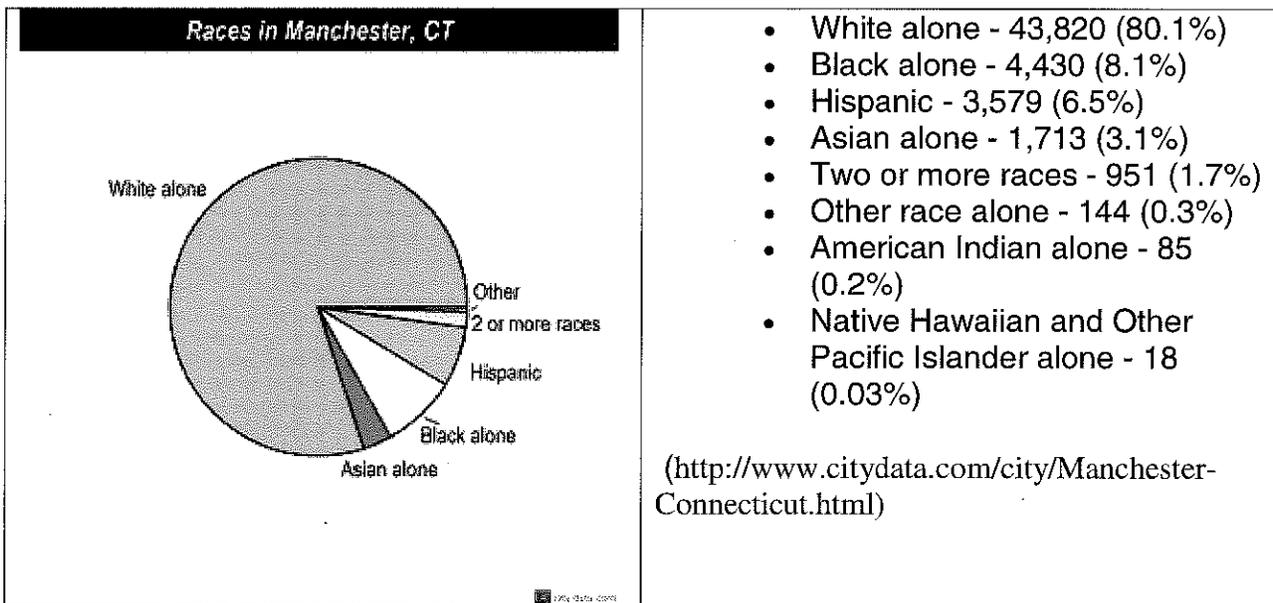
1. 76-87% of students, who will complete the treatment program, will most probably have high academic performances and good behavioral change; hence will likely opt to proceed with college education. College education will be pursued at community colleges or at four year colleges. Students, who will attend Colleges in Connecticut, will continue being monitored by CT-Family Care Services, and support them during their first school semester so that they will be able to maintain their morale and thus stay in colleges.
2. 20-12 % will likely have high academic performances and improved behaviors. This group will presumably choose to pursue careers immediately instead of opting for college education. The agency will also provide integrated counseling to those new first time employees for the first four months at their job sites so that they will be morally encouraged and supported during their transitional experiences.
3. 1-2% this group will likely participate actively in the program and will graduate, but they will most probably refuse to proceed to college education or to any career-related options after completing treatments.

FOR FAMILIES

- 76-87% of students' parents or families, who will participate actively in family therapy and complete the program, will achieve a sustainable recovery and improvements in their family interactions and hence overcome their undesired behaviors that affect their children.
- 24-13% families, who will participate actively and complete the program will attain enhanced coping skills in order to overcome their constrains. In conclusion, CT-Family Care

Services seeks partnerships with stakeholders including families, schools, private investors, and Federal and State agencies in reducing the rate of health and economic disparities among the underserved population(CT-Family Care Services, LLC Business Plan 2010-14)

FOR THE TOWN OF MANCHESTER, CT: School dropouts seem to be common among minorities and low income population. The town of Manchester has the population of about 56,388 and that was 3% increase from the 2000 census when the town had the following population shown below (city data.com/Manchester).



The town of Manchester has 6,800 public school students from ten elementary schools, one sixth grade academy, one middle school, one regional academy, one alternative education program, as well as one high school(town website-retrieved May 2012).

In relation to school dropout, Manchester high school reports that, it has about 1.4% rate of school dropout (Manchester High School website retrieved May, 2012). There has been an ongoing debate in Connecticut which shows that, the rate of school dropout is much higher in Connecticut schools. In that light, Connecticut Commissioner of Education, Mark K. McQuillan was able to state that, when interpreting the data, that each school district collects its own data which is unaudited, it is important to keep in mind that when we talk about school dropout race, ethnicity,

disability, attitude of some professionals, cultural competency and dominant culture’s politics matters holistically (Connecticut Department of Education, 2008).

Manchester High School: Recent studies indicate that the dropout epidemic disproportionately affects young people of low-income, children of single parents, or certain minorities (Balfanz, Fox, Bridgeland & McNaught (2009). While Manchester High School has a total of 1,978 students, 47.6% or 942 are minorities and 52.4% or 1036 are whites (Manchester High school website 2012). Studies indicate that in Connecticut, students of color, males, and students with disabilities are more suspended and removed from school, resulting to lower academic achievements and the risks of school dropout (McQuillan 2008). In that regard, CT-Family Care is committed to taking active roles by working with students and their families, schools and State in utilizing better alternative to prevent school dropouts and enhance academic achievements.

Poverty affects learning: The following figure below indicates that, Manchester High school has a higher rate of students from low income population, as a result, students’ lunch meals are subsidized or provided at a much reduced prices. CT-Family Care Services is more focused on high school students, especially those who seem to be more exposed to school dropout symptoms, problematic behaviors as well as some academic challenges.

INDICATORS OF EDUCATIONAL NEED AT MANCHESTER HIGH SCHOOL 2009

Need Indicator	Numbers in school	Percentage in school	High schools	
			% in DRG	% in State
Students eligible for free/reduced priced meal	843	42.6	29.7	27.9
Students –not affluent in English	70	3.5	2.2	3.6
Students who are identified as gifted	127	6.4	5.0	5.1
Students with disabilities	226	11.4	11.5	10.6
Students working 16 or more hrs weekly	152	16.4	14.8	13.6

(Adopted from Manchester High school website-retrieved May 2012)

CT-Family Care Services offers:

(A) Integrated systemic assessment of the problem:

According to the study by the National Women's Law Center & Mexican American Legal Defense and Education Fund (National Women's Law Center & Mexican American Legal Defense Fund or NWL & MALDF, 2009), there is an astounding link between disciplinary, academic problems and dropouts and that "Latino students are more likely to be suspended or expelled than White students and to be retained a grade" (NWL & MALDF 2009, p.15). Those facts indicate that in order to prevent high school dropout, its root-causes and causes have to be diagnosed systemically in a social-cultural-educational and economic context that affect students and their families. In relation to high school dropout, environments, race, economic and ethnicity seem to play a great role.

(b) Some educational challenges are systemic:

While educational institutions have done many accomplishments in educating children from high economic status as well as the underprivileged children, some studies suggest that, educational institutions have always not identified and addressed students' symptoms which lead to school dropouts accordingly (Dynarski, Clarke, Cobb, Rumberger, Smink, Hallgren and Gill (2008). High school dropout is a real problem which affects real people at individual, family, local, State and national levels. When the high school dropouts were interviewed why they left school, about 70% indicated that they left because they were not motivated to work hard and 2/3 of the interviewees said that they would have worked hard if they would have been asked and assisted, 1/3 of the interviewees suggested that they left because of personal reasons such as to get a job, a desire to become parents and support a family member, and another 1/3 indicated that they dropped out of school because they failed academically in school (NWL & MALDF 2009)

In a national wide study, 80% of those dropouts stated that they would have stayed if classes had enhanced their active participation, addressed students' needs and prepared students for real life. Dropout relates to attendance, credits, credit accumulation, age and withdrawal. Often schools

use credit scores to group students into three determinant paths or different tracks (NWL & MALDF 2009, p.25).

(a) **Lower scoring track.** This group includes minority students and students from low income families. Such tracking prepares the feeding ground-for high school dropout and lower-unskilled labor that ends up with minimal wages or unemployment. Once students are placed in this category, teachers do not do much systemically in order to assist them to improve their grade scores, and as a result, students develop low self-esteem, they look at themselves as unable to go to college. Most of the time, students from this group have insufficient support from schools and their dysfunctional families and they end up with dropping out of schools, getting low-skilled jobs, lower wages as well as experiencing unemployment and imprisonment. According to the census in 2006, the annual income for a high school dropout was estimated to be around \$ 17,299 compared to that of a high school graduate within the same year as \$ 26,933 in 2005 (Sum 2009).

(b) **The second category of students is based on their higher scores.** Students and their families are motivated, engaged and assisted in ways that prepare them to go to college. Dynarski, Clarke, Cobb, Finn Rumberger, Smink, Hallgren and Gill (2008) state that, engagement involves active participation in learning and school work as well as in the social life of school by students, families and school team. This group of students has better labor force skills and able to own homes.

(c) **The third group is for those who have the highest academic scores and are prepared to go to the Ivy League schools like Yale University and the like.** The current educational system has strong elements of being a catalyst that nurtures the high school dropouts' crisis especially among the underserved population. That also can be one of the reasons why integrated educational reforms with strong therapeutic components through social-cultural-educational treatments in context are needed urgently as a best alternative to combating the high school dropout among students who have lower academic scores, especially those from low-income

families as well as those who have problematic behaviors including delinquencies. Other reasons why students drop out of a high school include: life events such as pregnancy, behavioral problems, incarceration, foster home replacement, poverty and family crises (to be referenced).

Some policies and practices promote the increase of school dropout too. According to Balfanz, Horning Fox, Bridgeland, and McNuaught some of these policies focus on attendance, retention, promotion, and grading. All of those encourage students to dropout or to choose the GED options as an alternative to completing high school (Balfanz, Horning Fox, Bridgeland, and McNuaught 2009). Research suggests that GED is not the same as a high school diploma. Students who graduate with a GED are often paid less than students who have graduated with a high school diploma. It is estimated that over one million students who enter the ninth grade every year, do not graduate from a high school on time with a regular diploma.

Even though male students are dropping out of high school, the rate of female students who drop out of school is at a more disturbing rate and female students of color are at a particular risk (Balfanz et al 2009). The national educational association recommends for a whole school reforms nationally, and appeals for organizational structured reforms that make school more personalized, encourages better curriculum assessment reforms, leadership reforms, and professional development region (Balfanz et al 2009).

More recommendations to preventing the high school dropout include: Enhancing the diagnostic process for identifying schools and students who have dropout problems, adopt an accurate data system showing who drops out and their specific situations, introduce targeted interventions for middle and high school students who are struggling at school due to behavioral and academic challenges, foster reforms in schools to increase engagements for all students and prevent dropout, personalize school environment and increase a sense of belonging and at the same time, provide students with a meaningful learning that can motivate them to go to college and seek better job careers as well as use adults professionals to help students with their school work and

establish attainable goals (Dynarski, Clarke, Cobb, Finn Rumberger, Smink, Hallgren and Gill,(2008) In addition, it appears that high school dropout crisis is caused by various systemic factors and hence, there is a need for a systemic response for sustainable solutions. The assessment recommendations provided above are certainly on the target and need to be implemented.

Yet, those recommendations and the current ongoing responses to solving the problem lack an integrated treatment which has a strong social-cultural-academic-spiritual-emotional and economic components needed to enhance the coping skills of targeted individual students and their families in a social-cultural context that enable students who have symptoms of dropping out to stay in school, improve their behaviors and elevate their academic performances to excellence.

CT-Family Care Response: Involve and motivate families' participation.

Often students who have dropout and mental health symptoms come from dysfunctional families whose interactions among family members tend to affect students' abilities in schools and in the society. Thus, there is a need to include family members especially parents, guardians, teachers, spiritual leaders and significant others in supporting personalized integrated treatments for students, in their social-cultural-academic and economic arena that heal and produce the positive results for sustainable success.

Lack of healthy integrated and appropriate coping skills manifests or some of the hidden causes that fuel the symptoms of high school dropouts such as trauma, bullying, poverty and other mental health issues in a social-cultural context. CT-Family Care will continue to address the underlying issues identified above that have been suppressed (McGoldrick, Giordano,& Garcia-Preto, 2005), but have really affected minorities and white students from low income families. In that way, the company treatment response bring HOPE and SUCCESS to thousands of students in Enfield, Manchester and to the neighboring towns such as Windsor, East Windsor, East Hartford, Vernon and Ellington where they have a good number of underprivileged populations who will most likely come to CT-Family Care Services' centers for treatment.

B: CT-Family Care services projects that some of those students will have both parents while others will have single parent. The company fosters collaboration with parents, schools and teachers for effective team work in order to prevent school dropout and increase academic performances. This program is an **outpatient** program whereby students, parents or guardians undergo therapeutic treatment in the afternoon after regular school hours or in the evening and weekends in order to strengthen students' school performances. From treatment perspective, the company clients includes students and their families who are referred by a state agencies, families, schools or juvenile court systems who have symptoms of high school dropout, poor academic performances, delinquencies, substance uses, ADHD, ODD and problematic behaviors, relational and marital crises as well as trauma among youths and families (Diagnostic and Statistical Manual for Mental Disorders-DSM-IV-TR)

(2) **Problematic behaviors:** Another challenge affecting Manchester schools as well as other schools in Connecticut is problematic behaviors. During the period of 2008-2009, Manchester High School had a significant number of problematic behaviors at school as shown in the following diagram from the Manchester High School website 2012.

Number of Incidents by Disciplinary Offense Category, 2008-09		
Offense Category	Location of Incident	
	School	Other Location
Violent Crimes Against Persons	1	0
Sexually Related Behavior	1	0
Personally Threatening Behavior	31	0
Theft	13	0
Physical/Verbal Confrontation	78	6
Fighting/Battery	20	1
Property Damage	6	0
Weapons	7	7
Drugs/Alcohol/Tobacco	11	8
School Policy Violations	1,169	132
Total	1,337	154

A school with a total of 1978 Students, having experienced a total of 1337 delinquent incidences at school in one year, suggests that some other underlying factors including bullying and trauma are unfortunately not addressed above. Research suggests that Students who say that their families provide them with love and support are approximately 30% less likely to drink alcohol, binge drink, have sex, become bullies or depressed. Students with supportive families are 50% less likely to smoke cigarettes, experience dating violence, bullying or smoke marijuana, and are five times less likely to report having attempted suicide (McQuillan 2008). McQuillan also noted that “students’ health is inextricably linked to academic success and it is vital that schools, families, institutions and communities should support students in making healthy and responsible choices (McQuillan, 2010)

(3) **Bullying:** As bullying continues to be one of the major challenges affecting students in schools and in communities, studies show that bullying has effects on students at schools and on their families (Butter & Anna Lynn Patt, 2008). While, bullying is destructive to families, its treatment solution demands effective collaboration between schools and families (Ahmed & Braith Waite, 2004). Some studies suggest that weekly, over 1.7 million students report being bullied (Butter & Patt, 2008). On July 13, 2011, Governor Dannel Malloy signed into law Public Act 11-232, An Act Concerning the Strengthening of School Bullying laws in order to foster safe learning environments and prevent bullying in Connecticut.

On June 12, 2008, Governor Rell signed into law a measure that strengthens state and local efforts to prevent bullying at school (Connecticut Commission on Children, <http://www.cga.ct.gov/coc/bullying.htm>), still bullying remains a threat to safe school environments even in Manchester. One in four students in Connecticut said they had been bullied or harassed during the past 12 months, with 9th graders being more likely (35%) than 12th graders (18%) to have been bullied(to be referenced). Students who say they have been bullied are more likely to get less sleep, have property stolen at school, miss school because they feel unsafe, carry a

weapon to school, experience dating violence, be depressed and attempt suicide. While bullying is more common among male students aging between 10-14 years old, studies suggest that families contribute in cultivating the seeds for bullying as follows:

1. Lack of healthy power balance between parents: Bullies perceive their fathers as having more power than their mothers(Bowers, Smith & Brinney 1992)
2. Students who bully others, tend to have parents who are stricter in giving punishments or parents who have hostile environments to each other, including domestic violence(Olweus, 1980)
3. Bullies are raised in homes of authoritarian parents(Smith & Myron-Wilson 1998)
4. Parents of bullies tend to be punitive and harsh towards their children and they demand “blind obedience” from their children
5. Bulling is derived from family environments in which parents lack good parenting skills and their families have the following characteristics
 - Unhealthy parental discipline
 - Lack of adult supervision
 - Lack of positive adult role models
 - Teasing about appearances(Melissa, Powel & Dadd, 2010)

Effects on Bullying:

In relation to effects of bullying, it is believed that

- Bullying is more common among elementary and middle school age students, but such behavior tends to decrease as teens grow up through high schools to young adults(Dublin, Fitzpatrick, & Piko, 2007)
- Physical bullying is more done by males(direct bullying) and spreading rumors(indirect bullying) is more likely done by females(Peskin et al,2006)

- Both direct and indirect bullying lead to negative consequences which affect students, families, communities or a nation. For examples: school shooting at Virginia tech in 2007), Red lake High in CA 2001, Santana High, CA 2005, Columbine High Littleton, CO in 1999 (Butler & Platt, 2008).

Intervention derived from research outcome and evidence based for Schools in Manchester and its neighborhoods: Recent studies indicate , individual and family therapies have proved to be very effective in addressing and preventing bullying by rehabilitating and healing its roots within and outside schools among adolescents (Butler &Platt 2008, Powell & Ladd (2010), In addition, the same studies point out that the combination of some therapies such as solution focused, narrative, and structural/ strategic approaches are effective in helping both the bullies and the victims. CT-Family Care Services will continue working with families, schools, students and the communities in Manchester and in the neighborhoods in order to strengthen families and enhance healthy family dynamics and structures among family members, foster family caring structures collaboratively, as well as helping the bullies and the victims to enhance their self-esteem, coping skills as well as improving their academic performances.

Racism and Poverty reduction:

Studies indicate that institutional racism, school dropouts, mental health crises and poverty, impact significantly on the lives and wellness of African American, Hispanic families and White low income families. For example, in 2000, African Americans averaged just 66 % of the income of whites (\$30, 439 vs. 45,904). Twenty-three percent of all African American families lived below the poverty line in 2001 compared with 8% of non- Hispanic Whites, and the unemployment rate for African Americans aged 16 and over was almost twice that for their White counterparts(11% vs5%)(Mickimon,2003). Disparities based on race continue to exist on a host of key quality of life indicators, including education, home and business ownerships, physical health, number employed in professional and managerial specialty occupations and others (McGoldrick, Giordano, Garcia-

Preto 2005, p.88) Those facts here are confirmed below in Connecticut's poverty rate by race/ethnicity.

Connecticut	Percent
White	8%
Black	25%
Hispanic	35%

(Connecticut's poverty rate by race/ethnicity (www.statehealthfacts.org).

According to recent report as of January 3, 2012, the rate of poverty increased in Connecticut. For example, poverty rate increased to 14% among white, 36% for Blacks as well 36% for Hispanic, with 23% others compared to the above poverty rate in the chart (Connecticut, Department of Public Health, Health facts: Minority health, 2012).Poverty in Connecticut is assumed to have significant effects among the underserved population in Manchester area even though there are no sufficient data at the State or Town webstate in that regard. Meanwhile, in Connecticut, the number of medical school graduates for Blacks were 8, 12 for Hispanics, 37 Asian and for white it was 91 (State Health facts: Minority health, 2012, p.1).

Due to the above poverty rate in Connecticut, a number of people on food stamps continue to increase. For example, Manchester has the following percentages of families below poverty line.

PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	5.5%	+/-1.2
With related children under 18 years	(X)	(X)	9.5%	+/-2.2
With related children under 5 years only	(X)	(X)	9.8%	+/-5.2
Married couple families	(X)	(X)	1.2%	+/-0.8
With related children under 18 years	(X)	(X)	1.4%	+/-1.0
With related children under 5 years only	(X)	(X)	1.1%	+/-1.5
Families with female householder, no husband present	(X)	(X)	19.1%	+/-5.1
With related children under 18 years	(X)	(X)	27.5%	+/-7.2
With related children under 5 years only	(X)	(X)	36.6%	+/-19.5
All people	(X)	(X)	8.1%	+/-1.1
Under 18 years	(X)	(X)	12.4%	+/-2.8
Related children under 18 years	(X)	(X)	11.7%	+/-2.7
Related children under 5 years	(X)	(X)	12.8%	+/-4.4
Related children 5 to 17 years	(X)	(X)	11.2%	+/-2.8
18 years and over	(X)	(X)	6.8%	+/-0.9
18 to 64 years	(X)	(X)	7.3%	+/-1.1

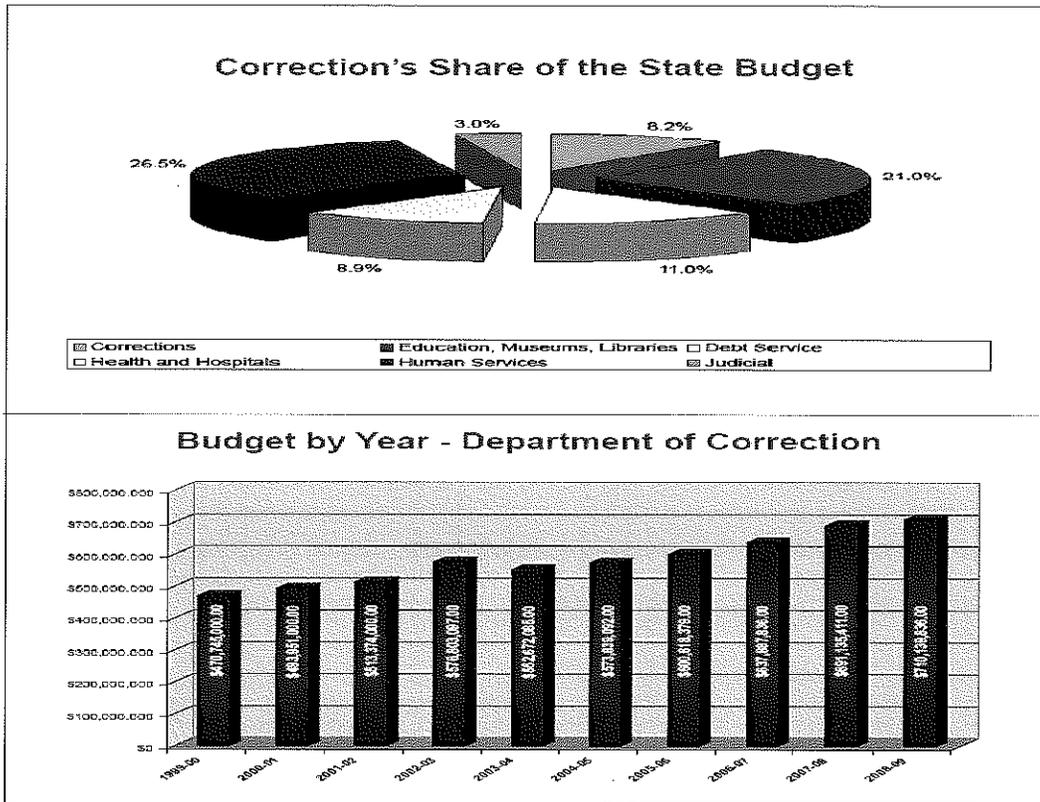
(Department of Economic planning, Manchester & US census 2012)

Therefore, CT-Family Care Services as a minority owned company is dedicated to reaching out to students, and their families in franchised communities with lower income, poverty, lower academic performances, incarceration cycles and other social-cultural-barriers.

Refugees' resettlements in Connecticut:

Another relevant experience is awareness of the needs of the refugees. CT-Family Care Services will also provide integrated services to refugees from Africa or other countries that have been granted settlements in Connecticut. Some of the CT-Family Care team members are natives of foreign countries who have become permanent and naturalized Americans; they share many life experiences with the refugees. Such encounters soothe their worries and provide hope. All of these will serve the body, mind, emotions, and spirit of the individuals in a social-cultural-spiritual context needed for healing and sustainable success. Therefore, CT-Family Care team has vital experiences, zeal and treatment model to treating some epidemic problems in Connecticut among refugees who also face many adjustment problems in their daily lives. When refugees and school dropout minority Americans are not assisted accordingly, some end up in jails and that affect taxpayers in Connecticut.

As of January 2010 Connecticut had a total of 18,053 inmates in prisons(DOC website, retrieved 6/20/010) and Connecticut tax payers pay \$ 33,707.45 to keep an inmate in Jail (DOC website-retrieved 6/18/010).



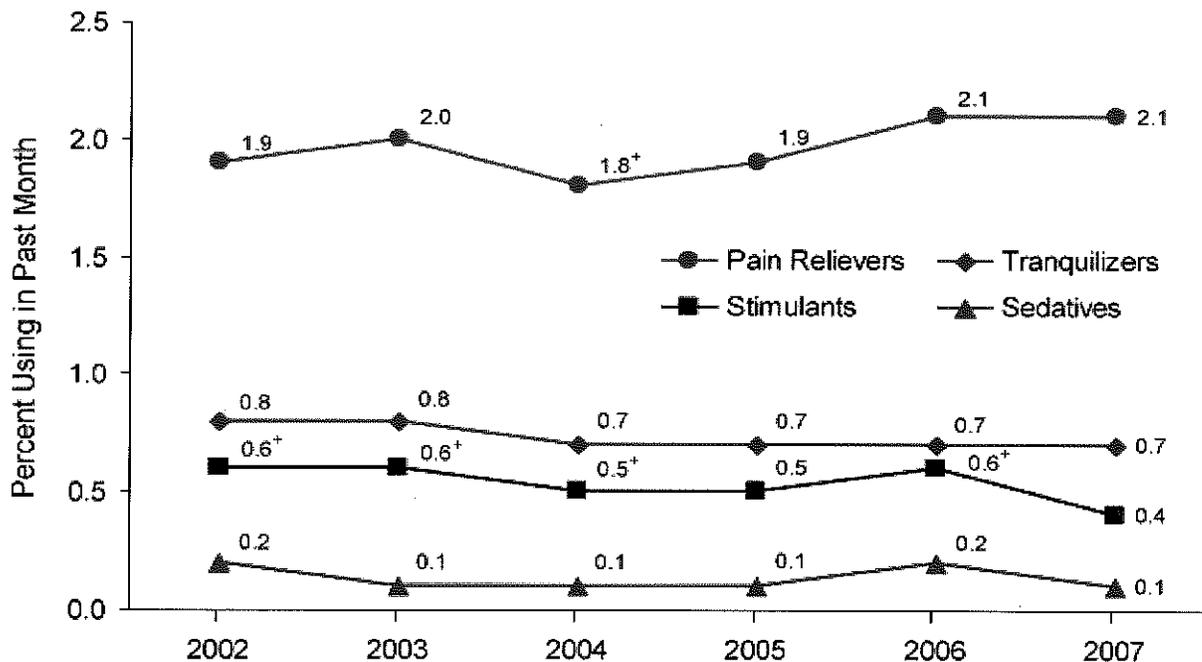
Hence, there is a need and a great relevance for CT-Family Care Services to offer an effective alternative treatment to students, families, refugees and inmates, for sustainable recovery in order to reduce some taxpayers' financial burdens shown above. CT-Family Care Services is committed to working with Federal, State agencies, private investors, schools, students and their families to ensure that its mutual goals are met and that the clients are served in a way that will enable them to sustain their self-determination, safety and positive relationships in social contexts for their well-being.

Substance Abuses:

The misuse of alcohol and drug abuses among students, youth and adults seems to be another major Federal and State mental health challenges in the United States. According to the US Department of Health and Human Services, alcohol is the most substance frequently abused by adolescents, followed by marijuana, cigarettes (tobacco) and other substances (DPH, Office of Adolescent health-2012). For example, between 2006 and 2011, the National Institute on Drug

Abuse (NIDA) funded a survey among 46,733 students from 400 public and private schools who were in the 8th, 10th, and the 12th grade, around the country. The survey points out that over 48% of all participants expressed that they had used alcohol and drugs, but regarding alcohol, there was a **declined** from 8.7% to 6.4% among 8th graders, 19.9% to 14.7% among 10th graders and 25.4% to 21.6% among high school seniors during the period of 2006 to 2011 and **an increase** on drug use especially marijuana for the 10th and 12th graders to 28.8% of 10th graders, and 36.4% of 12th graders respectively (NIDA website 2012).

The above national increase in using drug is also reflected in Connecticut where the survey among High schools students between 2007 and 2008 indicated that 46% of Connecticut high schools students reported using alcohol, 23% using marijuana, 21% using tobacco, 4% of cocaine, 10% of Heroin, and those misusing the prescription drugs (for example: Vicodin 10%, and OxyContin were 10% and 5% respectively within the last one month (CT School Health Survey, 2008). In addition, the research shows that in Connecticut there has been an addiction increase among high school students who are using pain killer drugs excessively as shown below (Drug use in Connecticut).



(DMHAS-website region. #5)

Any misuse of alcohol or other substances do have negative impact on the well-being of individuals and their families. For example substance misuse contributes to physical, mental, and health related conditions including earlier deaths (DMHAS website-Connecticut Alcohol and drug policy 2008). Connecticut is one of the sixteen States in the nation in which many people die from substance overdose than those who die from car accidents(Connecticut Department of Mental Health and Addiction Services-DMHAS, website-2012).Smoking cigarette is another addictive behavior among youths in Connecticut. The US Department of Health on Adolescent substance abuses in 2012, points out the following about Connecticut students and substance abusers.

% of high school students age 12-17 who drank alcohol for the first time before age 13 years	For Connecticut 18%	For US 21%
Male	19%	24%
Female	16%	18%
% of high school students who had a drink a day before the survey	43%	42%
Male	43%	41%
Female	44%	43%
% of high school students who smoked cigarette 30days before survey	18	19
Male	19%	20%
Female	16%	19%
% high school students used marijuana	38%	37%
% H. school students used cocaine –last 30 days	3%	3%
Male	3%	3%
Female	2%	2%
% H .school students used pain killer	5%	7%
% of H. school students who wanted treatments but did not receive them	6%	6%

(Department of Health and Human Services substance abuse-Connecticut 2012).

Other studies indicate that the lack of access and poor utilization of available resources increase the amount of alcohol or substance abusers and that the five main areas of substance abusers area that seem to be more common are: Alcohol, Misuse of Marijuana, and Tobacco and Pain killer deduction. The misuse of alcohol and drugs has several mental and medical related effects. For example in 2010, 45.9 million adults in the United States aging from 18 years or older were identified having mental illnesses and 9.2% of 45.9 million people met the criteria of misusing the substances excessively or dependence compared to the 6.1% of the 45.9 million adults who did not have mental illnesses, but had addiction to alcohol or other drugs (www.samhsa.gov).

CT-Family Care Services, offers Integrated Therapy: This is a kind of treatment which is necessary to complement the traditional approach (bio-medical) to treating people with mental illness and alcohol as well as other substances uses. The bio-medical approach remains a traditional approach in treating alcohol addiction symptoms and not treating the real problems which are yet hidden. Integrated therapy that CT-Family Care presents will treat both, the symptoms and their hidden causes in family-social-cultural contexts.

Enhancement of unsatisfactory/wounded coping skills. Underneath symptoms for behavioral problems, including addiction to substance misuses, there are unsatisfactory coping skills. To foster a sustainable recovery, there is a need of assisting individuals to strengthen and enhance their coping skills by teaching them new ways of viewing and handling situations (Satir and Baldwin 1983). Sprenkle (2012), highlights some family therapy treatment models that have shown to be effective in treating alcohol and other substances. The Connecticut Family Care Services believes that by introducing intensive and integrated services in the treatment center, will promote various benefits such as enhancing coping skills, addressing the emotional needs of clients

and their caretakers, reducing preventable crises systemically at schools, in families, work places, and in communities and foster sustainable recovery form substance abusers.

Integrated Spirituality: There is a difference between spirituality and religion. All human beings yearn for spirituality such as love, dignity, respect, compassion, righteousness and a relationship with the divine. In order to strengthen individual's coping skills for sustainable success, the company incorporates spiritual values into its holistic treatments.

ii. **The service area: Towns and the basis for their selection;**

CT- Family Care Services, LLC has chosen to start offering services in Enfield and Manchester towns because of the following reasons: Both Enfield and Manchester have a good number of underserved population as well as other people that will benefit from CT-Family Care Services. According to research, the majority of underserved populations live in large cities such as Hartford, Bridgeport, New London and Waterbury (Health Care for Connecticut's Underserved population-PDH website -2011). As a result, more attention and assistance have been available to minorities and low income population in those cities than the underprivileged population who are scattered in small town like Manchester and Enfield. For example, Manchester which has a total population of 58,241 only 34,114 are in civilian labor force as shown below.

Civilian labor force	34,114	+/-629	34,114	(X)
Percent Unemployed	(X)	(X)	6.6%	+/-1.0
Females 16 years and over	24,373	+/-507	24,373	(X)
In labor force	16,371	+/-568	67.2%	+/-1.8
Civilian labor force	16,371	+/-568	67.2%	+/-1.8
Employed	15,472	+/-551	83.5%	+/-1.9
Own children under 6 years	4,423	+/-417	4,423	(X)
All parents in family in labor force	3,074	+/-363	69.5%	+/-5.5
Own children 6 to 17 years	7,503	+/-528	7,503	(X)
All parents in family in labor force	6,286	+/-517	83.8%	+/-4.1

(Fact Finder, American Community census-Survey 2010)

Traditional agencies, programs or services for the underserved populations often lack sufficient cultural competency and sensitivity, as a result; there has been a silent gap of miscommunication and mistrust between the underserved population and those agencies

(McGoldrick et al 2005). CT-Family Care services presents a treatment model that is integrative and renovetional which is embedded with social-cultural-spiritual-emotional-educational-relational and economic components in a cross-cultural context that enables clients' wounded coping skills to be healed in an energizing way with a positive sense of belonging and fostering recovery and success in a multicultural community like Manchester as shown below.

GEO: Manchester town, Hartford County, Connecticut

Subject	Number	Percent
RACE		
Total population	58,241	100.0
One race	56,239	96.6
White	41,585	71.4
Black or African American	7,152	12.3
American Indian and Alaska Native	183	0.3
American Indian, specified [1]	82	0.1
Alaska Native, specified [1]	0	0.0
Both American Indian and Alaska Native, specified	0	0.0
[1] American Indian or Alaska Native, not specified	101	0.2
Asian	4,627	7.9
Native Hawaiian and Other Pacific Islander	21	0.0
Some Other Race	2,671	4.6
Two or More Races	2,002	3.4
Two races with Some Other Race	533	0.9
Two races without Some Other Race	1,320	2.3
Three or more races with Some Other Race	39	0.1
Three or more races without Some Other Race	110	0.2
HISPANIC OR LATINO		
Total Population	58,241	100.0
Hispanic or Latino (of any race)	6,988	12.0
Mexican	344	0.6
Puerto Rican	4,782	8.2
Cuban	145	0.2
Other Hispanic or Latino [2]	1,717	2.9
Not Hispanic or Latino	51,253	88.0
RACE AND HISPANIC OR LATINO		
Total population	58,241	100.0
One race	56,239	96.6
Hispanic or Latino	6,329	10.9
Not Hispanic or Latino	49,910	85.7
Two or More Races	2,002	3.4
Hispanic or Latino	659	1.1
Not Hispanic or Latino	1,343	2.3

Manchester and Enfield have a good segment of minority and low income population that has not been provided with the opportunities to prevent the health and economic disparities. CT-Family Care Services is dedicated in reaching out to that underserved population in Enfield, Manchester and to other towns' nearby in order to enrich their wellness systemically and multi-culturally. In the Hartford County, other towns that are close to Enfield and Manchester where minority and low income populations will come from in order to seek treatments are the towns of Windsor, East Windsor, East Hartford, Ellington and Vernon. Those towns still have White majority and who seem to have a good number of middle class incomes, yet, the fact remains that minorities and low income in those towns are underserved in many diversified ways.

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

The following chart below show the estimated number of people who are dealing with the challenges of mental health issues in Manchester.

	Central Manchester CDP, Connecticut	
	Estimate	Margin of Error
Total:	19,877	+/-1,170
With a mental disability:	1,191	+/-358
Male:	549	+/-207
16 to 34 years:	294	+/-125
Employed	176	+/-101
Not employed	118	+/-80
35 to 64 years:	255	+/-146
Employed	92	+/-72
Not employed	163	+/-126
Female:	642	+/-281
16 to 34 years:	261	+/-184
Employed	148	+/-127
Not employed	113	+/-123
35 to 64 years:	381	+/-196
Employed	154	+/-104
Not employed	227	+/-152

(Fact Finder. American Community census-Mental health issues-Manchester, CT.Survey 2010)

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

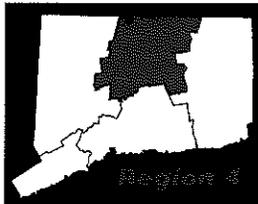
According to the State Department of Mental Health and Addiction Services, the following

area are the Mental Health offices serving several towns as indicated below

(<http://www.ct.gov/dmhas/cwp/view>. retrieved 5/23/2012). All these centers are far from the needy population which commutes long distances in pursuit of treatment. For poor families, the treatment can be unattainable. That means, individuals and their families either have to drive a long distance to where community centers are as indicated below:



LOCAL MENTAL HEALTH AUTHORITIES:



Community Health Resources

(private non-profit)
995 Day Hill Road
Windsor, CT 06095

PH: 877-884-3571 Fax: 860-731-5536

Programs under Community Health Resources:

Genesis Center, Inc.

587 East Middle Turnpike
Manchester, CT 06040

PH: 860-646-3888 FAX: 860-645-4132

(Catchment Area 15)

Serving the towns of Amston, Andover, Bolton, Buckland, Ellington, Hebron, Manchester, Rockville, South Windsor, Talcottville, Tolland, Vernon, and Wapping.

North Central Counseling Services

47 Palomba Drive
Enfield, CT 06082

PH: 860-253-5020 860-253-5020 FAX: 860-253-5030

(Catchment Area 17)

Serving the towns of Bloomfield, Broad Brook, East Granby, **East Hartland, East Windsor, Enfield**, Granby, Hazardville, Melrose, North Granby, Poquonock, Scitico, Somers, Somersville, Stafford, Stafford Springs, Staffordville, Suffield, Thompsonville, Warehouse Point, West Granby, West Suffield, Wilson, Windsor, Windsor Locks, and Windsorville.

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

A study about mental health agencies in Manchester, indicates that, the town of Manchester

has some agencies including massage therapy, physical therapy and some psychotherapy agencies.

Some of the agencies have branch offices in Manchester and their main offices in Hartford, or New Britain, etc. Below is a list of the main mental health agencies in Manchester.

Manchester Mental health services

Community Health Resources
(877) 884-3571

Zeh Mary Anne APRN
935 Main St, Suite C2, Manchester, CT 06040.
(860) 649-4477

Institute Of Living
80 Seymour St, Hartford, CT 06102
(860) 545-7000

CREC Polaris Center
474 School St, East Hartford, CT 06108
(860) 289-8131

Inter-Community Mental Health
281 Main St, East Hartford, CT 06118
(860) 569-5900

The Village for Families & Children, Inc
1680 Albany Ave, Hartford, CT 06105 » Map (860) 236-4511

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

Referrals: CT-Family Care Services, approach referrals as a way to utilize the strengths of each agency and that leads to enhancing treatment quality for clients and better cost effectiveness. While, the area has already several mental health related agencies, the company is committed to fostering effective collaboration with other local agencies in order to enhance treatment quality for our clients and avoid unnecessary expenses. In relation to referrals, CT-Family Care Services does referrals as follows:

1. Outward referrals: In relation to mental health issues that CT-Family Care Services has no expertise, the company refers her clients to other mental health and medical agencies in the area that have expertise.

2. **Inward referrals:** Likewise, CT-Family Care Services collaborates with other agencies in the areas for referrals. CT-Family Care Services will receive referrals from other agencies on the area that it has expertise. For example,

Areas of Services: As Connecticut Family Care Services is expanding in Connecticut, it has offices in Enfield and Manchester which are all across the Connecticut River in Hartford County towards Massachusetts. Those areas seem to have a good number of underprivileged and privileged population who need integrated treatment services that CT-Family Care Services provides in order to compliment the traditional treatment which appears to take a very longtime of treatment especially when dealing with cross-multicultural mental health and social-economic-spiritual-issues that affect the under privileged and privileged population(McGoldrick et al 2005).

On March 24, 2010, Mark McMullan, Connecticut Education Commissioner was reported saying that “the state's high school graduation rates for black and Hispanic students are alarmingly low” and he added that urgent action was needed. New figures for the class of 2009 show a 58 percent graduation rate for Hispanics, 66 percent for blacks and 87 percent for whites. Connecticut's overall rate was 79 percent” (<http://diverseeducation.com/article/1268/1.php>,retrieved 6/30/010). Yet, currently, the study suggests that up to now, there are no other agencies in the areas selected by CT-Family Care Services that foster rehabilitation in a holistic care, with strong social-cultural-spiritual-economic-educational-emotional and relational components, in such a way that enhances coping skills of clients and

1. Is dedicated primarily to addressing and reducing the school dropout, poor academic performances and problematic behaviors among minorities
2. Provides intensive integrated academic and behavioral treatment that enables students to graduate from high school and proceed to college, career embracement or both and inspires minority students to persevere effectively and successfully in those programs.

3. Enhances cultural competency in their treatment strategies in such a way that the treatments transform the clients and their environments for sustainable recovery in a social cultural settings.

In addition, it is a fact that the towns selected by CT-Family care Services do have agencies that provide some counseling and social services, which are still offered in line with the traditional/bio-medical treatments which focus on symptoms and fails to go beyond the symptoms, unable to identify the essence of the clients' constraints in order to capacitate clients to solve their constraints (Elrber, et al 2007). In light with that study, CT-Family Care Services does have competitors who do not have integrated treatment tools embedded with social, cultural, spiritual, economic, emotion, education and relational components to reduced or prevented substantially in Connecticut health and economic disparities among the underserved population, especially in big cities and towns where those agencies have been rooted providing services for a long time. If such treatment tools were being used by other agencies, substance uses, school dropout, low academic performances and problematic behaviors would have been reduced significantly.

There is a better alternative to solving those behavioral and academic issues among students as well as mental and relational issues among couples, family members and individual adults or groups. CT-Family Care will run an intensive academic and therapy integrated treatment in order to help students with low academic performances, delinquencies and those from low income families become high academic achievers as well as behaviorally good individuals.

For that reason, it is purported that regardless of student's past history, ethnicity, mistakes, low academic achievements, school dropout, delinquencies, and problematic behaviors, CT-Family Care through its treatment model, intensive integrated academic and therapeutic treatments which have strong social-cultural-spiritual-and economic components that address the needs of clients, believes that, students can be rehabilitated and succeed in life. Hence, even the most competitive programs supported by the state or towns and other funders such as at Stamford Academy and

Westwood academy in Bristol Connecticut, are not effective or strong enough to threaten CT-Family Services or replace the treatments and the services that CT-Family care provides.

The above areas where CT-Family care has chosen to operate; there is no integrated program and services that will greatly threaten CT-Family Care Services. There are some magnet or charter schools in addition to regular public schools that were adopted as one of the way to helping students especially the cross-multicultural students from minorities and low income white families. Those programs and schools provide services during the day with an emphasis on academic achievements. For such schools, CT-Family Care Services provides daily intensive or weekly (after school hours), academic and therapeutic-behavioral treatments in cross-multicultural contexts. Hence, CT-Family Care has a unique window of expertise, potential markets for clients who have not yet undergone its powerful treatments.

Strengths, weakness and market share for the next three to five years?

Studies by CT-Family Care indicate that its competitors in the business of mental health treatments have both, strength and weakness that can have some impact on CT-Family Care services. Their possible strength can include but not limited to long experience in the business before the CT-Family Care Services started. Also, most competitors have more business connections in the health care industry and might have good connections in communities within and probably outside the counties that CT-Family Care Services will be serving. In addition, competitors might have good resources, experienced managements, good manpower, public relations, financial capabilities and good financial management, possibly with a good number of motivated clients, good connections with State Agencies for referrals, good connections with the media, good advertisement and supports from local communities like chambers of commerce, schools and other private enterprises.

Studies by CT-Family Care Services indicate that, the same competitors have some weaknesses too. For example, some agencies prolong treatments for years in a way that discourages

some clients from continuing with treatments. Even though, patients' recovery is not achieved, agencies continue to retain clients in order to be paid, while client's mental health problems remain unresolved.

Another weakness is that, a good number of those competitors lack effective cultural competency experiences as well as applications, and as a result, clinicians or professionals in those agencies sometimes seem to be unable to connect with minorities and white families of low income in a meaningful way that recognizes and utilizes their inner and outside strength to resolving clients' constraints.

Also some of the competitors showed less community investments and interests in helping minorities or the underprivileged individuals who are already stereotyped and as a result, clients go to some of those competitors with less trust, due to prolonged treatments and there is no strong bridge for mutual trust and collaboration between clients and their clinicians. Dialogue and trust are very essential for sustainable healing in a social-cultural treatment context.

Lack of effective cultural competency is another major weakness, a vital step to overcoming racial and cultural distrust in mental health treatment among professionals, clients, caregivers and the minority families. The study also found that some agencies had acquired so many clients that they are relaxed, contented with less enthusiasm for application of effective clinical/treatment renovations. The study also found that competitors do not do clinical researches, but instead, agencies prefer particular forms of therapy modalities and endlessly apply treatment modalities regardless of their inapplicability of the modalities for the minority clients with epidemic mental health problems. Such treatments lead to the question as to why the majority of mental health clients are minorities or whites from low income families and they have not been successful to recover? Some of those clients have been going to the same agencies for the same treatments for many years, but have failed to recover.

CT-Family Care's response to the above competitors' strengths and weakness:

CT-Family Care Services is established among competitors in selected areas and as a minority owned company means that CT-Family care will be more scrutinized, watched at, and most probably opposed by some competitors by claiming that their treatment modalities are better than those of the CT-Family Care Services. Some competitors will probably attempt to influence local communities or Federal and State agencies not to refer clients to CT-Family Care Services due to love of business competition, politics, or simply through genuine error on the part of CT-Family Care Services. Therefore, some of CT-Family Care's strategies will be to adopt and utilize all competitors' strengths in order to promote good public relations with them.

Also, CT-Family Care plans to utilize competitor's weaknesses for its own advantage, for example, CT-Family Care will utilize effective cultural competency treatment plan that incorporates strong social-cultural-spiritual-emotional-academic and relational components which are not available in other competitive agencies. CT-Family Care treatment is evidence -based and will conduct professional clinical researches periodically in order to assess the quality and the effectiveness of its integrated modalities, and in that way, upgrade its treatments accordingly. Reports on the research findings and treatment progresses will be utilized by CT-Family Care Services in order to foster clients-wellness, poverty reduction, better mental health and economic strengths at families. Research outcome will be available upon request from Federal and State agencies as well as stakeholders in accordance with State and Federal laws on confidentiality as well as HIPAA. Furthermore, CT-Family Care will continue marketing itself by a word of mouth and through media.

In addition, CT Family care will remain focused on its goal of enhancing academic performances and behavioral improvements among clients. The company is committed to providing treatments to students and their families in a social-cultural context. Treating both, a student and his/her family is vital to enhancing effective treatment and enabling clients attain their desired goals. Furthermore, CT-Family Care Services intends to donate a portion of its annual income for

re-investment into community economic development in order to enable clients to attain sustainable recovery and economic-self reliance. Integrated Community reinvestment, academic enhancement and behavioral improvement as well as multicultural therapy treatments will most probably strengthen families and greatly reduce their mental health issues.

In conclusion: The following diagram affirms that, people with mental health problems need to go to a specific place where they will be really treated and cured. Mental health symptoms when not properly addressed can cause chaos, disharmony and hostility in families as well as in communities. The diagram below were adopted from A comprehensive mental health report plan for Connecticut, 2006,p. 27).

Figure 1: Where Caucasians (whites) with mental health symptoms turned for help

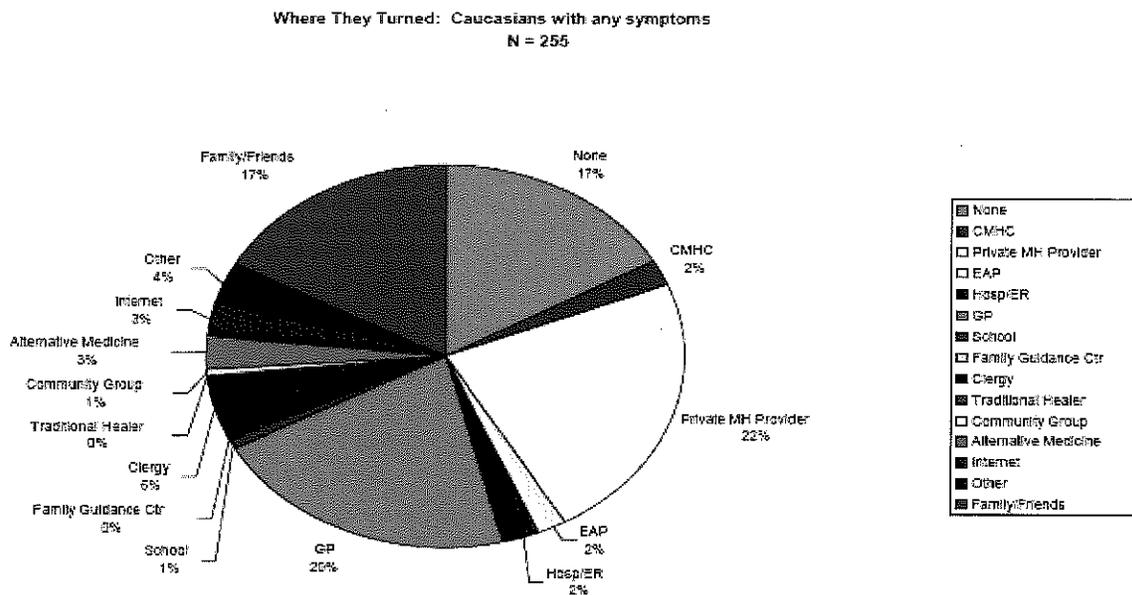


Figure 2: Where all other ethnic groups with mental health symptoms turned for help

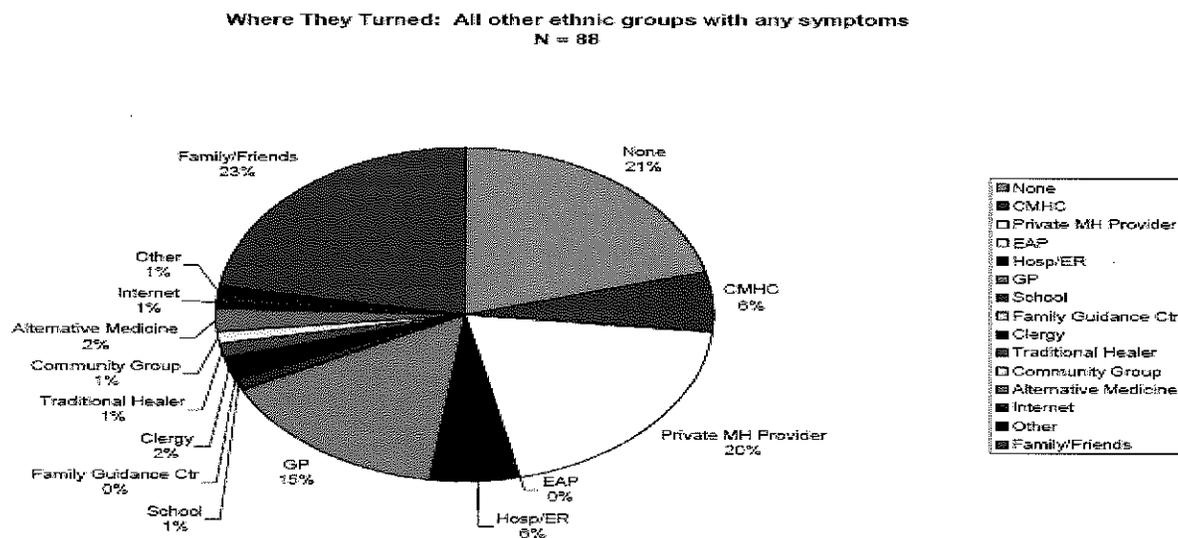


Figure 2 shows that 23 percent of all other ethnic groups said they turned to family and friends; 21 percent turned to no one; 20 percent turned to private mental health provider and 15 percent turned to general practitioners.

(From A comprehensive mental health report plan for Connecticut, Spt.2006, p.27)

In the diagram above 21% of individuals with mental health issues do not seek treatments, while 23% consult their families and friends who are not professionally and adequately trained in treating mental health illness in a systemic context. That is why CT-FCS was established in order to provide integrated professional treatment for the purpose of complementing the traditional (bio-medical) approach in treating mental health issues. CT-Family Care with community support will enhance an individualized treatment for students and their families in a way that will reduce delinquencies and mental health issues, and change their misbehaviors. CT-Family Care is designed primarily, to complement what is lacking in the current traditional mental healthcare system and that is, to foster integrative systemic solutions for students, families, individuals and groups in order to overcome their internal and external constraints.

Therefore, in the light of the above confirmed facts which show that 21% eligible mental health clients (among ethnic groups/minorities) in Connecticut, do not seek treatment and that 23%

contact their families instead of contacting appropriate mental health professionals, CT-Family Care will provide treatments as needed beyond the above identified category of clients as long as the Federal, State, and insurances will be ready to pay for the treatment costs as contracted.

Who will be CT-Family Care customers (local, regional)?

School students, especially Middle and high school students (grade 6-12) who have dropout symptoms, poor academic performances, problematic behaviors, substance abuses, delinquencies, ADHD, ODD, adjustment disorder and other mental health issues including their families. Other customers will be adults and families who have mental health crises. In addition, the company will work with the juvenile and adult court systems in order to rehabilitate and prevent problematic and delinquent behaviors as well as trauma and its symptoms.

E: Marketing Plan: What marketing researches have you done or plan to do? Through social-interactions, interviews, meetings and seminars, CT-Family Care Services has found out that there is untapped market in Connecticut, especially among minorities and low income population of students, some adults and families who have mental health issues and need Services (Comprehensive mental health plans for Connecticut, 2006). CT-Family Care Services plans to effectively reach those ethnic groups with mental health problems, educational and economic as well as therapeutic challenges in selected areas.

2. Projected Volume

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

Table 1: Projected Volume

OUTPATIENT INTEGRATED TREATMENT	Projected Volume (INCOME) (First 3 Full Operational FYs)-July1-June30			
	2012	2013	2014	2015
Customized Behavioral Treatments	\$475,200	\$576,000	\$768,000	
Customized Academic Treatments	\$378,200	\$576,000	\$672,000	
Customized Individual Treatments	\$342,200	\$384,00	\$768,000	
Customized Family Treatments	\$297,500	\$476,000	\$743,750	
GRANTS				
Innovative Research	\$150,000	\$150,000	\$150,000	

CT-FAMILY CARE SERVICES, LLC

Children, Youth & Family Strengthening	\$200,000	\$200,000	\$200,000	
TOTAL	\$1,843,100	\$2,362,000	\$3,301,750	

(adopted from CT-Family Care Services, LLC Business plan)

- b. Provide a detailed description of all assumptions used in the derivation/calculation of the projected volumes(**see the appendix**)
- 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.(**see the appendix**)
- 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(**see the appendix on References**)

3. 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(**see appendix on Resumes and certificates**)
- b. **Explain how the proposal contributes to the quality of health care delivery in the region.**

This proposal contributes to the quality of health care delivery in the region in several ways including but not limited to the fact that the company and its proposal are focused on working and serving minority and low income population who are underserved in the selected focal point- towns of Enfield and Manchester. Services will be extended also to their neighboring towns when needed be.

Even though several State Departments and some non-profit agencies are already working towards reducing the health and economic disparities in Connecticut as articulated by the Department of Public Health on health and economic disparities among the underserved population (DPH website 2012), often the traditional treatment modalities used, have not effectively utilized the social-cultural-spiritual components needed in fostering sustainable recovery among the underserved population through utilizing their ethnical values for healing (Mc Goldrick, Giordano, & Garcia –Preto 2005). In addition, traditional approach alone is so much bio-medically driven, that cultural competency, sensitivity and spirituality for holistic healing have not been embraced. As a result, traditional approach has been less effective in treating some mental health problems including trauma (Erbel et al 2007) and that makes a

good percentage of the underserved population, distrust mental health treatments and some institutions, as well as become reluctant in utilizing professional mental health resources effectively when dealing with mental health problems, but use their family members who are not well trained as demonstrated below.

Figure 2: Where all other ethnic groups with mental health symptoms turned for help

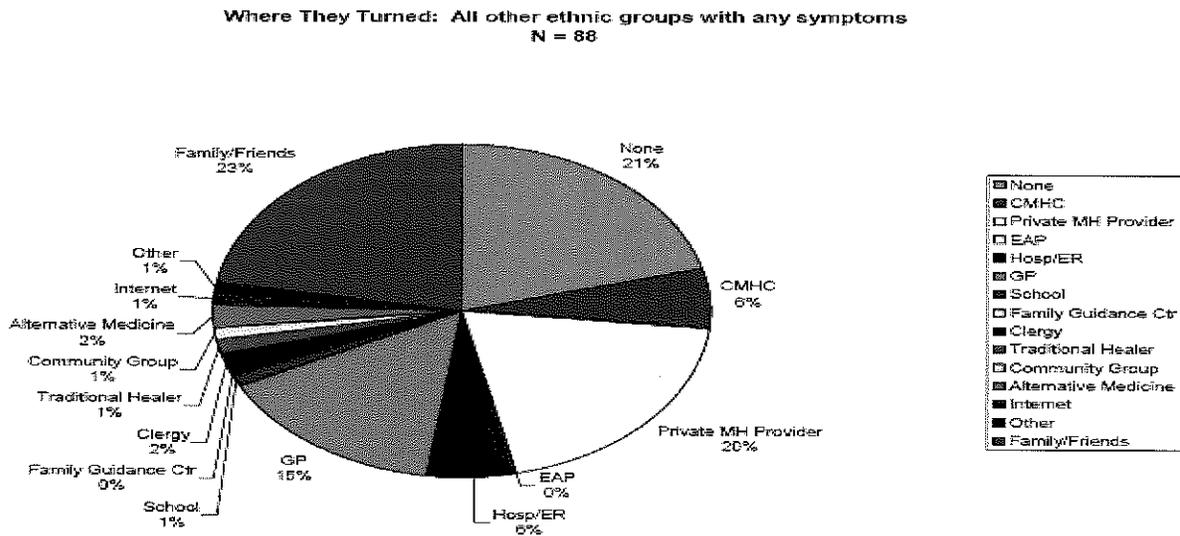


Figure 2 shows that 23 percent of all other ethnic groups said they turned to family and friends; 21 percent turned to no one; 20 percent turned to private mental health provider and 15 percent turned to general practitioners.

(A comprehensive mental health report plan for Connecticut, 2006,p.27)

CT-Family Care Services’ treatments seeks to supplement what is lacking in the traditional-biomedical approach. The company provides the academic and behavioral treatments for students, and the treatment formula is embedded with strong social-cultural-spiritual-emotional-relational-educational and economic (SCSEREE) components which heal the hidden underlying factors that lead to mental health cycle of problems and often remain unhealed for a long time when the biomedical treatment approach which focuses on treating symptoms is applied (Erbes et al, 2007, Ford et al 2007). Thus, CT-Family Care Services, LLC presents valuable treatment resources towards reducing disparities among the underserved population in Connecticut.

- 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.**

The mission for the CT-Family Care Service, LLC is to provide integrated academic, behavioral and mental health treatments which have strong social-cultural-spiritual-academic-economic and relational components in order to enhance coping skills that enable students, parents and their families and other clients in the treatment setting to overcome their constraints and hence, adopt positive family systems, academic excellence, behavioral rehabilitation, attainment of higher education or employment and better workforce skills in order to foster productivity in the community for sustainable recovery and self-reliance. The needs of clients will be outlined in their Individual Integrated Treatment Plans (IITP).

The CT-Family Care's treatments with strong Academic-Social-Cultural-Emotional-Spiritual-Economic and Relational (ASCESER) components will systemically incorporated into CT-Family Care programs and services which include, but not limited to:

Integrated Therapy: This is a kind of treatment which is necessary to complement the traditional approach (bio-medical) to treating people with mental illness, high school dropout, low academic performances, delinquencies and other problematic behaviors. The bio-medical approach remains a traditional approach in treating symptoms and not in treating the real problems which are hidden by the symptoms. Integrated therapy that CT-Family care presents will treat both, the symptoms and their hidden causes in family-social-cultural contexts.

Integrated Academic Treatment: Often minority students, as well as white students from low income families and people with mental health issues tend to experience discrimination, poor living conditions, stigmatization, low self esteem, and usually they encounter other obstacles that affect their academic performances which lead them to dropout of school and development of some behavioral problems. Through CT-Family care program, students will be assisted in improving their academic performances by utilizing the cross-multicultural resources within and around them so

that they can graduate from high school and proceed to college education, obtain meaningful careers or acquire both.

Integrated Social Services: These services will be provided in the systemic way so that students, families and other clients who receive such help are inspired and motivated so that they can explore repertoires within and around themselves in order to foster their customized self-reliance in line with individual treatment plan. Social services component is very important in preparing individuals and families to (a) enhance their coping skills and (b) increase sustainable academic performances (c) foster good behaviors (d) proceed to college (e)embrace career and higher education (f) strengthen individuals and their families with effective coping skills to solving their problems and succeeding in life. Studies indicate that minority students and white students from low income families often are not given sufficient social-academic-and economic support needed due to stereotype.

Integrated Spirituality: There is a difference between spirituality and religion. All human beings yearn for spirituality such as love, dignity, respect, compassion, righteousness and a relationship with the divine. In order to strengthen individual's coping skills for sustainable success, spirituality (not religiosity/or religion) has to be integrated into holistic treatments. That is why CT-Family Care Services is going to incorporate spirituality into its treatment practices.

Integrated Job Preparedness: The desire to work, to earn a living, to be a productive member in a society, is essential basic needs. CT-Family Care services will help clients and their families with job search and training.

Family Systems: Family systems are the systems on which personal efficacy is based. CT-Family Care Services will make use of family systems to ensure that the consumer has the support needed and that dysfunctional families are not in the way of achieving the self-determined goals set by the individual. By using the CT-Family Care integrated approach in treatment, clients will be

empowered to change their dysfunctional relationships/or constraints that undermine their desires and hence affects their health, growth, and better lives.

Psychiatric medical assistance: Family Care Service will have a medical doctor (psychiatrist) who will meet clients and respond to their medical needs especially those clients who will not have private primary care physician.

Integrated research team: In order to promote sustainable healing and success, research on integrated treatment is very essential. The CT-Family Care services will seek appropriate permissions from individuals and from Connecticut State Commission on human substance in order to conduct a research in accordance with the laws. The research will look into developments and constraints pertaining to the treatments and how best to enhance clients' systemic recovery in a social-cultural context. It is purported that, due to insufficient clinical researches and cultural competencies on mental health issues and treatments among minorities, some traditional treatments and approaches on mental health issues are not helping individuals and their families to attain a sustainable recovery. This is one of the reasons why minorities and lower income white families do not experience healing in the mental health bureaucracy with ineffective treatments which finally drive them into a failure in exploring possible resources in order to solve their constraints responsibly in a family-social context.

Reduction of poverty and disparities. Institutional racism impact significantly on the lives and wellness of African American, Hispanic and other lower income families. CT-Family Care programs are designed in a way that will enable clients to enhance their coping skills, high academic achievements, self-esteem, as well as increase their competitive workforce skills so as to enable individuals and their families overcome the culture of poverty, violence and less productivity in communities. Poverty is a hindrance to human development and success.

Effective Inmate Community Re-entry: The number of inmates to be enrolled in the program will increase greatly starting in 2012. The integrated treatment will include academic and

coping skills enhancements, behavioral improvements, identification of triggers which lead them to unlawful actions and job skills training in order to attain meaningful careers. Less offender-parents who are incarcerated are missed by their children and families, thus causing some bad effects on students academic and good behavioral development. From this point of view, there is a need to strengthen families of minorities and white low income families by preparing inmates for a healthy community re-entry in a way that will support children, inmates themselves and their families for health communities safety, recovery and success.

JOB READINESS PREPARATIONS. CT Family Care Services will provide wrap-around job readiness services to its clients. These will include: Job search so that clients can be matched with the existing openings. Assessment procedures to help clients to define their goals, interests, and strengths. Job search skills, referrals to networking opportunities, resume and cover letter workshops, interviewing workshops and practice. Supported work programs, where appropriate for a given client. Ongoing mentoring of clients at their workplaces. Job development will be the work of a specialist who will be able to identify possible employers. That specialist will be oriented to the needs of the employers and will have the responsibility to review the job market regularly and to see what skills are in demand and how clients can be prepared to meet that demand. Where job openings already exist, the job developer will work directly with the employment advocates to determine which client will qualify for the position.

Where possible, on-the-job training will make up any deficits that the clients may have as they start employment. When clients start working independently, this does not mean that CT Family Care Services will stop efforts to make sure they succeed at their chosen fields. Their primary clinicians will be responsible for monitoring the clients, meeting periodically with their employers, and making any corrections before they are found to be an issue. CT Family Care Services is intended to provide wrap-around services to its clients but without removing autonomy

from them and without compromising their responsibility to find and succeed at their chosen line of work.

Instead, CT-Family Care will put all the supports in place to give the client every chance to successes, whatever their background. It is very urgent that the epidemic of high school dropouts, problematic behaviors, poor academic performances and lack of sustainable meaningful jobs high school dropouts, adults and individuals with mental changes must be prevented, so as to enable individuals graduate in high schools, proceed to college, be productive citizens in community and balance the current unbalance excessive burdens on taxpayers.

Procedures of Admission to the Treatment at CT-Family Care Services Clinic

Center: CT-Family Care Services will take referrals from DCF, DSS, and Department of education/schools, court system and the DMHAS. All potential students and their families will have to participate in the admission process which will include:

(a) **Academic assessment:** A designated staff member at the CT-Family care services will conduct an academic assessment so as to determine the academic level and capability of a student. This is an important step so that the treatment team can provide a customized academic treatment plan in order to assist a student to excel academically accordingly. Through the daily intensive academic and therapeutic treatment in a residential treatment program, students will do internal and external exams (SAT, CAT) as scheduled. Those who do not pass those exams will be given another opportunity after six months. The whole treatment program is designed to last either for from three months to two years, depending on when students will have attained good behavioral improvements, completed or passed the internal and Connecticut State exams in order to graduate with high school diplomas.

(b) **Mental diagnostic assessments:** Will be conducted by a designated therapist or a clinician in reference to the diagnostic and statistical manual of mental disorders-DSM-V-2012.

Therapists will conduct a systemic assessment using therapeutic tools such as the genogram and the metaframeworks.

(c) **Medical assessment:** A designated medical doctor, especially a psychiatrist staff member at CT-family care services will conduct a medical-psychiatric assessment so as to know the general health condition of a potential client. When needed, a psychiatrist will refer a potential client to the nearby hospital for some necessary examination in consultation with his/her family.

(c) **A feedback meeting:** Will be attended by a student and his/her parents or a guardian, a representative from a referral agency as well as the treatment team of the CT-Family care services. The final decision of the whole team will be taken into consideration during the treatments.

(d) **A treatment plan:** An integrated customized treatment plan will be developed so as to help clients achieve their goals. The individualized treatment plan will be embedded with strong social-cultural-spiritual-academic and relational components for sustainable recovery.

(e) **Combined Academic and Behavioral Intensive and Integrated treatments:** Students will receive an intensive systemic integrated therapeutic treatment which will include systemic therapy, counseling, coping skills enhancements, social studies, training in mathematics, physics, chemistry, biology geography, english, computer science, conflict resolutions, business, spiritual/ethical values, individual therapy and group therapy, SAT & CMT preparations (see weekly schedule-appendix). Normally, in Connecticut the high school education takes between 3-4 years (grade 9-12). The treatments at CT-Family Care Services are systemically designed to synthesize all of the academic requirements in order to promote academic excellence and prevent the problematic behaviors within the span of six months to two years of treatments. The high academic achievement as well as the changes of behavioral of the targeted students will depend greatly on his/her previous academic and beware, background. The following phases below are designed and expected to reduce greatly the above mentioned epidemics in Connecticut:

Phase one (First 6 months) will consist of the first six months after students and their families have been admitted into the integrated treatment. After an intensive treatment for six months students will be given the opportunity to sit for the appropriate academic exams required, including Connecticut State exams for them to graduate from high school, get their diploma and proceed to college or embrace career.

Phase two(6 +6 =12): Students who do not pass their internal and State Exams in the first phase will continue with phase two and continue with intensive integrated treatment, then after six months, students will do internal and State exams and those who will pass, will graduate with a diplomas and proceed to college, career or both.

Phase three (12 + 6=18): Students who did not do well academically and behaviorally during phase one and two will enter into phase three intensive treatment program. Some students will enter into phase three because of various factors such as low academic skills and immaturity such as students who were still in grades 9-10. In any case, through the integrated treatment at CT-Family Care, it is anticipated that those students in phase three will successfully graduate with diplomas and proceed to colleges, embrace careers or do both.

Phase four (18 + 6 =24 months) students who did not successfully pass the internal and state exams for regular diplomas will be prepared for GED and assisted appropriately to gain some professional skills, so that they graduate with positive behavioral improvements, enhanced coping skills, improved academic performances and some vocational trainings. Therefore, there will be no student who came to the treatment and participated fully will be left out. However, students whose behaviors will threaten the safety of others will be removed from the treatment program and sent back to the juvenile courts or to their families accordingly.

(f) **A commitment to participate actively in the treatment program.** Clients and their families will be encouraged and expected to participate actively in the treatment program. At the

end of each month, a progressive evaluation reports will be available to a student, his/her parents, and to the court system if applicable.

In Conclusion: CT-Family Care, however, is looking for a grant of \$ 150,000 towards its program and services. CT-Family Care anticipates that a good number of clients and their families will be referred to its clinics for treatment.

CT-Family Care Services treatment approach presents a win-win window of sustainable HOPE and SUCCESS to all stakeholders and participants. Consequently, CT-Family Care Services is dedicating to ensure that her integrated and intensive treatments will benefit students, youth, veterans, families, adults, families, juvenile and inmates(soon to be released) in court system and their communities. Integrated treatments that CT-Family Care Services provides, build positive self-reliance that empower students, youths, adults, ex-inmates, their families and schools to overcome mental illnesses, school dropout and increase:

- positive behaviors,
- self-discipline from using substance, alcohol or delinquencies
- high academic performances
- college entrants and embrace careers
- Sustainable healing from mental illnesses, poverty and enhance positive citizenship.

CT-Family Care Services, LLC, predicts to succeed in treating clients to such a degree that the following percentages of students will have desires of moving forward to colleges or embracing life careers:

1. 76-87% of students who complete the program will mostly probably have high academic performances and behavioral change; hence will opt to proceed with college education. College education will be pursued at either community colleges or at four year colleges. Students, who will attend Colleges in Connecticut, will continue being monitored and supported for the first school semester so that they will maintain their morale and stay in

colleges. CT-Family Care Services has experienced and qualified staff team will be in charge at assist those students properly.

2. 20-12 % will likely have high academic performances and improved behaviors. This group will choose to seek careers immediately instead of pursuing college education. CT-Family Services staff will prepare and assist students in pursuing their dreams. The agency will also provide integrated counseling to those new employees for the first four months at their job sites so that they will be morally encouraged and supported during their transitional experiences. After four months, CT-Family Care Services will end its treatments unless there will be a special need approved by the relevant parties or administrations.

3. 1-2% this group will participate actively in the program and graduate, but will most probably refuse to choose college education or any career-related options after completing treatments.

4. Organizational and Financial Information

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

CT-FAMILY CARE SERVICES, LLC. See appendix # 4 with a Certification of being in good standing from Secretary of State in Connecticut

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

Yes (Provide documentation) X 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.**

CT-Family Care Services, LLC is in the process of applying for its first license from the Department of Public Health (DPH)

d. Financial Statements

Financial aspects: Attached herewith is CT-Family Care's projected budget for one year (2012-2013) and for the three years (2012-2014) period. Since most CT-Family Care's clients

CT-FAMILY CARE SERVICES, LLC

are minority students, their families and white students from low income families and the inmates who will be seeking effective community re-entry are poor, adults, and underserved families, CT-Family Care seeks to contract with private, Federal and State insurances in order to reimburse the treatment center for its integrated treatments.

- 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. **ANSWER: NONE APPLICABLE FOR CT-FAMILY CARE SERVICES, LLC**

- 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.)

- e. Submit a final version of all capital expenditures/costs as follows: **the formatting is N/A, see the attached detailed financial report (2012-2014) on the appendix**

Table 2: Proposed Capital Expenditures/Costs

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

* 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 See appendix #

5. 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. **N/A.**

Table 3: Patient Population Mix

	Current** FY ***	Year 1 FY ***	Year 2 FY ***	Year 3 FY ***
Medicare*				
Medicaid*				
CHAMPUS & TriCare				
Total Government				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government				
Total Payer Mix				

* 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.

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

- f. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal. **See appendix**
- g. Describe how this proposal is cost effective.

G: Pricing and other benefits:

How will you price your product or services? Studies suggest that most of the payments or insurance re-imburements range between \$ 250-100 per hour. CT-Family Care Services plans to charge between \$ 100 to 150 per hour for most of the services, except when differently indicated in the budget and it will provide competitive salaries in order to attract and retain the best experienced professionals. In line with what is available on the market, CT-Family Care has decided to pay its workers the most competitive salaries. CT-Family Care Services' proposal is cost effective because it presents an effective alternative approach from the traditional way. The cost effectiveness is reflected both in quality and services it provides when serving the underserved population.

Non-residential treatment program: The Company will apply to the Department of Children and Family Services (DCF) for two types of programs (a) **the outpatient psychiatric children and family clinic** (b) *Day care treatment clinics for students, youths who are extremely troubled behaviorally, academically and those with mental illnesses as an alternative to incarceration.*

Outpatient psychiatric children and family clinic: CT-Family Care Services integrated programs for students will be conducted in the afternoon from Mondays to Saturdays, with some intensive academic-therapeutic treatments in order to alleviate students from school dropout, bad behaviors, and mental health crisis and prepare them for college education or careers. In order to achieve these goals, both programs will involve families in the treatment plans. This systemic family approach will enable students and their family members to enhance their coping skills and improve their behavioral interactions, as well as utilize the family inner repertoires of strengths in

order to solve family problems that affect each family member including a student's bad behaviors leading to poor academic performances at school.

Need for involving family members in treatments: CT-Family Care will receive referrals from appropriate State agencies, schools, court systems, communities or families whose students may need integrated therapeutic treatment, social care and educational support to resolve their current constraints. Such constraints may range from lack of attention at school/home, poor academic performances, mental health illnesses and problematic behaviors at home or at school. CT-Family Care Services holds that, often children are symptoms bearer of their family problems or tensions. CT-Family Care Services will focus on treating a student and her/his family in a family-social-cultural context because when a structure of the family group is transformed, the positions of members in the group are altered, and each individual's experiences change for the better (Minuchin 1974, p.2).

Another cost effectiveness that CT-Family Care Services Presents is embedded in the utilization of its treatment components in reducing school dropout, problematic behaviors and a cycle of mental crises among students and their families of its citizens who cost a lot of dollars a year. For example, when a student drops out of school due to various reasons, and end up in jail/prison, Connecticut taxpayers pay about \$ 33,707. 45 (Department of Correction website- Annual budget 2009 retrieved 6/18/010) per year to keep one inmate in jail or on welfares. CT-Family Care Services, bring many benefits to clients and communities in the fact that it will reduce low self-esteem, mental health crisis, and prepare many families and youth to become more productive citizens. To foster a sustainable recovery, there is a need of assisting individuals in strengthening and enhancing their coping skills by teaching them new ways of viewing and handling situations (Satir and Baldwin 1983). The CT- Family Care Services believes that by introducing integrated intensive services in the treatment center, will bring various benefits such as

enhancing coping skills, addressing the emotional needs of clients and their caretakers, reduce preventable crises systemically at schools, in families, work places, and in communities.

Both the **Outpatient Psychiatric Children and Family Clinic and the Day Care Extended Program (operated separately)** will have the intensive integrated treatment components that will last between three months to two years depending on the level of each student's academic performance, mental health statues, change of behaviors during the treatments. Each student will daily be given enough academic and therapeutic attention as needed. The company offers brief targeted solution centered treatments; hence no treatment should exceed two years for each individual simultaneously. If after years clients are unable to recover from the same problem that the company has been treating, then clients will be referred to other agencies.

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Executive summary about CT-Family Care Services, LLC and its benefits
(PowerPoint)

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

INTRODUCTION:

- CT-Family Care is a Federal and State certified consulting minority owned company, based in Connecticut and now expanding its services into Springfield, Massachusetts.
- Established and registered in Connecticut in July 2007.
- CT-Family Care team is composed of seasoned professionals.

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

Problems for common concern in Springfield:

- High rate of school dropout in Springfield area leading in the State.
- Underlining factors for academic & behavioral problems which affect students & families.
- Financial burdens to community due to school dropout, MH issues, unskilled citizens.

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

Company's goals: Anticipated outcome

- 76-80 % of Hs graduates, proceed to colleges
- 12-18 % of graduates, embrace career/or both
- 1-2 % graduates Hs, but undecided
- 60-64% Parents & Families participation and success

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

Company response:(b) areas of expertise

- Academic treatments
- Behavioral treatments
- Family treatments
- Research on Integrated Treatments
- Job training for families
- Community Economic Development Enhancement.

CT-FAMILY CARE SERVICES, LLC

PRESENTS...

Treatment for students:

The treatment will reduce:

- High school dropout
- Delinquency
- Problematic behaviors
- Substance uses
- Unskilled workforce

CT-FAMILY CARE SERVICES, LLC

PRESENTS...

Treatment for students...

The treatment will:

- Enhance coping skills
- Increase academic performances
- Improve behaviors
- Help students to graduate from High schools
- Enable students go to colleges or embrace careers

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

Treatment for families:

The treatment will reduce:

- Dysfunctional family interactions that affect family members
- Marital / Relational mental health crises
- Substance use, traumatic symptoms and other negative actions
- Unemployment, poverty and social--economic constraints

**CT-FAMILYCARE SERVICES, LLC
PRESENTS...**

Treatment for families...

The treatment will:

- Enhance coping skills for positive solutions
- Foster healthy relationships, and responsible parenthood
- Strengthen families for sustainable success
- Increase skilled workforce and meaningful jobs for better living

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

Treatment for veterans. Treatment will reduce:

- Social-academic and economic constraints affecting children and families of veterans when parents are on combats or away from home
- Unsatisfactory coping skills among combat veterans, and minorities
- PTSD symptoms and its constraints on veterans, and their families . Stressors that hamper healthy readjustment into non-combat environments

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

Treatment for veterans...

The treatment will:

- Enhance the needed coping skills
- Treat PTSD and its symptoms
- Enable veterans and their children succeed in life
- Families will maintain healthy relationships & jobs for success

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

Treatment for effective community re-entry of inmates

The treatment will reduce:

- The cycles of imprisonment among children, veterans, minorities, and white low income families.
- Unsatisfactory coping strategies and other causes that lead to law violations and mental health crises

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

Treatment for inmates for community re-entry...

The treatment will:

- Enhance coping skills, provide academic and behavioral improvements
- Promote effective rehabilitation,
- Strengthen families, and reduce the costs of preventable incarcerations
- Reduce repeated imprisonments which are costly in various aspects

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

RESEARCH & INTEGRATED TREATMENT which will

- Promote the relevance of clinical researches on the use of a cultural competencies in MH issues in order to enhance students' success
- Complement the biomedical treatment approach which is less effective for healing and rehabilitating most of the minorities, low income white families and veterans dealing with mental health issues and social-cultural-economic constraints and PTSD symptoms

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

Research and Integrated treatment which will:

- Complement biomedical approach by (a) treating problematic behaviors among children (b) improving academic performances (c) reducing family crises
- Provide effective treatment in order to reduce the cost of ineffective prolonged treatment

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

Effective solutions that require mutual beneficial partnership- "A WIN -WIN" approach: Thus, company Seeks

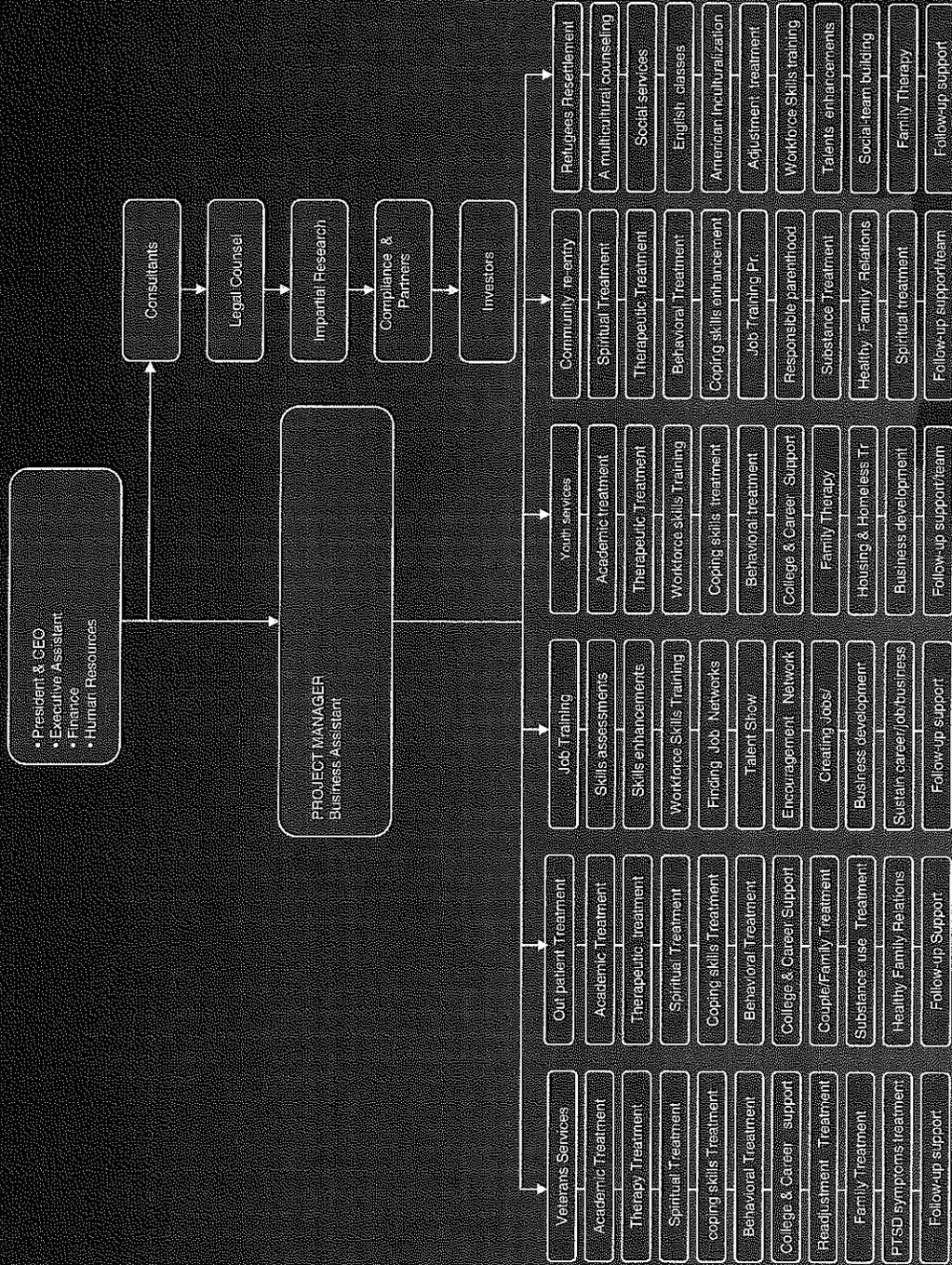
- I. Support and endorsement from State Rep.
- II. Introduction to Schools and Parents, Agencies, Community and Business Leaders in the area
- III. Office and Financial assistance
- IV. **Insurances: 1. That the Company may be enrolled in all insurances in the area, so that all clients can be served. 2. Secure State grants for services not covered by insurances like academic enhancement after schools.**

**CT-FAMILY CARE SERVICES, LLC
PRESENTS...**

Implementation stages:

- 1. Plan of action with State Rep and his office:**
 - A. Form a committee for strategies
 - B. Secure office and some initial funding from insurances, Federal and State grants
 - C. Involve targeted schools, parents & STUDENTS
 - D. Foster mutual professional understanding, and cooperation for the common good with State Rep., families and community of Springfield.

THE ORGANIZATIONAL CHART FOR CT-FAMILY CARE SERVICES, LLC & PROGRAMS AND SERVICES



State of Connecticut
Department of Administrative Services
Supplier Diversity Program



This certifies
CT-FAMILY CARE SERVICES

16 Enfield Ave, Enfield, CT 06082

*African-American Owned
Small/Minority Business Enterprise*

October 27, 2010 through October 27, 2012

Owner(s): Justinian Rweyemamu, MA, M.Div, MS-MFT, PhD candidate

Contact: Justinian Rweyemamu, MA, M.Div, MS-MFT **Telephone:** (860) 508-8651 **Ext:**

E-Mail: rweye@cox.net

Web Address:

FAX:

Affiliate Companies:

Product Description: CT-FAMILY CARE SERVICES LLC (summary)

Introduction:

To strategically prevent the epidemic of the high school dropout, poor academic performance, problematic behaviors, and delinquencies as well as substance abuses among high school students and their families in general, CT-Family Care Services will provide intensive residential and non-residential integrated treatments which will be composed of strong Academic-Social-Cultural-Emotional-Spiritual-Economic-Relational (ASCESER)

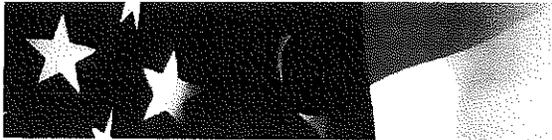
Meg Yetsofsky

Supplier Diversity Director

Spencer

Supplier Diversity Specialist

**A contractor awarded a contract or a portion of a contract under the set-aside program shall not subcontract with any person(s) with whom the contractor is affiliated.



Certification for: CT-FAMILY CARE SERVICES, LLC
DUNS: 963691121
Certification Validity:
From: 09/30/2010 10:25:49 AM (EST)
To: 09/30/2011 10:25:49 AM (EST)

By submitting this certification, I, **JUSTINIAN RWEYEMAMU**, am attesting to the accuracy of the representations and certifications contained herein. I understand that I may be subject to penalties if I misrepresent **CT-FAMILY CARE SERVICES, LLC** in any of the above representations or certifications to the Government.

READ ONLY

- Vendor will provide information with specific offers to the Government.
- I certify that I have read and understand the provision.

52.203-11 Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions (Sept 2007)

- (a) Definitions. As used in this provision—"Lobbying contact" has the meaning provided at 2 U.S.C. 1602(8). The terms "agency," "influencing or attempting to influence," "officer or employee of an agency," "person," "reasonable compensation," and "regularly employed" are defined in the FAR clause of this solicitation entitled "Limitation on Payments to Influence Certain Federal Transactions"(52.203-12).
- (b) Prohibition. The prohibition and exceptions contained in the FAR clause of this solicitation entitled "Limitation on Payments to Influence Certain Federal Transactions" (52.203-12) are hereby incorporated by reference in this provision.
- (c) Certification. The offeror, by signing its offer, hereby certifies to the best of its knowledge and belief that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on its behalf in connection with the awarding of this contract.
- (d) Disclosure. If any registrants under the Lobbying Disclosure Act of 1995 have made a lobbying contact on behalf of the offeror with respect to this contract, the offeror shall complete and submit, with its offer, OMB Standard Form LLL, Disclosure of Lobbying Activities, to provide the name of the registrants. The offeror need not report regularly employed officers or employees of the offeror to whom payments of reasonable compensation were made.
- (e) Penalty. Submission of this certification and disclosure is a prerequisite for making or entering into this contract imposed by 31 U.S.C. 1352. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure required to be filed or amended by this provision, shall be subject to a civil penalty of not less than \$10,000, and not more than \$100,000, for each such failure.

(End of Provision)

READ ONLY

- Vendor will provide information with specific offers to the Government.
- I certify that I have read and understand the provision.

52.222-38 Compliance with Veterans' Employment Reporting Requirements (Dec 2001)

By submission of its offer, the offeror represents that, if it is subject to the reporting requirements of 38 U.S.C. 4212(d) (i.e., if it has any contract containing Federal Acquisition Regulation clause 52.222-37, Employment Reports on Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans), it has submitted the most recent VETS-100 Report required by that clause.

business procurement mechanism is authorized and its address has not changed since its certification as a small disadvantaged business concern or submission of its application for certification. The list of authorized small disadvantaged business procurement mechanisms and regions is posted at <http://www.arnet.gov/References/sdbadjustments.htm>. The offeror shall use the list in effect on the date of this solicitation. "Address," as used in this provision, means the address of the offeror as listed on the Small Business Administration's register of small disadvantaged business concerns or the address on the completed application that the concern has submitted to the Small Business Administration or a Private Certifier in accordance with 13 CFR part 124, subpart B. For joint ventures, "address" refers to the address of the small disadvantaged business concern that is participating in the joint venture.

(End of Provision)

52.214-14 Place of Performance-Sealed Bidding (Apr 1985)

- (a) The bidder, in the performance of any contract resulting from this solicitation, intends, does not intend [check applicable box] to use one or more plants or facilities located at a different address from the address of the bidder as indicated in this bid.
- (b) If the bidder checks "intends" in paragraph (a) of this provision, it shall insert in the spaces provided below the required information:

Name and Address of Owner and Operator of the Plant or Facility if Other than Bidder

Address of Place of Performance (Street, Address, City, County, State, Zip Code):	Owner/Operator:	Owner Address (Street, Address, City, County, State, Zip Code):
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(End of Provision)

52.215-6 Place of Performance (Oct 1997)

- (a) The offeror or respondent, in the performance of any contract resulting from this solicitation, intends does not intend [check applicable block] to use one or more plants or facilities located at a different address from the address of the offeror or respondent as indicated in this proposal or response to request for information.
- (b) If the offeror or respondent checks "intends" in paragraph (a) of this provision, it shall insert in the following spaces the required information:

Name and Address of Owner and Operator of the Plant or Facility if Other than Bidder

Address of Place of Performance (Street, Address, City, County, State, Zip Code):	Owner/Operator:	Owner Address (Street, Address, City, County, State, Zip Code):
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(End of Provision)

52.219-1 Small Business Program Representations (May 2004)

- (a) (1) The North American Industry Classification System (NAICS) code for this acquisition is See Note.*
- (2) The small business size standard is See Note.
- (3) The small business size standard for a concern which submits an offer in its own name, other than on a construction or service contract, but which proposes to furnish a product which it did not itself manufacture, is 500 employees.
- (b) Representations.
 - (1) The offeror represents as part of its offer that it is, is not a small business concern (see below).

**

NAICS:	Description:	Small Business Concern (Yes/No):
541720	RESEARCH AND DEVELOPMENT IN THE SOCIAL SCIENCES AND HUMANITIES	Yes
621112	OFFICES OF PHYSICIANS, MENTAL HEALTH SPECIALISTS	Yes
621420	OUTPATIENT MENTAL HEALTH AND SUBSTANCE	Yes

HP
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ABUSE CENTERS

- (2) [Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.] The offeror represents, for general statistical purposes, that it is, is not, a small disadvantaged business concern as defined in 13 CFR 124.1002.
- (3) [Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.] The offeror represents as part of its offer that it is, is not a women-owned small business concern.
 ** (See Below)

NAICS:	Description:	Women-Owned Small Business Concern (Yes/No):
541720	RESEARCH AND DEVELOPMENT IN THE SOCIAL SCIENCES AND HUMANITIES	No
621112	OFFICES OF PHYSICIANS, MENTAL HEALTH SPECIALISTS	No
621420	OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE CENTERS	No

- (4) [Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.] The offeror represents as part of its offer that it is, is not a veteran-owned small business concern.
 **

NAICS:	Description:	Veteran-Owned Small Business Concern (Yes/No):
541720	RESEARCH AND DEVELOPMENT IN THE SOCIAL SCIENCES AND HUMANITIES	No
621112	OFFICES OF PHYSICIANS, MENTAL HEALTH SPECIALISTS	No
621420	OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE CENTERS	No

- (5) [Complete only if the offeror represented itself as a veteran-owned small business concern in paragraph (b)(4) of this provision.] The offeror represents as part of its offer that it is, is not a service-disabled veteran-owned small business concern.
 ** (See Below)

NAICS:	Description:	Service-Disabled Veteran-Owned Small Business Concern (Yes/No):
541720	RESEARCH AND DEVELOPMENT IN THE SOCIAL SCIENCES AND HUMANITIES	No
621112	OFFICES OF PHYSICIANS, MENTAL HEALTH SPECIALISTS	No
621420	OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE CENTERS	No

*If you are responding to a Government solicitation for supplies or services under a NAICS code not listed in paragraph (b) of this certification, you must provide this certification directly to the Contracting Officer.

**Small business concern, Veteran-owned small business concern, Service-disabled veteran-owned small business concern, and Women-owned small business concern status was calculated based on the NAICS codes, Number of Employees, and Average Annual Gross Revenues listed in the CCR Registration for "Company Name" along with the Small Business Administration size standard for each NAICS code.

- (6) [Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.] The offeror represents, as part of its offer, that-
- (i) It is, is not a HUBZone small business concern listed, on the date of this representation, on the

the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Individual/concern, other than one of the preceding.

(End of Provision)

52.219-2 Equal Low Bids (Oct 1995)

- (a) This provision applies to small business concerns only
- (b) The bidder's status as a labor surplus area (LSA) concern may affect entitlement to award in case of tie bids. If the bidder wishes to be considered for this priority, the bidder must identify, in the following space, the LSA in which the costs to be incurred on account of manufacturing or production (by the bidder or the first-tier subcontractors) amount to more than 50 percent of the contract price.

State	Eligible Labor Surplus:	Civil Jurisdictions Included:
--------------	--------------------------------	--------------------------------------

- (c) Failure to identify the labor surplus areas as specified in paragraph (b) of this provision will preclude the bidder from receiving priority consideration. If the bidder is awarded a contract as a result of receiving priority consideration under this provision and would not have otherwise received award, the bidder shall perform the contract or cause the contract to be performed in accordance with the obligations of an LSA concern.

(End of Provision)

52.219-19 Small Business Concern Representation for the Small Business Competitiveness Demonstration Program (Oct 2000)

- (a) Definition, "Emerging small business" as used in this solicitation, means a small business concern whose size is no greater than 50 percent of the numerical size standard applicable to the North American Industry Classification System (NAICS) code assigned to a contracting opportunity.
- (b) [Complete only if the Offeror has represented itself under the provision at 52.219-1 as a small business concern under the size standards of this solicitation.] The Offeror is is not an emerging small business. (See below)

NAICS:	Description:	Emerging Small Business Concern (Yes/No):
541720	RESEARCH AND DEVELOPMENT IN THE SOCIAL SCIENCES AND HUMANITIES	No
621112	OFFICES OF PHYSICIANS, MENTAL HEALTH SPECIALISTS	No
621420	OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE CENTERS	No

- (c) [Complete only if the Offeror is a small business or an emerging small business, indicating its size range.] Offeror's number of employees for the past 12 months [check this column if size standard stated in solicitation is expressed in terms of number of employees] or Offeror's average annual gross revenue for the last 3 fiscal years [check this column if size standard stated in solicitation is expressed in terms of annual receipts]. [Check one of the following.]

- Number of Employees Average Annual Gross Revenues
- 50 or fewer \$1 million or less
 - 51-100 \$1,000,001-\$2 million
 - 101-250 \$2,000,001-\$3.5 million
 - 251-500 \$3,500,001-\$5 million
 - 501-750 \$5,000,001-\$10 million
 - 751-1,000 \$10,000,001-\$17 million

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Appendixes:

PERSONNEL INFORMATION FORM Facility Name: CT-FAMILY CARE SERVICES, LLC

Complete information for administrative/supervisory and clinical staff including fee for service, contracted and intern staff. Do not include business and billing staff.

Name of Staff Member	Professional Discipline	License or Registration # (if applicable)	Identify Days & Hours Worked	Total Weekly Hours
Justinian Rweyemamu, MA, M.Div, MS-MFT, PhD student AAMFT Supervisor Candidate Founder & President CT-Family Care Services,LLC	Marriage and Family Therapist, Clergy (MFT)	PhD student & AAMFT Supervisor in Training AAMFT, CTAMFT	Monday-Saturday	40
Melissa C	MFT	LMFT, AAMFT	Monday-Saturday	40
Saleha Q	MFT	LMFT, AAMFT, CTAMFT	Monday-Friday	40
Elizabeth G	MFT	MA-MFT	Monday-Friday	30
Joshua C	MEd MFT	M Ed, MA-MFT	Tuesday-Saturday	30
Jan L	MFT-Intern	Intern	Monday-Friday	20
Margaret J	RN, CSW	RN, CSW	Tuesday-Saturday	40
Robert L	MFT	LMFT, AAMFT	Tuesday-Saturday	40
Megan A	MFT	MS-MFT	Monday-Friday	30
Theresa P	MFT	MFT	Monday-Thursday	30
Alexi R	MFT-Intern	Intern	Monday-Friday	20
Julie I	MFT	MFT	Tuesday-Saturday	30
Laura B	MFT	MA-MFT	Tuesday-Saturday	30
Alena Jo	MFT	MA-MFT	Monday-Friday	30
Ronak M	MFT	MFT,BHN	Monday-Friday	40
Marie C	MSW	MSW	Monday-Saturday	40
Marryem	MSW	MSW	Monday-Friday	30
Amy S	LMFT	LMFT	Tuesday-Saturday	40
Sarah S	MSW	MSW	Tuesday-Saturday	30
Kara M	MSW	MSW	Monday-Friday	30

CT-FAMILY CARE SERVICES, LLC

<i>Karmisha H</i>	<i>MSW</i>	<i>MSW</i>	<i>Monday-Friday</i>	<i>30</i>
<i>Bharati C</i>	<i>MFT, MSW</i>	<i>MFT,MSW</i>	<i>Monday-Saturday</i>	<i>30</i>
<i>Susan H</i>	<i>MSW</i>	<i>MSW</i>	<i>Tuesday-Saturday</i>	<i>40</i>
<i>Anthony R</i>	<i>MSW</i>	<i>MSW</i>	<i>Monday-Friday</i>	<i>30</i>
<i>La'Mora H</i>	<i>MFT</i>	<i>MFT</i>	<i>Monday-Friday</i>	<i>30</i>
<i>Seiyefa S</i>	<i>MFT</i>	<i>MFT</i>	<i>Monday-Friday</i>	<i>30</i>
<i>Rose B</i>	<i>MFT</i>	<i>BA</i>	<i>Tuesday-Saturday</i>	<i>20</i>
<i>Carmen A</i>	<i>MFT</i>	<i>LCSW, MSW, LPN</i>	<i>Tuesday -Saturday</i>	<i>40</i>
<i>Erica C</i>	<i>MFT</i>	<i>MS-MFT</i>	<i>Monday-Friday</i>	<i>30</i>
<i>Elizabeth B</i>	<i>MSW</i>	<i>MSW</i>	<i>Monday-Friday</i>	<i>30</i>
<i>Kristin C</i>	<i>MFT</i>	<i>MA-MFT, AAMFT,CTAM FT</i>	<i>Monday-Friday</i>	<i>30</i>
<i>Barbara P</i>	<i>MSW</i>	<i>MSW</i>	<i>Monday-Friday</i>	<i>20</i>
<i>Natalie C</i>	<i>MSW</i>	<i>MSW</i>	<i>Tuesday-Saturday</i>	<i>30</i>
<i>Laura A</i>	<i>MSW</i>	<i>LCSW</i>	<i>Tuesday-Saturday</i>	<i>40</i>
<i>Lorrie W</i>	<i>MSW</i>	<i>MSW</i>	<i>Monday-Friday</i>	<i>25</i>
<i>Megan W</i>	<i>MSW</i>	<i>MSW</i>	<i>Monday-Friday</i>	<i>30</i>
<i>Ari B</i>	<i>MSW</i>	<i>MSW</i>	<i>Monday-Friday</i>	<i>30</i>
<i>Mark M</i>	<i>MSW</i>	<i>MSW</i>	<i>Tuesday-Saturday</i>	<i>30</i>
<i>Kelly J</i>	<i>MSW</i>	<i>MSW</i>	<i>Tuesday-Saturday</i>	<i>30</i>
<i>Grisella S</i>	<i>LCSW</i>	<i>LCSW</i>	<i>Monday- Saturday</i>	<i>40</i>

DPHCQ036

Rev. 08/23/05

PERSONNEL INFORMATION FORM

Facility Name: CT-FAMILY CARE SERVICES, LLC

Complete information for administrative/supervisory and clinical staff including fee for service, contracted and intern staff. Do not include business and billing staff.

Address (if satellite): 155 MAPLE ST, UNIT 204 SPRINGFIELD, MA 01105

Name of Staff Member	Professional Discipline	License or Registration # (if applicable)	Identify Days & Hours Worked	Total Weekly Hours	Service(s): Medical, Mental Health, Alcoholism, etc.
Justinian Rweyemamu, MA, M.Div, MS-MFT, PhD student AAMFT Supervisor in Training Founder & President CT-Family Care Services, LLC	Marriage and Family Therapist, Clergy (MFT)	PhD student & AAMFT Supervisor in Training AAMFT, CTAMFT	Monday-Saturday	40	Mental Health, Youth, Family, Veteran, Substance abuse, school, PTSD, Supervisor
Melissa Costanzo	MFT	LMFT, AAMFT	Monday-Saturday	40	Mental Health, School Marriage and family Therapist Substance Abuses,
Saleha Qureshi	MFT	LMFT, AAMFT, CTAMFT	Monday-Friday	40	
Elizabeth Golden	MFT	MA-MFT	Monday-Friday	35	Substance abuse, Youth, Family
Joshua Cohen	MEd MFT	MEd, MA-MFT	Tuesday-Saturday	35	Youth, Family, Veteran, Substance abuse, PTSD
Jan Loomis	MFT-Intern	Intern	Monday-Friday	25	Youth, Family, Substance abuse, PTSD
Margaret Jones	RN, CSW	RN, CSW	Tuesday-Saturday	40	
Robert Ledder	MFT	LMFT, AAMFT	Tuesday-Saturday	40	Youth, Family, School, Clinical Supervisor
Megan Aldridge	MFT	MS-MFT	Monday-Friday	35	Youth, Family, Substance Abuse
Theresa Flawrowski	MFT	MFT	Monday-Thursday	30	Family
Alexi Relyea-Niemann	MFT-Intern	Intern	Monday-Friday	25	Youth, school
Julie Ingenhol	MFT	MFT	Tuesday-Saturday	30	Youth, Family, PTSD
Laura Badecker	MFT	MA-MFT	Tuesday-Saturday	35	Youth, Family, substance abuse
Alena Josephson	MFT	MA-MFT	Monday-Friday	35	Emergency Dispatcher, youth, family

Ronak Mehta	MFT	MFT, BHN	Monday-Friday	40	Youth, family, substance
Marie Cortez	MSW	MSW	Monday-Saturday	40	Youth, family, school, Social worker supervisor, DCF
Maryem Vahidy	MSW	MSW	Monday-Friday	30	Youth, Family
Amy Sartori	LMFT	LMFT	Tuesday-Saturday	40	Youth, family, school, substance abuse, PTSD
Sarah Shae	MSW	MSW	Tuesday-Saturday	35	Youth, family, school, substance abuse, PTSD
Kara Margolis	MSW	MSW	Monday-Friday	35	Youth, family, school, substance abuse
Karnisha Hubbard	MSW	MSW	Monday-Friday	30	Youth, family, school
Bharati Chakraborty	MFT, MSW	MFT, MSW	Monday-Saturday	35	Youth, family, school, substance abuse, PTSD
Susan Hogan	MSW	MSW	Tuesday-Saturday	40	Youth, Family
Anthony Riello	MSW	MSW	Monday-Friday	30	Family, Veterans, Substance Abuse
La'Mora Hardy	MFT	MFT	Monday-Friday	30	Youth, Family, Substance Abuse
Seiyefu Shipi	MFT	MFT	Monday-Friday	35	Youth, family, Substance abuse
Rose Barnes	MFT	BA	Tuesday-Saturday	20	Youth, School
Carmen Acevedo	MFT	LCSW, MSW, LPN	Tuesday-Saturday	40	Youth family, school
Erica Cuni	MFT	MS-MFT	Monday-Friday	35	Youth, Family, School, Veteran, Substance abuse, PTSD
Elizabeth Bessette	MSW	MSW	Monday-Friday	30	Youth, School
Kristin Chabot-Gauld	MFT	MA-MFT, AAMFT, CTAM FT	Monday-Friday	30	Family
Barbara Parker	MSW	MSW	Monday-Friday	20	
Natalie Cooke	MSW	MSW	Tuesday-Saturday	35	Youth, Family, Veteran, Substance Abuse, PTSD
Laura Abbateamarco	MSW	LCSW	Tuesday-Saturday	40	Youth, Family, School
Lorrie West	MSW	MSW	Monday-Friday	25	Youth, Family
Megan Whitehead	MSW	MSW	Monday-Friday	30	Youth, Family

<i>Ari Brooks</i>	<i>MSW</i>	<i>MSW</i>	<i>Monday-Friday</i>	<i>30</i>	<i>Youth, Family, Veterans, Substance abuse</i>
<i>Mark McLaughlin</i>	<i>MSW</i>	<i>MSW</i>	<i>Tuesday-Saturday</i>	<i>35</i>	<i>Youth, Family, School, Veteran</i>
<i>Kelly Johnson</i>	<i>MSW</i>	<i>MSW</i>	<i>Tuesday-Saturday</i>	<i>35</i>	<i>Youth, school, veteran</i>

DPHCQ036 Rev. 08/23/05

PERSONNEL POLICY & EMPLOYEE HANDBOOK
OF THE
CT -Family Care Service, LLC

Adopted

May 2012

**PERSONNEL POLICIES AND EMPLOYEE HANDBOOK
OF
CT-FAMILY CARE SERVICES, LLC
(Referred to herein as the Agency)**

I. GENERAL POLICY

The policies and procedures for personnel management at the CT-Family Care Services, LLC are contained in this document. The purpose of this document is to state, as clearly as possible, the duties and responsibilities of each staff member in this Agency.

Nothing contained in this Manual or in any other CT-Family Care Services, LLC document is intended to create a contract or agreement of employment. CT-Family Care Services, LLC adheres to the principle of "employment at will," which means that CT-Family Care Services, LLC or the employee may terminate the employment relationship at any time and for any reason, with or without cause. No manager, supervisor, employee or other agent of CT-Family Care Services, LLC has the authority to alter our at-will policy. CT-Family Care Services, LLC does not promise or guarantee employment for any fixed period or a set salary for any particular period.

Since this is a printed document, it cannot reflect all the changes in the Agency's policies, procedures and benefits and, therefore, statements in this Handbook are subject to change at any time by the President, as necessary. Please feel free to ask the Office Manager about the current status of our policies, procedures and benefits. All previous editions of this Handbook are superseded and replaced by this version.

In general:

A. Each staff member has the responsibility to adhere to these policies and procedures.

B. It is the responsibility of the President to see that these policies and procedures are carried out. No employee of the Agency except the President is authorized to create, modify or make representations regarding the Agency's policies and procedures.

Ethics and Conflicts of Interest

The CT-Family Care Services, LLC prides itself on high standards of excellence. We expect our staff to live up these ideals as they interact with one another, the public, clients and other agencies. While not every situation can be anticipated, the following code of conduct is intended

to provide guidelines for the professional, ethical, legal and socially responsible behavior expected of all employees.

- Employees are expected to strive to conduct all Agency activities and relationships with integrity, honesty, and respect for others. All transactions should be conducted with fairness, impartiality and effectiveness.
- Employees are responsible for accurate and timely recordkeeping for all Agency assets, liabilities and expenses, in keeping with generally accepted accounting principles.
- Employees, especially clinicians are responsible for accurate and timely record keeping of the progress notes, treatment plan, and treatment plan reviews as required by the agency.
- The Agency does not permit or condone any illegal, secret, or improper payments, transfers or receipts. This prohibition applies to both the giving and receiving of payments, gifts or unusual gains.
- All activities conducted as an Agency employee should place the lawful and legitimate interests of the Agency over personal gain, and any activity or interest which is in conflict with the conduct of official duties is to be avoided.
- All privileged information gained through the course of official duties is to be respected and protected as confidential.

Protection of Personal Information

The Agency's policy is to protect and safeguard the confidential nature of personal, non-public information that it may obtain concerning its employees or other individuals including private client information. This information includes, for example, social security numbers, driver's license numbers, account numbers, passport numbers and health insurance identification numbers. The Agency will disclose such personal information on a strict business need-to-know basis and to the extent required or permitted by law.

The Agency uses reasonable safeguards to prevent unauthorized access and disclosure of such personal information, including procedures that destroy, erase, shred or make unreadable all records that contain protected personal information. Employees are prohibited from accessing, using, disclosing, or revealing such personal information for unauthorized purposes, and must take reasonable measures to protect the information from disclosure. Disciplinary measures may be imposed for any actions not in compliance with this policy.

Equal Opportunity Employment Policy

The CT-Family Care Services, LLC is committed to provide equal opportunities in employment to all qualified people on the basis of job-related skills, ability, merit and other bona fide occupational requirements. The Agency takes affirmative action to prevent any discrimination with regard to race, color, religion, age, gender, marital status, sexual orientation, national origin, ancestry, present or past history of mental or physical disability, learning disability or other applicable category as protected by law. This policy extends to

all employment actions, including recruitment, selection, rates of pay, promotion and lay off or termination. Our policies and practices are administered in a non-discriminatory manner.

Sexual Harassment Policy

It is the established policy of the CT-Family Care Services, LLC to ensure equal employment opportunity and to prevent discrimination in all practices. Sexual harassment is a type of sex discrimination. It is prohibited by Title VII of the Civil Rights Act, as amended, and by Connecticut General Statute 46a-60(a)(8) as a Discriminatory Employment Practice. Harassment is defined as: "any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive performance or creating an intimidating, hostile or offensive working environment."

Harassment of an employee by a supervisor, co-worker, vendor, customer or visitor on the basis of sex creates a harmful working environment and is illegal. It is the policy of the CT-Family Care Services, LLC to maintain a working environment free from harassment, insults, or intimidation on the basis of an employee's sex. Verbal or physical conduct by a supervisor, co-worker, vendor, customer or visitor relating to an employee's sex which has the effect of creating an intimidating, hostile, or offensive work environment, unreasonably interfering with the employee's work performance, or adversely affecting the employee's employment opportunities is prohibited.

Although not an exhaustive list, the following are examples of the type of conduct prohibited by the policy against sexual harassment:

1. Unwelcome sexual advances from a supervisor or co-worker, such as unwanted hugs, touches, or kisses;
2. Unwelcome attention of a sexual nature, such as degrading, suggestive, or lewd remarks or noises;
3. Dirty jokes, derogatory or pornographic posters, emails, cartoons or drawing; and
4. The threat or suggestion that continued employment advancement, assignment, or earnings depend on whether or not the individual will submit to or tolerate harassment.

Any infraction of this policy by supervisors, co-workers, vendor, customer or visitor should be reported immediately, as outlined below. Confidentiality at the time of reporting the infraction is assured to the maximum extent feasible. Retaliation against any employee for complaining about sexual harassment is prohibited under this policy and illegal under state and federal law. Violations of this policy will not be permitted and may result in discipline up to and including discharge from employment status. Individuals who engage in acts of sexual harassment may also be subject to civil and criminal penalties.

The sexual harassment complaint process is listed below:

1. Any employee who thinks that she or he has been sexually harassed is to report the incident immediately to his or her direct supervisor or the President.
2. If the incident involves the direct supervisor, the incident is to be reported to the next person in the chain of command, such as the Director of the clinical services, Human resources and the President's office.
3. All complaints will be investigated in a timely manner, and will deal directly with the accuser and accused.

Any employee who believes that she or he has not received satisfaction from the above process may file a complaint with the Connecticut Commission on Human Rights and Opportunities, and/or the Equal Employment Opportunity Commission, Connecticut law requires that a formal written complaint be filed with the Commission on Human Rights and Opportunities within 180 days of the date when the alleged harassment occurred.

Remedies for sexual harassment include cease and desist orders, back pay, compensatory damages, hiring, promotion, or reinstatement.

It is not CT-Family Care Services, LLC's intention to regulate social relationships that are freely entered into by employees. However, it is our affirmative duty to develop and maintain a workplace free of sexual harassment and intimidation. We expect the full support and cooperation of every employee to achieve this goal.

Drug and Alcohol Free Workplace

Maintaining a safe and productive working environment for each employee is of vital concern of the CT-Family Care Services, LLC. To further this goal, the CT-Family Care Services, LLC maintains a strong commitment to a drug-free work environment and has developed these drug and alcohol policies to provide guidance for both supervisors and employees in dealing with substance abuse. To further our commitment to provide a safe, drug free environment, the Agency has adopted the following policies:

1. The CT-Family Care Services, LLC advocates early intervention and treatment for employees who are faced with alcohol and drug-related problems. The Agency encourages employees with a substance abuse problem to avail themselves of this help before disciplinary action becomes necessary. Employees who are in recovery are expected to maintain satisfactory job performance and remain committed to a rehabilitation plan. Employees who successfully complete a rehabilitation program, who remain substance free, and who have violated no other agency policy, will not place their

employment at the Agency in jeopardy by reason of substance abuse.

2. The use, sale, possession or distribution of illegal drugs or the abuse of legal drugs while at work, whether on or away from the Agency's office, is strictly prohibited.
3. Alcohol may not be brought or consumed while at work, whether at or away from the Agency's offices.
4. Being under the influence of alcohol or drugs while at work is strictly prohibited. All employees must report to work in a physical and mental condition necessary to perform their jobs without impairment.
5. Failure to fully cooperate with these policies may result in the termination of employment.
6. The use of legally prescribed drugs is permitted on the job, is such use does not impair the employee's ability to perform his or her duties safely.

The CT-Family Care Services, LLC is committed to implementing this policy in a fair and equitable manner which promotes a safe and drug-free workplace, respects the dignity and privacy of the individual, and respects the safety of all employees. The use of illegal drugs and the abuse of legal drugs and alcohol have no place in the work force. The Agency is committed to maintaining a safe, healthy and drug-free workplace.

Office Safety

The Agency recognizes that every employee is entitled to work under the safest possible conditions available. Every effort will be made by the Agency to provide such conditions and to promote proper attitudes towards injury and illness prevention. It is the basic responsibility shared by everyone to make safety realization a part of their daily concern. Employees are obligated to observe the rules and to use all safety equipment immediately to their supervisors to insure the safety of all Agency employees. Staff is expected to be conscious of fire or accident hazards, and to report any concerns to the Business manager, Fire & Emergency Department or call 911 and to the President's office. All Agency employees shall wear seatbelts at all times while either driving or as a passenger in a moving vehicle that is engaged in conducting Agency business.

Zero Tolerance Policy on Workplace Violence

It is the intent of the CT-Family Care Services, LLC to maintain a zero tolerance policy toward workplace violence, or the threat of violence, by any of its employees, customers, the general public and/pr anyone who conducts business with the Agency.

Prohibited Conduct

The Agency does not tolerate any type of workplace violence committed by or against employees. Employees are prohibited from making threats or engaging in violent activities. This list of behaviors, while not inclusive, provides examples of conduct that is prohibited.

- Verbal or physical harassment
- Verbal or physical threats
- Aggressive or hostile behavior that creates a reasonable fear of injury to another person, or subjects another individual to emotional distress
- Assaults or other violence
- Intentionally damaging Agency property or the property of another employee
- Possession of a weapon or firearm while conducting CT-Family Care Services, LLC business
- Committing acts motivated by or related to harassment or domestic violence
- Any other behavior that causes others to feel unsafe, including bullying, discrimination and sexual harassment.

The President needs to be notified of all restraining orders protecting Agency employees.

Reporting Violations

Any employee who becomes aware of another employee or person violating the Agency's Workplace Violence Policy has a duty and an obligation to properly report such violations by one or more of the following methods:

- Call 911 in the event of an IMMEDIATE EMERGENCY. During an emergency involving violence, the first action is to call 911 and report as many details as possible so appropriate emergency response units can be dispatched.
- Notify the President and/or Business Manager.

Reports can be made anonymously and all reported incidents will be investigated. All parties involved in a situation will be interviewed, counseled and the results of the investigation will be discussed with them.

Harassment

Other forms of harassment are also prohibited, such as inappropriate or unwelcome behaviors based on sexual orientation, race, color, religion, marital status, national origin, ancestry, physical disability, age, or other factors, as addressed in the Agency's Equal Employment Policy. (Refer to Page 3 of this Manual)

Smoke-Free Policy

It is the policy of the Agency that no person shall smoke in the CT-Family Care Services, LLC office or while conducting Agency business. This includes hallways, waiting areas, private

offices, public meetings and in vehicles while on Agency business. All complaints will be investigated fully by the President or Business Manager.

Non-Retaliation and Whistleblower Policy

Retaliation of any kind toward any employee or applicant who in good faith perceives violations of the Agency's policies or participates in any related proceedings will not be tolerated. Any employee complaints regarding perceived violation of the Agency's policies governing non-discriminatory employment, workplace safety, ethics, conflict of interest, protection of personal information, harassment, and drug, alcohol and violence-free environment should be referred to the President. If the employee is not comfortable speaking with the President or is not satisfied with the response, documented complaints should be directed to the Executive Board, as outlined in the Agency's Grievance Policy.

Computer Use Policy

Purpose

To provide our employees with the best tools to do their jobs, the CT-Family Care Services, LLC makes available to our workforce access to one or more forms of electronic media and services, including computers, email, telephones, voice mail, fax machines, external electronic bulletin boards, wire services, online services intranet, Internet and the World Wide Web.

CT-Family Care Services, LLC encourages the use of these media and associated services because they can make communications more efficient and effective. However, all employees and everyone connected with the organization should remember that electronic media and services provided by the agency are agency property and their purpose is to facilitate and support agency business. All computer users have the responsibility to use these resources in a professional, ethical and lawful manner. In order to safeguard clients' confidentiality and that of the agency under the law, all clinical and administrative related forms or documents should be downloaded, printed, completed and filed by employees only at the agency's offices and not at employees' residences or personal computers, etc.

To ensure that all employees are responsible, the following guidelines have been established for using email and the Internet. No policy can lay down rules to cover every possible situation. Instead, it is designed to express CT-Family Care Services, LLC philosophy and set forth general principles when using electronic media and services.

Prohibited Communications

Electronic media cannot be used for knowingly transmitting, retrieving or storing any communications that is:

1. Discriminatory or harassing;
2. Derogatory to any individual or group;
3. Obscene, sexually explicit or pornographic
4. Defamatory or threatening;
5. In violation of any license governing the use of software; or

6. Engaged in for any purpose that is illegal or contrary to CT-Family Care Services, LLC policy or business interests.
7. Exposing details about clients and their treatments to anyone, except for insurance reimbursements, court orders, and parents of children, but an employee must have a signed consent form from clients/parents as well as permission from the Clinical Director and the President.

Access to Employee Communications

CT-Family Care Services, LLC reserves the right, at its discretion, to review any employee's electronic files and messages to the extent necessary to ensure electronic media and services are being used in compliance with the law, this policy and other agency policies.

Employees should not assume electronic communications are completely private.

Software

To prevent computer viruses from being transmitted through the agency's computer system, unauthorized downloading of any unauthorized software is strictly prohibited. Only software registered through CT-Family Care Services, LLC may be downloaded.

Security/Appropriate Use

Employees must respect the confidentiality of other individuals' electronic communications. Except in cases in which explicit authorization has been granted by agency management, employees are prohibited from engaging in, or attempting to engage in:

1. Monitoring or intercepting the files or electronic communications of other employees or third parties;
2. Hacking or obtaining access to systems or accounts they are not authorized to use;
3. Using other people's log-ins or passwords; and
4. Breaching, testing, or monitoring computer or network measures.

No email or other electronic communications can be sent that attempt to hide the identity of the sender or represent the sender as someone else.

Electronic media and services should not be used in a manner that is likely to cause network congestion or significantly hamper the ability of other people to access and use the system.

Anyone obtaining electronic access to other companies' or individuals' materials must respect all copyrights and cannot copy, retrieve, modify or forward copyrighted materials except as permitted by the copyright owner.

Participation in Online Forums

Employees should remember that any messages or information sent on agency-provided facilities to one or more individuals via an electronic network-for example, Internet mailing lists, bulletin boards, and online services – are statements identifiable and attributable to CT-Family Care Services, LLC

CT-Family Care Services, LLC recognizes that participation in some forums might be important to the performance of an employee's job. For instance, an employee might find the answer to a special problem by consulting members of a new group devoted to the special area.

Violations

Any employee who abused the privilege of their access to agency computers, email or the Internet in violation of this policy will be subject to corrective action including possible termination of employment, legal action, and criminal liability.

Employee Records

Employment-related records of current and former employees are confidential and maintained by the President. Current employees are entitled to review their personnel file twice each year.

II. OFFICE HOURS AND LEAVE POLICY

A. HOURS OF WORK

Full-Time Employees

1. **Office Hours** - The office hours of the Agency are flexible depending on need, Monday through Saturday. Staff is expected to be at work on time each day unless a scheduled absence is previously cleared through the President.
 - a. When it is necessary for a staff member to arrive late or leave early, advance approval shall be requested of the Supervisor and/or the President. The office manager shall be informed to facilitate handling telephone calls and visitors
 - b. In the event of an unanticipated late arrival, the Supervisor and/or the President should be notified directly.
 - c. No employee shall be permitted to enter the office at any time other than the designated office hours. If a staff member feels he/she must be in the office other than the normal office hours, he/she must first receive approval from the President. The use or duplication of office keys by a person other than an Agency staff person is prohibited.

Clinical

Part-Time Employees Work hours and schedule will be determined by the Supervisor and/or President

Attendance – Excessive absenteeism or tardiness will result in disciplinary that may include termination.

B. LEAVE TIME

Leave Time is available to all full-time employees, upon completion of their Introductory Period, subject to approval procedures.

1. **Vacation Leave** - Vacation leave for full time staff members shall be earned as follows:
 - a. Staff members with less than two (2) years of service earn vacation at the rate of 2.69 hours per pay period or ten (10) days per year.
 - b. Staff members with over two (2) years of service but less than five (5) years earn vacation at the rate of 4.04 hours per pay period or fifteen (15) days per year.
 - c. Staff members with over five (5) years service earn vacation at the rate of 5.38 hours per pay period or twenty (20) days per year.

Staff members shall request and receive approval from the President for vacation at least one week in advance of the leave being taken. Staff members shall tentatively schedule summer vacations in the spring (preferably by May 1), notifying the Business Manger, Clinical Director and the President if plans change or are confirmed. Vacation leave may be accumulated up to a maximum of twenty-five (25) days and will be paid upon termination, provided that, in cases of voluntary resignation, the requisite working notice (as determined by the President) is given by the employee and, in all cases, payment is made for all items chargeable to the individual and billed to the Agency. Please refer to the Resignation and Layoff/Termination provisions of the Handbook.

2. **Sick Leave** - Sick leave for full-time staff members shall be earned at one-half (1/2) day per pay period within a calendar year, equaling 12 days per year. Sick leave is intended for staff members who are unable to work because of personal illness, to care for a sick family member who resides with them, or for medical appointments. Sick leave is not accumulated past the calendar year, and is not paid upon termination. Employees may request to carryover 8 days of sick leave from the previous year. Part-time employees who work between 10 hours/week and 32 hours/week will receive one hour of sick leave for every 40 hours of work per CT State Statutes

- a. Staff members are to notify the office by 9:00 a.m. each day they are absent due to illness.

- b. The Office Manager/Business Manger shall report all absences to the Supervisors and the President each morning.
 - c. An "Application for Leave" shall be filled out for sick leave before noon on the day the staff person returns to work. The form shall be submitted to the President/Business Manager for approval.
 - d. Anticipated sick leave for medical appointments shall be applied for at least one (1) working day in advance of the leave being taken. An "Application for Leave" shall be filed with the President for verbal approval. .
 - e. If a staff person becomes ill on the job and finds it necessary to leave the office, he/she shall inform any one staff member at the office before leaving. The staff person then shall inform the President.
 - f. When sick leave exceeds two (2) days, the staff member must speak directly to the President when calling the office. All sick leave beyond five days shall be directly requested to the President, in writing, along with the doctor's written instructions. Telephone calls to the office will not be accepted beyond five (5) days.
3. **Conference Leave** - Conference leave may be requested by any staff member and will be granted depending upon the judgment of the President as to the relevance to the staff member's work program, duties and responsibilities.
- a. Conference information/costs and a brief statement of specific interests in attending each conference shall be submitted with each conference request. A request for advance travel must be completed and submitted to the President for approval at least two (2) weeks prior to the conference.
 - b. A brief report shall be submitted by each staff person upon their return from each conference in a typewritten form suitable for circulation within the Agency.
4. **Overtime** - Overtime is not provided for professional staff members. Staff who are eligible must be formally asked to work overtime by the President. Eligible employees who are requested to work overtime will be paid at the rate of one-and-one half their regular rate of pay for all hours worked over 40 hours in a workweek.
5. **Leave of Absence** - A leave of absence without pay may be granted to a staff person by the President when, in his/her opinion, it will not damage the program

of the Agency. Request for such leave shall be made in writing to the President and should state the time and circumstances involved. No staff person shall be granted a leave of absence to accept other employment.

Subject employee shall not be allowed to accumulate vacation, sick and personal leave from the first day of approved leave of absence without pay.

Full time employees shall receive the following employee benefits during the period of approved leave of absence without pay:

- a. Health Insurance
- b. Dental Insurance

6. **Personal Leave** - Each full-time staff person may take up to three (3) days of personal leave per year to meet unexpected or emergency situations. Such leave shall be granted at the discretion of the President and earned at 0.807 hours per pay period or three (3) days per year. Personal leave shall not be used for vacation purposes in advance. Personal leave days must be used within the calendar year and may not be carried over.

Newly hired employees may only take one personal day within their six-month Introductory Period.

7. **Military Leave** -

For other than active duty: An employee shall be allowed military leave for required participation in a military unit of the United States. Such leave is in addition to vacation leave, provided such military leave does not exceed ten (10) working days. The Agency will pay the employee the amount, if any, by which his/her Agency salary exceeds his/her military salary for the period involved. Request for this leave shall be made in writing to the President at least thirty (30) days before the first day of leave. A letter is requested from the Commanding Officer stating the time requested and amount of military leave.

For active duty: The federal Uniformed Services Employment and Reemployment Rights Act (USERRA) establishes job rights of employees who voluntarily or involuntarily leave the Agency to undertake military service or certain types of service in the National Disaster Medical System. These rights include reemployment after such military service, providing the following criteria are met:

- The President receives advance written or verbal notice of service;
- The employee has five years or less of cumulative service in the uniformed services while with the Agency;

- The employee returns to work or applies for reemployment in a timely manner after conclusion of service; and
- The employee has not been separated from service with a disqualifying discharge or other than honorable conditions.

Other USERRA provisions include an employee's right to elect to continue existing employer-based health plan coverage for up to 24 months while in the military. If continued coverage is not elected by the employee during military service, the employee has a right to be reinstated in the Agency's health plan upon reemployment, without waiting periods or exclusions, other than for service-connected illnesses or injuries.

8. **Civil Leave** - An employee who is subpoenaed as a witness in a court of law or is called to serve on a jury in a court of law may be granted paid leave for that period of time the staff member is requested to be away from the Agency's employment. Employees must provide the President with a copy of the jury duty notice. An employee who is excused for a day or partial day of jury duty is expected to report to work.

Bereavement Leave – The CT-Family Care Services, LLC recognizes that a death in the family creates a very difficult time. The Agency seeks to ensure that the employee is able to attend to family matters. To that end, the bereavement guidelines are as follows:

An employee must have completed three months of continuous regular employment to qualify for bereavement leave. This benefit does not apply if the employee is on a leave of absence. Absence due to a death in an employee's immediate family (spouse, mother, father, sibling or child) will be excused and paid up to a maximum of three business days. Additional days may then be granted by the President to use paid or unpaid time, for circumstances such as travel or extenuating circumstances. A one-day absence to attend a funeral of a relative not in the immediate family will be granted and paid as an excused absence. Time off for other funerals will be considered by the President on an individual basis.

9. **Holidays** - All full-time staff members receive the following paid holidays:

New Year's Day	Independence Day
Martin Luther King Day	Labor Day
Columbus Day	President's Day
Veterans Day	
Good Friday	Thanksgiving Day and the day after
Memorial Day	Christmas Day and the day before

Holidays will be established, first by Federal law, and then in conformance with the practices of the State of Connecticut.

10. **Weather Leave** - Staff members are expected to report for work regardless of weather conditions, unless a public announcement is made closing the offices for weather reasons. Staff members who do not report for work because of weather conditions must file an "Application for Leave" form immediately when the staff member reports for work. Such a request will be approved by the President for vacation or personal leave.

11. **Compensatory Leave** - Acceptance of a Professional position with the Agency carries with it a professional obligation to attend meetings after hours. Such meetings contribute to the individuals' professional growth and to the success of the Agency, and are a normal part of this line of work. Therefore, compensatory time shall not be granted to staff members attending meetings for the Agency beyond normal working hours.

12. **Maternity Leave** - It is the intent of the CT-Family Care Services, LLC to fully comply with the provisions of Public Act No. 73-647 as this Act relates to maternity leave. Requests for medical disability leave for pregnancy, miscarriage, abortion, childbirth and recovery will be evaluated by the Agency in accordance with The Agency's medical leave policy and applicable state and federal laws. Sick leave, vacation, or personal leave may be utilized during this leave of absence, and if all such leave is expended, the leave will be granted without pay. Except for medical restrictions, the staff member is expected to return to the position within a reasonable time after the disability has been concluded. Pregnancy related disabilities are treated for salary continuation purposes the same as a disability for any other reason.

13. **Employment Protection for Victims of Domestic Violence (PA 10-144)** – Employees who are victims of domestic violence shall not be terminated, penalized or threatened or coerced with respect to his/her employment because the employee: (1) is a victim of family violence; or (2) attends or participates in civil court proceeding related to a case in which he/she is a family violence victim. Employees who are victims of family violence shall be allowed to take paid or unpaid leave to: (a) seek medical care or counseling for physical or psychological injury or disability; (b) obtain services from a victim services organization; (c) relocate due to the family violence; or (d) participate in any civil or criminal proceeding related to or resulting from such family violence. The Agency can limit the unpaid leave to 12 days in a calendar year if they deem it is necessary.

III. EMPLOYMENT PROCEDURES

A. RECRUITMENT POLICY

It shall be the responsibility of the President to interview and hire the employees of the CT-Family Care Services, LLC. These responsibilities may be implemented with the assistance or designated supervising personnel. In interviewing and hiring employees of the Agency, no discrimination by race, color, gender,, age, religion, sexual orientation, marital status, membership in the in the uniformed services, citizenship, ancestry or national origin shall be practiced. It is intended that all policies will be complete compliance with the Civil Rights Act and the Fair Employment Practice Act of 1988 as amended. In compliance with immigration laws, all employees are required to provide proof of work eligibility and identification and complete the employee portion of the I-9 Employment Verification Form. All employment offers will be conditioned on providing proof of work eligibility and identification. In addition, third-party background investigations and drug testing are required before any offer of employment. All job openings will be advertised in appropriate publications or on-line. The Agency will utilize professional organizations in recruiting professional personnel.

1. **Employment Requirements** - Applicants for employment by the Agency will be selected on the basis of education, training and employment experience. The selection of employees of the Agency will be the responsibility of the President. All candidates for employment shall meet the basic education and/or experience opportunities offered by the Agency. In the final selection of qualified candidates for staff positions, attention will be given to the best interest of the Agency and its programs.
2. **Interview Expenses** - In the event that the President deems it necessary to have a person travel from out-of-state to the Agency office for the purpose of interviewing for possible employment, the travel expenses incurred by the prospective employee may be reimbursed by the Agency.
3. **Introductory Period** - After accepting employment with the Agency and beginning work, the employee shall be under an Introductory Period of employment for up to six (6) months. During the Introductory Period the employee will be observed and evaluated in terms of his/her competence for the job for which he/she has been employed. At the end of six (6) months, the President shall determine his/her qualifications for continued employment including reviews and discussions with staff members and his/her supervisor. The staff member shall have the opportunity to consider his/her satisfaction with the employment setting and working conditions. A written record of this review shall be placed in the staff member's personnel file. Each staff member shall be notified by the President after the conclusion of the Introductory Period and

employment may be terminated by the President. No salary increase or vacation leave may be granted during the Introductory Period

Outside Employment

Employees may work for another organization if Agency performance standards are met; the employee is able to comply with attendance schedules, including required meetings after hours; and the President determine that no conflict of interest exists with the second employer.

Resignation - Any staff member who desires to terminate his/her services with the Agency shall submit a written resignation to the President and work through the notice period noted below unless this requirement is waived by the President. Resignation for the professional staff shall be submitted not less than thirty (30) days before the final day of work. All other staff members shall not give less than two (2) weeks written notice of resignation. Any staff member who does not provide adequate working notice (as determined by the President) or who is absent from work for a period of three (3) days or more without notifying the President of the reasons for his/her absence may be considered having resigned without notice and not in good standing. Any staff member, who leaves the Agency service without resigning in good standing, as defined in this manual, shall have that fact entered in his/.her personnel record. If the situation warrants, he/she may be deprived of his/her right to receive any reimbursement for accumulated vacation.

Disciplinary Action - Any staff member may be subject to disciplinary action due to the staff member's failure to perform duties in a manner acceptable to his/her supervisor or for personal actions which discredit the Agency's service. An employee whose performance is not satisfactory will generally be counseled by a supervisor, and provided with a performance improvement plan. If performance does not satisfactorily improve, or the employee seriously violates an Agency policy, termination of employment may result. Alternative disciplinary courses are as follows: (1) Written Reprimand), (2) Demotion, (2) Suspension, (3) Other appropriate measures.

The President may suspend, with or without pay, or terminate a staff member with cause. All such actions shall be recorded in the staff member's personnel file. However, any lay-off action due to the Agency's financial conditions shall be approved by the President. A two (2) week advance notice shall be given to the terminated staff member prior to the final work day.

B. COMPENSATION POLICIES

It is the policy of the CT-Family Care Services, LLC to compensate staff members according to their contributions to the Agency's programs. Compensation does not

necessarily correlate with academic qualifications, tenure with the Agency, or titular rank. Other things being equal, longevity will be recognized. Each staff member is entitled to an appraisal of work performance by supervisory personnel. The performance report will be discussed with the staff member before the end of the first six (6) months of service and at least once a year thereafter. The report will be used as a basis for successful completion of the Introductory Period at the end of the staff member's first six (6) months as well as for all promotions and transfers.

A staff member may be considered for a salary increase or promotion at any time. The President will authorize merit increases and/or promotions after consulting with the staff member's supervisor and reaching concurrence with his/her recommendations.

1. **Salaries and Wages** - Salaries and wages will be determined once every year for each staff member as part the Agency's budgetary process. Salaries and wages for new hires, promotions and merit increases may be determined during the year by the President. A written record of this evaluation and determination shall be placed in the staff's personnel file.

Salary checks will be issued at two-week intervals for a total of twenty-six (26) checks per year. In order to be eligible to receive a salary check, a staff member must have completed a time sheet provided by the Office Manager to the President.

2. **Social Security, Worker's Compensation and Unemployment Compensation** - Staff members will participate in Social Security, and will be covered by Workers Compensation and Unemployment Compensation in accordance with State and Federal regulations.

3. **Insurance and Benefits** -The following plans are presently authorized for full-time employees. It is expected that they will be continued throughout each fiscal year, but that all insurance policies will be reviewed at the annual budget review, at which time changes may be made.

- a. Medical, hospitalization, prescription coverage and dental insurance will be provided for Agency employees and their eligible dependents. Employees and Employers share shall be set each year by the President.
- b. 401 K Plan will be made available to all employees with no contribution by the Agency only by the employee.
- c. If employment with the Agency is terminated for any reason, the employee and his/her dependents are eligible for continuation of health insurance benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA); certain qualifying events may also

apply. The employee is fully responsible for the costs of COBRA coverage and would receive written notice by the President.

4. **Professional Memberships** - The Agency may reimburse dues for an individual's membership in an appropriate professional organization upon the approval of the President. If funds are available
5. **Conference and Seminar Participation** - Staff members may be reimbursed for attendance of seminars, conferences or workshops. Staff members desirous of participation in such an activity will request approval by his/her immediate supervisor who will in turn make a final recommendation to the President. The final decision shall be rendered by the President. If funds are available
6. **Educational reimbursement** - Professional staff is eligible for 50% reimbursement of enrollment fees for courses directly related to advanced degree requirements within their professional field. Pre-approval by the President is required and the employee must receive a passing grade of "B" or better. If funds are available
7. **Travel**- Travel costs incurred by a staff member on Agency business shall be reimbursed. The use of a personal automobile on such business may be reimbursed at the rate approved by IRS per mile, plus parking charges and highway tolls. All travel and conference expenses must be supported by appropriate forms with receipts or detailed reporting of all expenses on "Travel Expense" vouchers. When required to be out of town overnight on Agency business, the traveling staff person may request an advance of expense money to meet expenses. All out-of-region travel shall be approved by the President in advance.
8. **Meals** - Within limitation, the Agency staff will be reimbursed for actual expenses incurred while the staff member is on authorized Agency business. Expenses for meals on Agency business will be reimbursed whenever the staff member is outside the Region. Receipts are required for all reimbursements. Normally, lunches will be considered reimbursable for staff members departing the office before 10:00 a.m. and returning after 2:00 p.m. Dinner may be reimbursed for staff members departing their duty station before 4:00 p.m. for Agency business and returning after 8:00 p.m. Breakfast expenses may be reimbursed either after an overnight stay from home or when the staff member is required to leave home before 6:00 a.m. to meet his/her business appointment.

Staff members may pay for meals of others with whom Agency business is transacted. Prior approval will be arranged from the President by memorandum naming the person or persons to be fed and the business involved. This practice will be held to a minimum since there is little occasion for its use.

9. **Working Meals** - Exceptions to the above guidelines may be granted in the event of a working meal. A working meal is one in which a staff member has no choice of the place or menu selection, such as a convention banquet or an official luncheon. With appropriate documentation, such meals are reimbursable at the actual cost and without geographic location restraint.
10. **Parking Fees** - Costs incurred for parking of personal vehicles while engaged in Agency business will be reimbursed at the exact expense.
11. **Travel Vouchers** - Reimbursement requests for expenses incurred on official Agency travel shall be submitted for each month on a "Travel Expense" voucher when the monthly total exceeds \$5.00. Vouchers for payment should be submitted on the first of the month following the period ended. Each staff member shall submit his/her voucher to his/her immediate supervisor who will review and determine if they are appropriate and reasonable. Supervisors may consider trips made without prior authorization to be inappropriate and not reimbursable. After review by supervisory personnel, vouchers will be submitted to the Office Manager who will assure that the vouchers are arithmetically correct and sufficiently documented to meet auditing standards. Final approval of the reimbursement request will be made by the President.

C. EMPLOYMENT POLICY

Full Time Employees

Full-time employees are defined as an employee who works 35 -40 hours each week.

Part Time Employees

1. Part-time employees shall be defined as an employee who works 10-32 hours a week in the CT-Family Care Services, LLC office.
2. The part-time employees shall have Workman's and Unemployment Compensation. Part-time employees shall not receive holiday or vacation leave pay or health benefits.
3. The working schedule of a fixed-salary, part-time employee shall be determined by the Agency's President and is subject to change.

D. GRIEVANCE PROCEDURES

1. **Definitions** - A grievance shall mean a complaint by a full-time or part-time staff member, that, during the carry-out of authorized work for the CT-Family Care Services, LLC, he/she has been subject to arbitrary, capricious or discriminatory policy or practices have been improperly or inequitable applied.

2. **Step A** - A staff member having a complaint or grievance, as defined above, shall first present and discuss the complaint and grievance with the Business Manager. The Business Manager shall initiate an informal conference with the staff member and all involved parties with notice of right to file a grievance if a satisfactory resolution to the problem is not accomplished. This shall be completed within twenty (20) working days from the date of the complaint. If the aggrieved party is not satisfied, the complaint will move to formal grievance procedures.

3. **Step B** - If the complaint is not resolved to the staff member's satisfaction, the staff member may appeal, in writing, to the President citing specifically the person(s), act(s), or condition(s) against whom or which the grievance is directed, and the grounds on which the written appeal is taken. The President shall conduct an investigation to attempt a solution and will present a decision and notify, in writing, all parties concerned within twenty (20) working days of receipt of the written grievance. If the matter is resolved to the staff member's satisfaction, the staff member shall so state, in writing, to the President and no further action shall be taken.

PERSONNEL POLICIES AND EMPLOYEE HANDBOOK
OF THE
CT-FAMILY CARE SERVICES, LLC

I, _____, hereby acknowledge receipt of my copy of the CT-
Family Care

Services Personnel Policies and Employee Handbook

Employee Name (please print) _____

Employee Signature _____

Date _____

Witnesses(Supervisor) _____

Date _____

Some Resumes:

PERSONAL INFORMATION:

JUSTINIAN RWEYEMAMU, MA, M.Div, MS-MFT, PhD student

16 Enfield Avenue
Enfield, CT 06082
Phone 860-508-8651
Email: rweye@cox.net

EDUCATION

- 2010-2013/4
Doctoral studies and research (PhD) in marriage and family therapy at Antioch New England University, NH. Continue with clinical training, studies, conducting diagnostic assessments and develop treatment plans and researches at doctoral level on enhancing coping skills and effective readjustment for people with trauma symptoms, marital and family issues for individuals, couples and families. In training to become an American Association of Marriage and Family Therapy Approved Supervisor (AAMFT-Approved Supervisor)
- 2009-2010
Thesis Research at the National Military Premier Hospital-Walter Reed Medical Center-Washington, DC on the need for integrated treatment with social-cultural-emotional-spiritual-relational and economic (SCESRE) components as the keys to effectively enhance coping skills and treating trauma including PTSD as well as its symptoms.
- 2007- 2010
Master Degree in Marriage and Family Therapy (MS-MFT), Central Connecticut State University, New Britain, CT. USA
- 1992-1993 Master of Arts (M.A), Holy Apostles College, Connecticut, USA
- 1991-1992 Master of Divinity (M.Div), Holy Apostles College, Connecticut, USA
- 1987-1991 Completion of the Bachelor of Arts Degree, AJ Major Seminary, Kenya .
- 1986-1987 Diploma in Philosophy, Apostles of Jesus Major Seminary, Kenya
- 1980-1984 Biharamulo Secondary School, Tanzania

WORK EXPERIENCES:

Areas of Expertise:

Administration

- Program administration
- Team building and leadership
- Public speaking and education
- Program development/enhancement
- Business skills and Community Economic Development Projects

Clinical

- Customized spiritual, social and counseling services
- Enhancing coping skills developments for individuals in a systemic context
- Assistance to veterans, refugees and others for sustainable self-reliance
- Readjustment counseling and treatment plans through individuals, families and group therapies for veterans and others in need of spiritual-clinical- social –mental health care in communities.

CT-FAMILY CARE SERVICES, LLC

- Counselor for students and families on school dropout prevention
- Spiritual and pastoral counseling to individuals, families and groups
- Counselor for Families, Hospices, Hospitals, Home visits, Department of Correction. Family counseling to children, youth, adults and families.
- Supervisor in Training to become an AAMFT approved Supervisor

Education: Holds three Masters Degree and PhD student as well as AAMFT Approved Supervisor in Training

CAREER HIGHLIGHTS

- I have an extensive experience in management and counseling after having worked as a Chaplain and counselor at Connecticut Department of Correction for ten years.
- I was also a Founder and President of an international organization (Buguruka Orphans & community Economic Development or BOCED Inc.) for twelve years.
- I have served as a clergy and a parochial vicar at various parishes and communities for seventeen years in Connecticut and beyond.
- For six years I was a Board member in the State Advisory Board for Connecticut Department of Economic and Community Development(DEC) in promoting mutually beneficial trade between Connecticut and Africa(import and export).
- Currently, I am President of Connecticut Family Care Services, LLC (or CT-Family Care Services, LLC). CT- Family Care Services is a minority owned consulting company in Healthcare industry
- I have intensive clinical experiences working with children, youths, parents, adults, families, seniors, veterans, academicians and professionals

PROFESSIONAL CLINICAL EXPERIENCES

July 2007-Present: President, CT-Family Care services, LLC

- CT- Family Care Services is a minority owned consulting company, registered in Connecticut.
- The company provides integrated treatments which in order to enhance coping skills and
- Decrease high school dropouts, poor academic performances, delinquencies, imprisonment, substance uses and mental health issues among students, irresponsible parenthood and family dysfunctional relationships that affect children and families
- Reduce or prevent social-academic and economic constraints affecting children, families of veterans when parents are on combats or away from home
- Reduce unsatisfactory coping skills among combat veterans, and minorities that hamper healthy readjustment into non-combat daily life routines.

Family Counseling, River Valley Counseling Center, Chicopee, MAL April 2011-August 2011

- Did diagnostic assessments accordingly for individual adults, families and groups.
- Provide individual, couple and Family Therapies
- Directed weekly therapeutic sessions for clients, developed appropriate treatment plans.
- Worked with state agencies such as DCF for the betterment of children and families

Marriage and Family Therapy Graduate Program at Connecticut Central State University:

Jan 2007- May, 2010. This Program has prepared me as follows:

- It has enhanced my therapeutic knowledge and systemic skills in assisting individuals, groups, couples, and families to articulate the issues that affect them.
- Conduct intakes, do diagnostic assessments, treatment plans and therapeutic sessions accordingly.
- Enabled me to work with clients in ways that enhance their coping skills in order to explore and utilize the resources within and around them to solving their constraints.
- Prepared me to integrate effectively the social-cultural-spiritual-relational-economic components needed to compliment the traditional treatment for mental health issues.

Thesis Research at the National Military Premier Hospital: April 2009- August 2010

- Conducted a thesis research at Walter Reed Medical Center in Washington DC, and at the Pentagon, on Post traumatic stress disorder (PTSD) and its symptoms among veterans and families.
- Realized how to enhance their coping skills through an integrated treatment with strong social-cultural-spiritual-emotional and economic components and how to improve their readjustment after deployments or when struggling with PTSD and its symptoms.
- Found out that treatments which downplay the social-cultural-spiritual-emotional components remain ineffective to eliminating PTSD symptoms and their real causes for sustainable recovery (Trauma/PTSD symptoms include substance abuses, alcohol, depression, spiritual guilty, suicide tendencies, relational, marital crises and mental health illnesses).

Internship at Community Mental Health Affiliates (CMHA): April 2010-June 2010

- Did diagnostic assessments accordingly for individual adults, families and groups.
- Directed weekly therapeutic sessions for clients, developed appropriate treatment plans.
- Prepared progress notes and helped clients realize the systemic nature of their constraints and how to overcome them.
- Guided clients to taking active roles to recovery and enhancement of their coping skills so as to enable them overcome their constraints. Assisted clients including veterans utilize other community resources for further assistance according to clients needs.
- Assisted clients and their families through therapeutic treatment in solving crisis situations such as assaults, potential suicides, murder and domestic violence and provide a stabilization and effective follow-up.
- Assisted veterans therapeutically with treatments including development of comprehensive treatment plan for adjustment as needed, including finding housing, jobs, overcoming depressions and substance uses and active integration in civic communities.

Internship (May 2009-May, 2010) at Family Therapy Institute

- Did diagnostic assessments accordingly for individual children and developed appropriate systemic treatment plan for individual children and their families.
- Provided systemic integrated counseling/family therapy to children and their families in social context for sustainable healing.
- Through individual and family therapies, assisted both children and their parents to *enhance* clients' coping skills holistically in order to increase concentration on tasks at school and at home.
- Through therapy, reduced problematic behaviors at school and at home and increased children's academic performances at schools.
- Provide therapeutic treatment to children and families in a way that clients are able to identify and find solutions to their mental-social- emotional and relational constraints that affect them.

- Worked with the Department of Children and Families (DCF) representatives, court system, school leaders, church leaders, Department of Developmental Services (DDS), Department of Mental Health and Addiction services (DMHAS) and the Department of Social Services to fostering the well-being of clients in communities.

Practicum at an Alternative High School: April 2008-May 2009

- That school had high risk students.
- Provided integrated family therapy to students and their families.
- Counseled students with issues such as: substance abuses, domestic violence, school dropout, disabilities, family crises, relational crises, lower academic performances and discouragements from pursuing education, delinquencies, trauma and depression on how to overcome those constraints successfully.
- Assisted clients to improve in their academic performances and behavioral recovery

Non-Denominational Chaplain, April 1992 – 2005

- Provided counseling in Nursing Homes, Hospitals. Also I did Home Visits and Hospice Ministries.
- Coordinated, supervised and promoted multi-cultural counseling and social care services.
- Recruited volunteers for nursing homes, hospitals, and hospice ministries.
- Promoted community awareness to the needs of those in nursing homes, prisons, hospitals. Provided integrated pastoral care and spiritual-social counseling to individuals, staff members and families.
- Served at eleven state prisons of different levels including the youth prison and the highest maximum security prisons which enhanced my clinical skills of serving civilians and veterans who are imprisoned

Parochial Vicar April 1992 – December 2006:

- Provided spiritual care and integrated counseling to youth, adults and families. Motivated volunteers in creating and implementing outreach programs in parishes, nursing homes, hospitals, hospices, prisons and in community for people in need.
- Organized and participated in community activities and coordinated outreach activities for families in need including veteran families who were my parishioners and those who were non-parishioners, yet in need of interfaith outreach services.
- Developed spiritual care, integrated social care and customer-focused counseling services for all people including those who have substance abuse issues, the elderly, divorced, remarried individuals, and those who have economical challenges, developmental disabilities, mental health issues including readjustments for veterans and their families. Most of my parishes had a good number of both retired and active veterans, especially in New London, Ledyard and Vernon towns in Connecticut.

State Department's Correctional Institutions, Chaplain, August 1995 – October 2005

- Fostered a non-denominational counseling and teamwork approach to inmates, staff and their families as needed and in line with the Department of Correction (DOC).
- Maintained safety, healthy and healing environments during therapeutic sessions. Developed and implemented integrated trainings and counseling treatments for inmates to embrace responsibilities in life in general in ways that foster positive civic duties.
- Developed programs on multi-cultural diversity, accountability, impartial spirituality, and other habits for integrated successful counseling in prisons/jails.

National Research Center (NORC), the University of Chicago / City of Hartford Connecticut, Aug 2006- Dec 2006

- Fostered a non biased , non judgmental approach to individuals and their communities regardless of their social-statues, so as to gain their trust and the interview's integrity

- As a Field Interviewer, contacted the scientifically selected households/candidates and created a ground for successful interviews in order to complete the task.
- Brought enlightenment and encouragement to individuals, families in order to participate in the project, voice their opinions, and yet remain active participants in their neighborhood improvement initiatives.

Buguruka Orphan and Community Economic Development (BOCED), Inc. July 1997-present

- Improved the standard of living of destitute orphans, children, women, people with disabilities and families, elderly and retired veterans in the area.
- Administered school breakfast program, which fed about 3,500 children on a daily basis, built a dispensary and school
- Acquired donated medicine and medical supplies for dispensary- valued at \$200,000.
- Enabled Pfizer to adopt Tanzania into the first five selected nations worldwide for trachoma prevention programs and about \$2,000,000.00 was donated for medical supplies and cash.
- Effective advocate for veterans and other people with disabilities, mental health issues, elderly people, children and gender issues for the common good.
- Designed, developed, and conducted guided academic-cultural-business tours from America to Tanzania, East Africa to explore business opportunities, promote charitable donations, and opportunities and met with business as well as communities and governmental health leaders and discussed on social-healthy- economic issues in a win-win approach for both nations.

SPEAKING ENGAGEMENTS

- Regularly spoke to community groups, churches and educational and professional institutions on African and American cultures, Social Services, economic opportunities, and the importance of sustainable self-determination for all people and on how to utilize American cross-multicultural values to healing or reducing mental health crises in America.

PROFESSIONAL ASSOCIATIONS

American Association of Marriage and Family Therapy (AAMFT)
Connecticut Association of Marriage and family Therapy (CTAMFT)
Manchester Chamber of Commerce in Connecticut
Associated Industries of Massachusetts (AIM)

Briefly,

- I believe that I will bring excellent quality of services and values including, trust, respect commitment, dynamic and charismatic teamwork approach filled with empathy, compassion and understanding to each client and his or her family and to staff members.
- I have expertise in providing comprehensive intakes and diagnostic DSM-IV assessments. Working with individuals and families in a way that effective customized, family or group treatment plan is developed and implemented accordingly. Handle crisis interventions timely and build up comprehensive treatment plans for clients.
- I have the ability to manage by inspiring staff and clients when they have complex clinical cases to find better win-win adjustments needed by clients.
- I speak fluently several languages: Swahili, Kihaya and English as well as other African dialects and I have an extensive international experience. I bring comprehensive integrated clinical, academic, research, administrative and business experiences.

Justin's Degrees and Certifications



Central Connecticut State University
Peter Britain, Connecticut



In recognition of fulfillment of the prescribed course of study
authorized by the Board of Trustees for the Connecticut State University System,
and upon the recommendation of the faculty,
we hereby confer upon

Justinian Benedicto Rhoepemamu

the Degree of
Master of Science
in Marriage and Family Therapy

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with all the honors, rights, and privileges appertaining therunto.

In Witness thereof, the undersigned have affixed and subscribed their names
on this the twenty-sixth day of August, two thousand ten.

Karl Krupar

Chairman, Board of Trustees
Connecticut State University System

David A. Carter

Chairman
Connecticut State University System

Alan W. Miller

President
Central Connecticut State University

Central Connecticut State University
Department of Counseling and Family Therapy
Marriage and Family Therapy Program

2010 FACULTY CAPSTONE EVALUATION

CANDIDATE: Justinlan Rwyemamu

Date: May 4, 2010

A. Evaluation of Written Case Narrative:

You have demonstrated a general understanding of systemic concepts and a satisfactory ability to apply Metaframeworks domains in assessment and treatment planning. You also demonstrated a good ability to observe meaningful data at different levels of system (individual, family, extrafamilial). Your written work also demonstrated an ability to handle case management procedures professionally.

B. Evaluation of Oral Case Presentation with Videotape Excerpts:

Your videos and presentation offered good interventions that demonstrate your creativity, your poised, solid leadership in the therapy room, and your good use of self. Your use of your own cultural traditions was beautifully and effectively applied. Your videos also reflected a good focus on family strengths and a de-pathologizing of the identified patient. Your presentation was well-organized and offered a well-integrated and interesting systemic description of family relationships. You responded to the questions posed openly and thoughtfully.

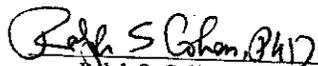
C. Combined Evaluation of Written and Oral Presentation:

You have demonstrated: (1) a good link between your theoretical formulations (hypotheses and goals) and your clinical interventions; (2) ability to communicate your work effectively to professional peers; (3) openness to constructive criticism of your work.

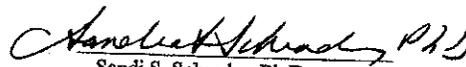
D. Faculty Comments:

Your Capstone provides a good demonstration of your growth as a marriage and family therapist.

THEREFORE, It is the unanimous decision of the MFT Program Clinical Faculty that you be deemed to have passed the Capstone Project requirement toward Graduation.


Ralph S. Cohen, Ph.D.
Program Director, Professor


Linda L. Terry, Ed.D.
Adjunct Clinical Professor


Sandi S. Schrader, Ph.D.
Adjunct Clinical Professor

SCHOOL OF
GRADUATE STUDIES

CCSU



Central Connecticut State University

September 2, 2010

Mr. Justinian Rweyemamu
16 Enfield Avenue
Enfield, CT 06082

Dear Mr. Rweyemamu:

I accept your thesis on behalf of the School of Graduate Studies at Central Connecticut State University. I have read your thesis with interest and congratulate you on completion of this important component of your M.S. MFT degree program. You and your thesis advisor, Dr. Daniel Wiener, should be pleased with your research on *PTSD and War: Enhancing Coping Strategies of PTSD Veterans in Their Families and Communities*.

Central takes a special interest in each of its alumni as they become representatives of the institution. Your future achievements will bring honor not only to yourself, but also to your alma mater. I wish you the best as you pursue work in your chosen profession and hope that the degree you earn at Central will contribute to a rewarding and successful career.

Sincerely,

A handwritten signature in cursive script that reads "Paulette Lemma".

Dr. Paulette Lemma
Assoc. V. P. for Academic Affairs/
Dean, School of Graduate Studies

cc: Dr. Daniel Wiener, Thesis Advisor
Degree Auditor
Dean, School of Education and Professional Studies

Justinian Rweyemamu

has attended, in its entirety, the following program:

Responding to the needs of Combat Veterans and Their Families
September 11, 2010, Credit Hours: 6

Co-Sponsored by
The Western Mass EMDRIA Regional Meeting
And
Department of Veterans Affairs Medical Center, Northampton

This Activity has been certified by the Massachusetts Association for Marriage & Family therapy, Inc. for professional continuing education. Certification #PC-09256
This program is authorized by MMCEP to give 6 Category 1 credit hours to LMHC therapists, authorization _____

Mark Nickerson

Mark Nickerson LICSW
Coordinator
Western Mass EMDRIA Regional Meeting



Center for Health & Behavioral Training

"CHBT is a Division of the University of Rochester and Partner of the Monroe County Department of Public Health"

Dear Justinian Rweyemamu:

This letter of attendance recognizes your completion of the Prevention Training Center training program,

"Selecting Effective Behavioral Intervention"

(attended 16.0 out of 16.0 hours)

This 11th -12th day of October, 2007

Training Highlights of this course include:

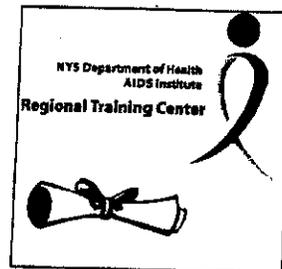
- Presentation of a systematic approach to selecting evidence-based behavioral interventions
- Identify key areas to understand in the intervention population, intervention options, and agency capacity
- Practice applying principles learned through case

This training is provided under New York State Office of Alcoholism and Substance Abuse Services (OASAS) Education and Training Provider Certification Number 0305. Training under a NYS OASAS Provider Certificate is acceptable for meeting all or part of the CASAC/PPP/CPS education and training requirements.

Congratulations on Your Achievement!

Kimberly Berkhoudt MS, NP

Kimberly Berkhoudt MS, NP
Training Center Manager



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Holy Apostles College and Seminary



Easton

Connecticut

The President and Board of Trustees
of Holy Apostles College and Seminary
in the State of Connecticut announce that

Justinian Benedicto Remyemamu

is granted the Degree of

Master of Arts

with all the rights and honors therein

On this 12th Day of May 1998 we subscribe our signatures
by the authority granted to us by the State of Connecticut

John Henry Rogers, D.D.
President

William Joseph ...
Secretary of the Board of Directors

Rev. Douglas L. Magee, C.S.B.
Registrar

Rev. Bradley W. Fane, M.S.A.
Secretary of the Board of Directors

Holy Apostles College and Seminary

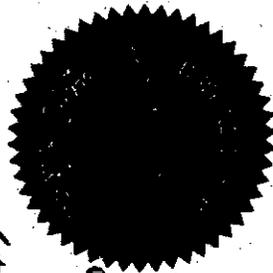


Cromwell

Connecticut

The President and Board of Trustees
of Holy Apostles College and Seminary
in the State of Connecticut announce that
Justinian Benedicto Roberemanni

is granted the degree of
Master of Divinity
with all the rights and honors therein.



On this 13th of May 1992 we hereby affix the seal of this College
and subscribe our signatures by the authority
granted to us by the State of Connecticut

John Paul Leonard, R. M.
John Paul Leonard, R. M.
John Paul Leonard, R. M.

John Paul Leonard, R. M.
John Paul Leonard, R. M.
John Paul Leonard, R. M.
Secretary, Board of Trustees

Some selected resumes (supervisors):

[PERUMBILLY, CURRICULUM VITA] June 25, 2012

Sebastian Perumbilly, Ph.D., LMFT

8308 NE 176th place, Unit D, Kenmore, WA 98028

Residence: 425-408-1091, Mobile: 206-446-8865

Perumbil@lclark.edu, Sebpmft@yahoo.com

EDUCATION

University of Connecticut, Storrs, CT

Doctor of Philosophy (Ph.D.) in Human Development and Family Studies

August 2011

Department of Human Development & Family Studies

Area of concentration: *Marriage, Couple & Family Therapy*

Dissertation title: *Substance Abuse and Addiction Treatment Programs in India: Exploring the Voices of Indian Treatment and Research Professionals.*

The Gottman Institute, Seattle, WA

Completed **Level 1 & 2 Training focusing on Assessment, Intervention and Co-Morbidities in**

Gottman Method Couples Therapy under the direction of Drs. John Gottman and Julie Schwartz

Gottman, Seattle, Washington

March 2011

University of Connecticut, Storrs, CT

Master of Arts (M.A.) in Human Development and Family Studies

May 2005

Department of Human Development & Family Studies

Area of concentration: *Marriage, Couple & Family Therapy*

Holy Apostles College & Seminary, Cromwell, CT

Master of Arts (M.A.) in Theology

May 2001

Area of concentration: *Bioethics*

Thesis title: *Ethics of Reproductive Technology*

St. Pius X College & Seminary, Goregaon East, Bombay, India

Bachelor of Theology (B.Th.)

October 1996

Area of concentration: *Systematic Theology*

Thesis title: *Divine-Human Intimacy*

RESEARCH EXPERIENCE

Graduate School of Counseling & Education, Lewis & Clark College, Portland, OR

Currently engaged in an ongoing research project focusing on training addiction treatment

professionals associated with Regional Resource Training Centers (RRTCs) affiliated to India

Government's National Institute of Social Defense (NISD). Foci of this research project are three

fold:

- Studying the effects of integrating yoga in substance addiction treatment;
- Studying the effects of integrating couple and family therapy in substance addiction treatment;
- Needs assessment for substance addiction treatment programs in India

Department of Human Development & Family Studies, University of Connecticut, Storrs, CT

Completed a publishable research study on Substance abuse and Addiction Treatment Programs

associated with the National Centre for Drug Abuse Prevention (NCDAP), India. This study involved

addiction treatment centers associated with all the eleven Regional Resource Training Centers (RRTCs) in India. This study has potential policy implications for Indian treatment programs under the ministry of India. April 2010-August 2011

Department of Human Development & Family Studies, University of Connecticut, Storrs, CT
Graduate Research Assistant August 2004 - May 2006
Supervisor: Dr. Teresa McDowell, Professor and Director of Marriage, Couple & Family Therapy Program, University of Connecticut.

- Reviewed research literature and coordinated various research projects for Dr. McDowell.
- Assisted Dr. McDowell in her projects on conceptualizing and developing *Multiculturally-Focused Family Therapy approaches*, and *Global Family Therapy* courses.

RESEARCH INTERESTS

- Substance addiction treatment programs in global treatment contexts
- Developing culturally sensitive assessment instruments for working with couples and families
- Integrating spirituality in marriage, couple and family therapy training programs
- Substance addiction treatment program development in postcolonial countries
- Training competent addiction treatment professionals
- Influence of twelve-step programs in treating substance addiction: lessons from postcolonial countries
- Designing and implementing prevention (primary, secondary and tertiary) programs against substance abuse at national and international settings
- Substance abuse and addiction research: integration of prevention and treatment programs
- Influence of using yoga in substance abuse and addiction treatment programs: lessons from postcolonial India
- Role of families in substance abuse and addiction treatment: lessons from global treatment context
- Treating substance abuse and addiction in couples
- Treating substance abuse and addiction in families
- Developing culturally sensitive clinical assessment tools for treating substance abuse and addiction in couples and families

ACADEMIC TEACHING EXPERIENCE

School of Health and Human Services, Southern Connecticut State University, New Haven, CT
Assistant Professor in Marriage and Family Therapy Starting in August 2012

Graduate School of Counseling & Education, Lewis & Clark College, Portland, OR
Assistant Professor August 2011-August 2012
Core Program Faculty August 2009-July 2011
Adjunct Faculty June 2008-August 2009

Courses taught at the Graduate level at Lewis & Clark:

- *Family Therapy: Theory and Practice (504)*
- *Family Development (CPSY-516)*
- *Marital, Couple & Family Assessment (CPSY-561)*
- *Advanced Family Therapy (CPSY-562)*
- *Substance Addiction & Treatment Issues in Marriage Couple and Family Therapy (CPSY-563)*

- *Marriage, Couple and Family Therapist & Spirituality (CPSY-563-01)*
- *Treating Addictions in Marriage, Couple & Family Therapy (CPSY-564)*
- *Legal and Ethical Issues in Marriage, Couple & Family Therapy (CPSY-566)*
- *Introduction to the Professional Field of Marriage, Couple and Family Therapy (CPSY-569)*
- *Marriage, Couple & Family Therapy Practicum Supervision (CPSY-584)*
- *Marriage, Couple & Family Therapy Internship Supervision (CPSY-588)*

Department of Marriage and Family Therapy, Seattle Pacific University, Seattle, WA 98119
Adjunct faculty Summer 2009

- Courses taught at the Graduate level at Seattle Pacific University
- *Treatment of Adolescents and their Families (MFT 6642)*

Department of Human Development & Family Studies, University of Connecticut, Storrs, CT
Adjunct faculty May 2006 - May 2008

Courses taught at the undergraduate level at the University of Connecticut

- *Individual and Family Development (HDFS 190)*
- *Introduction to Systemic & Family Counseling (HDFS 266)*
- *Family Interaction Processes (HDFS 273)*

Department of Human Development & Family Studies, University of Connecticut, Storrs, CT
Positive Parenting Educator June 2005 - August 2008

- Taught a court-mandated six-hour psycho-educational program for divorcing parents with children below the age of 18 years.
- Program focused on *child-focused family restructuring, psychosocial development of children, dealing with stress, and post-divorce positive co-parenting.*

Department of Human Development & Family Studies, University of Connecticut, Storrs, CT
Teaching Assistant August 2005 - May 2006

Supervisor: Dr. Ronald Sabatelli, Professor, School of Family Studies

- Served as a teaching assistant in conducting courses taught by Dr. Sabatelli.
- Tutored students with learning disability in the program.
- Conducted and monitored exams for the undergrad courses taught by Dr. Sabatelli.
- Supervised & graded exams, homework and writing projects.

RECOGNITION & LICENSURE IN CLINICAL SERVICES

- AAMFT Supervisor Candidate (Expected Supervisory Status: July 2012)
- Clinical Fellow of the American Association for Marriage and Family Therapy (AAMFT) Membership #105157
- Licensed Marriage & Family Therapist (#LF60102597) in the State of Washington
- Licensed Marriage & Family Therapist (#27.001532) in the State of Connecticut

CLINICAL EXPERIENCE

Samaritan Center of Puget Sound, Seattle, WA 98115

Clinical Staff Therapist September 2010-Present
Providing therapy for individuals, couples and families in greater Seattle area

Family Services Program, Department of Mental Health & Addiction Services
Connecticut Valley Hospital, Middletown, CT

Marriage, Couple & Family Therapy Doctoral Intern August 2007 – April 2009

Supervisor: Dr. William Boylin, AAMFT Approved Supervisor; disciple of world-renowned family therapist Dr. Carl Whitaker

- Provided individual, couple and family therapy for the inpatients and families.
- Led multi-family treatment sessions with psycho-educational training.
- Collaborated with the interdisciplinary treatment team in clinical diagnosis and therapeutic interventions in the psychiatric hospital.
- Specialized in addiction treatment and *systemically-focused family interventions*.

Humphrey Center for Marriage & Family Therapy, University of Connecticut, Storrs, CT
Marriage, Couple & Family Therapist June 2005 - May 2008

AAMFT Approved Clinical Supervisors from University of Connecticut: Drs. Stephen Anderson, Teresa McDowell, Sandra Rigazzio-DiGilio, Leslie Strong & Doris LaPlante

- Provided individual, couple and family therapy.
- Treated court-mandated *high-conflict couples* and their families.
- Treated *multicultural, immigrant and low-income* families.
- Provided therapy in co-therapy treatment teams.
- Provided clinical diagnosis, treatment planning and case management.

Wheeler Clinic, Outpatient & Community-based Adolescent Substance Abuse Treatment Program, Plainville, CT

Marriage, Couple & Family Therapy Intern May 2003 - May 2004

AAMFT Approved Supervisor: William Kanya, LMFT

- Provided treatment for substance abusing adolescents in the intensive outpatient treatment program.
- Provided family focused treatment along with a multidisciplinary treatment team.
- Provided clinical diagnosis, treatment planning and case management.

Humphrey Center for Marriage & Family Therapy, University of Connecticut, Storrs, CT
Marriage, Couple & Family Therapy Intern April 2002 - May 2005

AAMFT Approved Supervisors: Dr. Leslie Strong, Dr. William Boylin & Dr. Sandra Rigazzio-DiGilio

- Provided individual, couple and family therapy at the outpatient center.
- Served as a therapist intern for the student community at the University.
- Provided clinical diagnosis, treatment planning and case management.

Catholic Charities, Family Services, Norwich, CT

Marriage, Couple & Family Therapy Intern May 2002 - April 2003

- Completed Family Therapy Internship at the Outpatient Adolescent Substance Abuse Treatment Unit.
- Conducted treatment planning, family therapy sessions and case management.
- Treated low-income families.

CLINICAL SUPERVISORY EXPERIENCE

Expected AAMFT Approved Supervisory Status: July 2012

AAMFT Approved Supervisors: Dr. Teresa McDowell & Dr. William K. Collins

Samaritan Center of Puget Sound, Clinical Training Program for Externs, Seattle, WA

Marriage, Couple & Family Therapy Supervisor in Training April 2012-June 2012

Graduate School of Counseling & Education, Lewis & Clark College, Portland, OR

Marriage, Couple & Family Therapy Supervisor in Training May 2009 – April 2012

- Provided clinical supervision for Marriage, Couple & Family Therapy practicum students & interns;
- Trained MCFT interns to identify and assess substance abuse and addiction patterns in clients;
- Trained MCFT interns to be culturally sensitive in clinical interventions;
- Trained MCFT interns to design primary, secondary, and tertiary prevention programs

Humphrey Center for Marriage & Family Therapy, University of Connecticut, Storrs, CT

Marriage, Couple & Family Therapy Supervisor in Training August 2005 – May 2006

- Provided clinical supervision for the graduate level Marriage, Couple & Family Therapy interns.
- Trained clinicians to be culturally sensitive in clinical interventions.

SUMMARY OF CLINICAL EXPERIENCE AND SKILLS

- Seven years of clinical experience working in *outpatient, intensive-outpatient and inpatient* psychiatric and mental health service settings with *individual, couples and families struggling with substance abuse and addiction*;
- Extensive clinical training in working with *adolescents, families, and high conflict couples*;
- Proficiency in designing *systemically-focused clinical assessments and treatment plans*;
- Designing systemically-focused *primary, secondary and tertiary prevention programs*;
- Skills in case management, and writing comprehensive case notes;
- Teaching experience in clinically-focused and research-oriented undergraduate & graduate programs;
- Experience working with a wide range of theoretical frameworks for clinical interventions;
- Experience providing psycho-education for divorcing parents to effectively co-parent in a child-focused way in court-mandated programs in the state of Connecticut
- AAMFT supervisory candidate-in-training, and experienced in leading clinical supervision groups in COAMFTE accredited graduate training programs at the University of Connecticut, Connecticut, and at the Graduate School of Counseling Psychology, Lewis & Clark College, Portland, OR. Expected AAMFT Supervisory status: March 2012
- Designed and taught marriage preparation programs for engaged couples, and remarrying couples

RESEARCH PUBLICATIONS

Perumbilly, S. (2011). *Substance abuse and addiction treatment programs in India: exploring the voices of Indian treatment and research professionals* (Doctoral dissertation). Available from *WorldCat Libraries* (OCLC No. 759398205)

Sanderson, J., Kosutic, I., Garcia, M., Melendez, T., Donoghue, J., **Perumbilly, S.**, Franzen, C., Anderson, S. (2009). The measurement of outcome variables in couple and family therapy research. *The American Journal of Family Therapy*, 37 (3), 239-257.

Khanna, A., McDowell, T., **Perumbilly, S.** & Titus, G. (2009). Working with Asian Indian American families: a delphi study. *Journal of Systemic Therapies*, 28 (1), 52-71.

- Fang, S., McDowell, T., Goldfarb, T., MacDonald, A., **Perumbilly, S.**, Gonzales-Kruger, G., (2008). Viewing the Asian American experience through a culturally centered research lens: do scholarship in family science and related disciplines fall short? *Marriage & Family Review*, 44(1), 33-51.
- McDowell, T., Fang, S., Griggs, J., Speirs, K., **Perumbilly, S.** & Kublay, A., (2006). International dialogue: Our experiences in a family therapy program. *Journal of Systemic Therapies*, 25 (1), 1-15.
- Perumbilly, S. (2000).** *Gift of life* (Master's thesis). Available from *WorldCat Libraries* (OCLC No. 54940631)

MANUSCRIPTS IN PREPARATION

- Perumbilly, S.** (in progress). Substance abuse and addiction treatment practices in postcolonial India: a research investigation based on a mixed-method descriptive survey research design.
- Perumbilly, S.** (in progress). Constitutive elements of effective substance addiction treatment programs: an explorative study with postcolonial India's treatment professionals using a mixed-method descriptive survey research design.
- Perumbilly, S.** (in progress). Designing effective substance abuse prevention programs at national levels: innovative perspectives from postcolonial Indian treatment professionals.
- Perumbilly, S.** (in progress). Common reasons why people seek and reject addiction treatment: important lessons from postcolonial India's addiction treatment professionals.
- Perumbilly, S., McDowell, T., McDowell, F., Brown, A.L., Combs, R.L.** (in progress). Integrating yoga practices in substance addiction treatment programs: lessons from postcolonial India's treatment professionals.
- Perumbilly, S., McDowell, T., McDowell, F., Brown, A.L., Combs, R.L.** (in progress). Why and how to engage families of clients in addiction treatment programs: innovative strategies and perspectives from postcolonial India's treatment professionals.

NATIONAL & INTERNATIONAL CONFERENCE PRESENTATIONS

- Perumbilly, S. & McDowell, T.** (2012). Treating addiction in couple relationships. A research-focused workshop presentation for the mental health professionals at the National conference of Indian Association of Family Therapy (IAFT), January 6, 2012, New Delhi, India.
- Perumbilly, S., McDowell, T. & Brown, A.L.** (2011). Integrating couple and family therapy in the treatment of substance abuse and addiction. A one-day theoretical and clinical workshop for India's addiction treatment professionals associated with Regional Resource Training Center, TTK Hospital, December 27, 2011, Chennai, India.

Perumbilly, S. & Anderson, S. (2011) (Research Poster). Role of family in substance addiction treatment: Indian perspectives. National conference of American Association for Marriage and Family Therapy, Dallas, TX.

Perumbilly, S. & Anderson, S. (2011) (Research Poster). Substance addiction treatment in India: innovative perspectives. National conference of American Association for Marriage and Family Therapy, Dallas, TX.

Perumbilly, S., Titus, G., Khanna, A. & McDowell, T. (2006) (Research Poster). Family therapy from an Asian Indian perspective. Presented at the 2006 Annual AAMFT Conference, Houston, TX.

***McDowell, T., Fang, S., Griggs, J., Kublay, A. & Perumbilly, S. (2005)**. Crossing borders: The transferability of culturally bound family therapy knowledge. International Family Therapy Association-American Family Therapy Academy 2005 Conference, Washington, D.C.

**The last four presenters shared equal responsibility for the research and presentation of the research.*

AWARDS/ ACHIEVEMENTS

- Lewis & Clark College **President's Strategic Research Funds**, Family and Addictions Systemic Therapy Training: International Collaboration between India and the U.S., \$11,400 (**Perumbilly, McDowell, Brown & Hernandez-Wolfe**).
- Recipient of **Faculty Research Grant** (year 2011) from the Graduate School of Education and Counseling, Lewis & Clark College, Portland, OR.
- Recipient of **Faculty Research Grant** (year 2010) from the Graduate School of Education and Counseling, Lewis & Clark College, Portland, OR.
- Recipient of Human Development & Family Studies' (HDFS) **Predoctoral Fellowship Award** (year 2010) in recognition of academic excellence from the University of Connecticut.
- Recipient of Dean's **Graduate Fellowship Award** (year 2010) in recognition of academic excellence from the College of Liberal Arts and Sciences (CLAS) at the **University of Connecticut**.

PROFESSIONAL AFFILIATIONS

- Clinical Fellow of the American Association for Marriage, Couple & Family Therapy (AAMFT): #105157
- Member of the American Psychological Association (APA): #25460576

SERVICES TO EDUCATIONAL INSTITUTIONS

- Member of graduate school diversity committee (Lewis & Clark College, Portland, OR)
- Member of curriculum development committee (Lewis & Clark College, Portland, OR)
- Major advisor to two master's degree thesis, and on the advisory committee of other theses at the graduate school (Lewis & Clark College, Portland, OR)

Carlos Juan Carmona-Goyena, Ph.D.
Counseling Psychologist

24 Taylor Street
Springfield MA 01103 carlosjcarmona@hotmail.com / 407-694-5046

Objective

To obtain a Mental Health Therapist position.

Summary

Highly knowledgeable Psychologist with remarkable background in diagnosing and treating mental, emotional, and substance abuse disorders within the context of family and systemic approach; Skillful applying therapeutic approaches to families, groups, and individuals.

Summary of Qualification

- * Exceptional ability to assess educational, mental, and social needs.
- * Profound knowledge of human behavior, mental processes, psychological research, and assessment methods, and the treatment of learning, behavioral and affective disorders.
- * Conducting individual, family, and group therapy sessions in accordance with the established treatment plan and providing of crisis intervention when necessary.
- * Follow up on results of counseling treatment and clients' adjustments in order to monitor effectiveness of treatments.
- * Knowledge of group behavior and dynamics, societal trends and influences, human migrations, ethnicity, cultures and their history and origins.

Education

Doctor of Philosophy in Psychology, Counseling Psychology; June 2005
Doctoral dissertation research measured the relationship between family emotional patterns
Inter American University, San Germán, PR
Master of Science in Psychology, Clinical Psychology,
Graduate School of Southern Puerto Rico, Ponce, PR
Master of Arts Candidate in Psychology, Counseling Psychology
Bachelor of Arts, Concentration in Psychology, Magna Cum Laude
Inter American University, San Juan, PR

Licenses

Licensed Psychologist in Puerto Rico, License # 1508
Licensed Mental Health Counselor in Massachusetts, License # 4199
Certified Adult Deficit Hyperactivity Disorder (ADHD) diagnosis and treatment in Florida

Areas of Specialization

*Family Therapy *Cognitive Therapy *Relational Therapy *Relaxation Techniques

Computer Skills

Proficient in Microsoft Office, including Word, Outlook, Publisher, PowerPoint; Statistical softwares such as SPSS and Excel; Updated operating systems: Windows, Apple, and Android.

Professional Affiliation

*American Psychological Association *Puerto Rico Psychological Association

Carlos Juan Carmona-Goyena, Ph.D.
Counseling Psychologist

Activities and Interests

*Sport: running and exercising *Dancing: skillful dancer *Writer: Family Relationship

Languages

Spanish and English

Professional Experience

Book Writer: April 2011 – Present; Book draft writing of family and couple psychological distress and child's symptom development; Main topics such as development, manifestation, and overcoming relational impairment; Spanish language version.

Psychologist: Solo Private Practice; Guaynabo, PR; August 2006 - December 2011. Individual, group, and family therapy. Therapy sessions addressed multiple factors that influence the client's coping skills for adjustment and development; Treatment and coaching of ADHD clientele; Also, consulting and personnel training to organizations.

Assistant Professor of Psychology: University of Turabo, Gurabo, PR; August 2005 - May 2006. Teaching at the Graduate School of Psychology; Course works such as Techniques of Psychotherapy, Family System Theories and Family Psychotherapy, Group Process and Intervention, Psychopathology and DSM-IV-Tx-R Diagnosis; Provision of clinical supervision to graduate students at the University's Mental Health Clinic.

Director: María López, Ph.D.

Researcher of Doctoral Dissertation: Inter American University at San Germán, PR; January 2004 - May 2005. Doctoral dissertation research tested validity of differentiation of self – family therapy pioneer Murray Bowen's most relevant theoretical construct; Puerto Rican cultural and social context, significant statistical level results; Ph.D. degree.

Director: Gloria Asencio, Ph.D.

Doctoral Internship: Centro de Salud Mental de Niños (Mental Health Center for Children) Bayamón, PR; September 2003 - September 2004; Outpatient clinic for children and adolescents; Provision of individual and family therapy to both mental disorder and substance abuse population; Diagnostic testing.

Clinical supervisor: José M. Rivera-Berg, Psy.D.

Research Assistant in Psychology - Student Job Program (part time): Inter American University, San Germán, PR; January 2003 - May 2003. Part-time assistant to the Department Director of Graduate Study in developing study of needs and data gathering.

Director: Carmen Rodríguez, Ph.D.

Psychologist, M.S.: Ángeles Rompiendo Barreras, Juncos, PR; February 2001 - March 2003; Outpatient clinic for children and adolescent students from the public school system; Development of treatment plan; individual and group therapy.

Director: Shirley Feliciano

Psychotherapist/Master Level Clinician in Massachusetts:

1) River Valley Counseling Center, Holyoke, MA; October 1998 - December 2000;

Clinical supervisor: Leticia Muñoz, Psy.D.

2) Gandara Mental Health Center, Springfield, MA. October, 1996 - September, 1998;

Clinical supervisor: Alan Kurtz, Ed.D.

3) School Street Counseling Institute - Brightside for Families and Children, Springfield, MA. October

1995 - September 1996;

Clinical supervisor: W. Sydney Stern, Ed.D.

Carlos Juan Carmona-Goyena, Ph.D.
Counseling Psychologist

Therapy to children, families, and individuals of Spanish speaking population. Group therapy to clientele in partial psychiatric hospitalization; Drugs and alcohol counseling.

Psychologist, M.S.: Psychosocial Center (Inpatient Mental Health Center), Bayamón, PR. July, 1994 - June, 1995. One year of Public Service as a requirement by the Puerto Rico Board of Psychology; Development and implementation of individual and group psychotherapy to adult psychiatric inpatient clientele; Administration and evaluation of psychosocial tests.
Director: Brunilda León, M.A.

Melissa L. Costanzo, LMFT
54 Plank Road
Prospect, CT 06712
203-527-9311

Objective:

A hardworking, committed, and enthusiastic, Licensed Marriage and Family Therapist, seeking a position in a creative environment advocating for and providing therapeutic services to families.

Licensure: AAMFT (American Association for Marriage and Family Therapy) 2001

Education:

Master of Arts, Marriage and Family Therapy. December 1999
Saint Joseph College, West Hartford, CT
Associate of Science, Early Childhood Education. May, 1996
Bachelor of Science, General Studies with an emphasis in psychology. May, 1996
Cum Laude
Teikyo Post University, Waterbury, CT

Related Experience:

May 2009- present **United Health Resources, Prospect and Meriden, CT**
Billing Department, Manager of Care Plan Coordinator Dept.
Schedule and maintain weekly Dental schedules for Nursing Homes throughout CT. Coordinate patient treatment with Dentists and Nursing Home staff and communicate with patient families to ensure continued dental care. Train and supervise dental staff in field and in office (Dental Assistants and Transporters). Maintain patient records/ charts. Assisting Dentist in nursing homes with dental equipment, sterilization and patient care.
Responsible for auditing Audiological and Dental files, requesting physician's orders and prescriptions for hearing aids from physicians, as well as billing and reconciling audiology, dental, optometry and podiatry patients. Bill Medicare, Medicaid, Private Insurance, Nursing Homes, and Patient families for services rendered. Also responsible for accounts receivable; bill Nursing Homes for monthly Administrative Fees. Correspond with Nursing Home Accounts Payable staff regarding monies owed. Train new employee in billing department; responsible for supervising new employee work. Manage in coming phone inquiries from families and Nursing Homes regarding medical program. Work closely with Audiology, Podiatry, Optometry, and Dental professionals to ensure patient files are Medicare and Medicaid compliant and patient care is being met. Working knowledge of Excel, Google spreadsheets and Quick books.

Aug. 2007- Dec. 2008 **Prospect Youth Service, Prospect, CT**
Assistant to Director
Assisted director in programming recreational activities for Prospect youth, taught jewelry making classes, responsible for data entry and grant writing input, and collaborated with middle and elementary school guidance departments for scheduling therapeutic programs and speakers.

Jan. 2001- Sept. 2002 **Community Mental Health Affiliates of New Britain, New Britain, CT**
WORTH Program- Marriage and Family Therapist, WORTH Program- LMFT Program Coordinator
Provided individual, family, and group therapy to children diagnosed with mental health disorders and their families in an after school treatment program funded by DCF. Collaborated treatment with staff psychiatrist and schools. Supervised MFT student intern for graduate program.
Hired, supervised and trained employees (therapists and support staff). Coordinated treatment of the children and families. Supervised and evaluated staff, clinicians, and MFT graduate students. Continued to provide individual and family therapy.

Sept. 1999-Jan. 2001 **Family Services of Greater Waterbury, Waterbury, CT**
Marriage and Family Therapist
Teikyo Post University, Waterbury, CT
School Counselor
Provided individual, family, couples, and group therapy for individuals with mental health diagnoses. Collaborated treatment with staff psychiatrist, schools, pediatricians, and neurologists. Provided individual and group therapy to college students. Coordinated in-service

CT-FAMILY CARE SERVICES, LLC

Melissa L. Costanzo, LMFT
54 Plank Road
Prospect, CT 06712
203-527-9311

lectures and speakers regarding such topics as college life, depression, suicide, alcoholism, substance abuse, date rape, and sexually transmitted diseases.

- June 1998-Sept. 1999 **Child Guidance Clinic of Greater Waterbury, Waterbury, CT**
Marriage and Family Therapist Intern
Member of the ADHD treatment team, implementing one way mirror reflecting method. Developed and facilitated ADHD multifamily therapy group. Attended PPT meetings. Worked collaboratively with psychiatrists, teachers, school social workers, school psychologists, and Learning Disability Advocates. Have experience testifying in court.
- Sept. 1998-June 1999 **Children's Community School, Waterbury, CT**
School Counselor, Intern
Worked collaboratively with K-3rd grade teachers in providing additional services to children with emotional needs. Developed and facilitated self-esteem, social skills, and loss groups. Attended PPT meetings.
- Aug. 1997-May 1998 **St. Joseph College Marriage and Family Therapy Dept. and Academic Resource Center, West Hartford, CT**
Graduate Assistant
Proof read and edited department materials, organized professors' weekly materials, developed and sent letters to agencies advertising our counseling facility, tutored and facilitated the Writing Portfolio Evaluation process for sophomores and juniors.
- May 1995-May 1996 **Teikyo Post University's First Year Experience Class, Waterbury, CT**
Teaching Assistant and Peer Advisor
Assisted professor in developing weekly agendas and lectures, organized class activities, counseled individual students on issues relating to college life.
- Dec. 1994-May 1996 **Teikyo Post University's Children's Center, Waterbury, CT**
Teaching Assistant
Assisted head teacher in daily activities and routines, developed and implemented developmentally appropriate lesson plans for ages 3-5.
- Aug. 1993-Dec. 1995 **Teikyo Post University, Waterbury, CT**
Assistant Director to Project S.A.G.E. (Students Achieving Greater Excellence) and Proyecto METAS
Planned agendas and organizational needs, prepared weekly materials, researched and coordinated weekly lectures and discussions, counseled and tutored high school and migrant students.
- Other Experiences:**
- April 2007-Present **Prospect Park and Recreation, Prospect, CT**
Assistant Soccer Coach
- March 2006-June 2006 **American Cancer Society, Relay For Life of Tribury, Middlebury, CT**
Volunteer
- June 1996-Sept. 1998 **Cheshire Country Village Condominiums, Cheshire, CT**
Board of Director, Treasurer, Pool Attendant
- Aug. 1994-Mar. 1997 **International Tariff Management, Waterbury, CT**
Telemarketing Supervisor

References for:

Melissa L. Costanzo, LMFT
203-527-9311

Dr. Felicia Zhang, DDS
United Dental Resources
339 225-1717

Dr. Brij Chandwani, DDS
Dental Director
United Health Resources
917 257-7337/ 617 636-3527

James Curtin
Director of Sales and Operations
United Health Resources
203 233-4471

Dr. Jennifer Decker
Podiatrist/ Podiatry Director
United Health Resources/ United Podiatry Resources
312 953-9009

Dr. Jonathan Gorman
Dentist/ Dental Director
United Health Resources/ United Dental Resources
703 582-3493

Danielle Thibodeau
HIS (Hearing Instrument Specialist)
United Health Resources/ United Audiology Resources
860 276-7411

Dee Williams
Prospect Park and Recreation
Soccer Coach
203 758-6593

Janet Jacaruso
Scooter School
Director
203 272-0027/203 272-8403

Trisha Spofford
203-758-3852

Jennifer Smith
203-271-2868

Amy L. S. Sartori

Contact Information

Personal: 139 West Street • Columbia, CT 06237 • (860)-368-9347 • amysartori@gmail.com
Professional: 70 Main Street • Jewett City, CT 06351 • (860)-376-7040 x625 • asartori@ucfs.org

EDUCATION AND LICENSE

Connecticut Licensed Marital and Family Therapist, License No. 1513 March 2012
Connecticut Department of Public Health, Hartford, CT

University of Connecticut, Storrs, CT
Master of Arts in Human Development and Family Studies May 2010
Concentration: Marriage and Family Therapy
Course Work: Included training in various scientifically based therapeutic theories and techniques such as Cognitive Behavioral Therapy, Dialectical Behavioral Therapy including Mindfulness and Relaxation techniques, Motivational Interviewing, and Solution Focused Therapy, among others.

Eastern Connecticut State University, Willimantic, CT
Bachelor of Arts in Psychology May 2005
Concentration: Industrial and Organizational Psychology

PROFESSIONAL EXPERIENCE

United Community and Family Services, Behavioral Outpatient Services, Jewett City, CT
Clinician II, Licensed Marriage and Family Therapist, Full Time, 40 hours/week April 2012 – Present

- Perform duties of Clinician I; in addition: provide supervision for therapy students and interns.
- Trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for children and adolescents up to age 18 who have history of traumatic experiences.
- Implement group therapy for Women age 18 and older titled: "Women's Empowerment Group" using DBT skills for treatment of depression, anxiety, history of substance abuse, and history of traumatic experiences.

United Community and Family Services, Behavioral Outpatient Services, Jewett City, CT
Clinician I, Marriage and Family Therapist, Full Time, 40 hours/week November 2011 – March 2012

- Counsel individuals, couples, and families with diverse backgrounds and a variety of presenting problems. Treat common presenting problems including Relational Conflicts, Depression, Anxiety, and Bipolar Disorders, as well as Substance Abuse, Post-traumatic Stress Disorder, Life Stage Transitions and Adjustment Disorders.
- Perform assessment and diagnosis of clients during intake sessions. Collaborate with clients during treatment and discharge planning. Effectively implement scientifically based therapeutic interventions allowing clients to resolve or manage presenting problems successfully.
- Maintain clients' case management; record session progress notes, collaborate with other health, legal, and government representatives, and advocate for clients welfare.
- Proficient in crisis management and intervention; able to recognize risk and crisis elements and behaviors including suicide and homicide ideation and addressed them appropriately to maintain client safety.
- Initiate, advertise, and implement group therapy for teenage girls age 12-14; engage clients in developing increased self esteem, developing relaxation skills, enhancing social skills, and encourage sharing of experiences and solutions.

Amy L. S. Sartori

PROFESSIONAL EXPERIENCE Continued

United Community and Family Services, Behavioral Outpatient Services, New London, CT
Marriage and Family Therapy Intern, Part Time, 18 Hours/Week, May 2009 – May 2010

- Counseled individuals, couples, and families with diverse backgrounds and a variety of presenting problems. Treated common presenting problems including Relational Conflicts, Depression, Anxiety, and Bipolar Disorders, as well as Substance Abuse, Post-traumatic Stress Disorder, Life Stage Transitions and Adjustment Disorders.
- Performed assessment and diagnosis, treatment and discharge planning, case management, collaborated with mental health professionals and advocated for clients welfare.
- Initiated, advertised, and implemented group therapy, titled "Building Better Bonds." Targeted parents and children ages 6 to 10; educated clients about age appropriate behaviors and developmental milestones, encouraged sharing of experiences and solutions.
- Received above average quarterly evaluations consistently from clinical supervisors on therapeutic knowledge, technique, and implementation.

University of Connecticut, Humphrey Clinic, Storrs, CT
Marriage and Family Therapy Intern, Part Time, 15 Hours/Week, Sept. 2008 - May 2010

- Provided treatment to individuals, couples, and families who had limited access to health care in a rural setting. Performed accurate assessment and diagnosis of clients. Planned effective course of treatment and discharge with clients.
- Skillfully implemented therapeutic techniques resulting in reduced presenting problems. Assessed for risk and intervened appropriately to ensure client safety.
- Collaborated with junior and senior colleagues on client cases; mentored junior clinicians during their initial stages of therapy.
- Participated in group and individual supervision, presented cases to colleagues and supervisors for feedback.
- Successfully created a safe and open therapeutic setting in which clients felt comfortable voicing opinions and problems with family members. Formed a safe environment using humor, caring, empathy, and sincere relationships with clients.
- Excellent knowledge of stress, anger, and conflict management skills. Effectively conveyed information to clients enabling implementation of techniques, reduced negative feelings, and increased coping and communication skills.
- Received above average quarterly evaluations consistently from clinical supervisors on therapeutic knowledge, technique, and implementation.

University of Connecticut Health Center, Department of Psychiatry, Farmington, CT
Neuropsychopharmacologic Treatment and Research Training Center (NTRTC)
Clinical Research Assistant I, Full Time, 40 Hours/Week, 2005 - 2008

- Assisted Doctors' implementation of clinical trials for investigational medications treating persons with Depression, Anxiety, and Bipolar Disorders.
- Conducted phone assessments with subjects in order to determine eligibility for clinical trials. Performed preliminary client assessments including phlebotomy, Electrocardiograms (ECG), health assessments, and medication compliance.
- Administered self-evaluation assessments to clients and maintained case report forms, source documents, and laboratory results.

Amy L. S. Sartori

PROFESSIONAL EXPERIENCE Continued

- Trained and supervised Junior Assistants, Interns, and Volunteers on department procedures and individual projects.
- Assisted Research Coordinators with Internal Review Board (IRB) applications and submissions.
- Performed monthly and annual financial analysis, monthly advertising and enrollment analysis, and data analysis on Investigator-initiated independent research.
- Proficient in research protocols and regulations such as Health Insurance Portability and Accountability Act (HIPAA), Informed Consent, and Collaborative IRB Training Initiative (CITI) trained.

PRESENTATIONS AND LECTURES

Presenter Site Representative for United Community and Family Services University of Connecticut Internship Fair	Feb. 3, 2012
Presenter TFCBT Connecticut Conference "Addressing Challenges in Implementing and Sustaining TF-CBT as an Evidenced-Based Practice"	May 20, 2011
Guest Lecturer University of Connecticut, Risk and Resilience in Individuals and Families Topic: Military Families	April 20, 2011 & Nov. 15, 2010

PROFESSIONAL MEMBERSHIPS

Member American Association for Marriage & Family Therapy (AAMFT)	Nov. 2008- Present
Student Representative and Member Connecticut Association for Marriage & Family Therapy (CTAMFT) Attended and Presented Special Awards to Distinguished Guests, CTAMFT Annual Conference, April 2010 Assisted in Student Networking Breakfast, Nov. 2009	Nov. 2008- May 2010
Student Representative Marriage and Family Therapy, University of Connecticut	Jan. 2009- Sept. 2009

OTHER WORK HISTORY

Network, Inc. , Dept. of Human Resources, Andover, CT, <u>Intern</u>	Sept. 2004- Dec. 2004
Seafood Shanty , Edgartown, MA, <u>Wait Staff</u>	May 2003 - Aug. 2003
People's Bank , Norwich, CT, <u>Teller</u>	April 2002- Sept. 2002
Perini Building Corporation , Uncasville, CT, <u>Administrative Assistant</u>	May 2001- Aug. 2001
Andover Pizza , Andover, CT, <u>Wait Staff</u>	Sept. 1997- May 2003

COMPUTER SKILLS

Microsoft Office Suite: Word, Excel, PowerPoint, Outlook, and SPSS and Med Manager.

CARMEN ACEVEDO, LCSW, MSW, LPN
14 Linden Place Meriden, CT 06450 (203) 440-4102
acevedoc54@yahoo.com

SUMMARY Over 15 years of experience providing Masters of Social Work skills to court mandated and non-mandated clients. Ability to integrate nursing experience into the delivery of clinical services. Well organized, independent and self-reliant professional with strong teaching capabilities. Enthusiastic team member who is perceptive and sensitive to the needs of others.

HIGHLIGHTS OF QUALIFICATIONS

- Community Release Evaluations.
- Collaboration with Dept. of Children & Families, Dept. of Corrections & Dept. of Probation.
- Co-facilitation of group therapy for adolescents & children who witnessed domestic violence & homicide.
- Case manager.

Experience

- | | |
|--|------------------------|
| Anthem Blue Cross Blue Shield | May 2008 to Jan. 2012 |
| • Developed social work community resource program. | North Haven, CT |
| • Provide community referrals/resources for insurance members. | |
| New England Home Care | 1992 to April 2006 |
| • Provided intensive homecare services for medically fragile children while maintaining therapeutic relationships with families. | Cromwell, CT |
| • Collaboration as team member with referring agencies and community treatment providers. | |
| Maxim Healthcare Services, Inc. | July 2004 to May 2006 |
| • Expertise in child development. | Hamden, CT |
| • Diagnosed children with life threatening illnesses. | |
| Lake Grove Durham | Aug. 2001 to Oct. 2003 |
| • Development of sexual offender treatment program for developmentally disabled adolescents. | Durham, CT |
| • Conducted individual, group, cognitive-behavioral and family therapy. | |
| • Liaison with community treatment providers. | |
| • Education and training of clinical staff. | |
| Institute of Professional Practice | May 1999 to Jan. 2000 |
| • Coordinated individual therapy for children and adolescents in professional foster homes. | Woodbridge, CT |
| • Monitored strict behavior-modification programs. | |
| • Facilitated family therapy. | |

CARMEN ACEVEDO, LCSW, MSW, LPN

PAGE 2

- Cliff House School
March 1997 to June 99
Meriden, CT
- Created sexual offender treatment program for delinquent male youth in lockdown unit.
 - Conducted evaluations for community release.
 - Testified in court related cases.
 - Liaison with parole and probation.
- Casey Family Services
March 1996 to Nov. 96
Hartford, CT
- Provided reunification therapy with children and biological parents.
 - Co-facilitated group therapy for biological mothers.
- Family Services Woodfield
Nov. 1994 to March 1996
Bridgeport, CT
- Social work in Bridgeport Primary Care Center.
 - Implemented domestic violence program for women.
 - Designed and facilitated group therapy program for children who witnessed domestic violence.
 - Provided individual and group therapy for survivors of domestic violence.
 - Co-facilitated group therapy for men involved in domestic violence.
 - Developed grief and loss therapy groups for teenagers and children who witnessed homicides.
 - Provided long-term/short term counseling and crisis intervention for individuals and families.
- Volunteer Work**
- American Cancer Society
 - Red Dress Marathon
 - Board Member of Temple B'nai Abraham
 - Auxiliary Member of Temple B'nai Abraham
- Education**
- 1994 Fordham University
Masters of Social Work
Tarrytown, NY
- 1988 Eastern CT State University
Bachelor of Art
Willimantic, CT
- 1986 Manchester Community College
Associate of Science
Manchester, CT

Robert Ledder

Professional Experience

Presently: New Britain Youth Services, New Britain, CT

Marriage and Family Therapist and Consultant

Supervised interns from area universities to develop therapeutic skills. Counseled children and their families with behavioral and emotional needs. Coordinated services between agencies involved with families. Involved in youth development programs to enhance youth leadership skills with high-risk students. Produced computer projects for advertising services offered and meeting information.

Sept 1985-May 2011: Southern Connecticut State University, New Haven, CT

Adjunct Faculty, Marriage and Family Therapy Program

Supervised practicum and internship students in the Marriage and Family Therapy Program. Delivered live one-way mirror, group supervision sessions, video and audio therapeutic guidance on a weekly basis with advanced graduate students. Reviewed referrals, discussed intervention strategies, assessed therapeutic skills, consulted with staff. Taught introduction and theoretical classes to first year students.

Jan 2009-Jun 2009: E. Green Elementary School, Newington, CT

School Psychologist

Counseled students in kindergarten through 4th grade with adjustment and academic issues. Consulted with parent and teachers concerning student behavior, achievement and social judgment. Attended PPT meeting and implemented IEP's for students with special needs. Interpreted psychological reports for parents and staff.

2004 –2007: Newington Human Services, Newington, CT

Marriage and Family Therapist and Student Assistance Counselor

Counseled families with behavioral and emotional needs referred to the clinic. Coordinated services between two Middle Schools. Implemented individual and group counseling for students at risk. Consulted with teachers, parents and administrators. Completed monthly and weekly reports as necessary.

2005 – 2006: New Britain Systems of Care, New Britain, CT

Care Coordinator

Coordinated family treatment plans for multi-problem families. Assessed needs and coordinated services to individuals and families. Performed intake and assessment interviews. Administered assessment instruments to determine level of dysfunction and family strengths.

1976 – 2003: Connecticut State Vocational School System, Hartford, Manchester and New Britain, CT

School Counselor and School Psychologist

Counseled, tested and consulted with students, parents and staff members involved in three vocational high schools. Administered the Student Assistance Team for student referrals for special services. Involved in the Peer Mediation program for students as a trainer and coordinator. Chaired the School Psychology steering committee. Involved in the school crisis team. Wrote grants to support females in non-traditional trades. Trained as a mediator of professional faculty and serviced individuals with conflicts in other vocational schools.

Education

East Hartford Youth Services, East Hartford, CT

Youth and Family Counselor

Counseled children and families referred to the youth services bureau through court and the schools. Maintained a caseload of 10 to 15 families for direct service. Coordinated services with other professionals to create effective delivery of services.

Windham Public Schools, Willimantic, CT

Elementary School Counselor

Counseled children and families in three elementary schools. Coordinated services between departments and teaching staff. Made appropriate referral to outside agencies. Participated in a grant that delivered family therapy in the schools.

M.S., Southern Connecticut State University, New Haven, CT

School Psychology

Trained in testing, group counseling, consulting and statistics. Specialized in Marriage and Family Therapy and its application to school issues.

C.A.G.S., Southern Connecticut State University, New Haven, CT

Pupil Personnel

Emphasis in School Counseling, program coordination, guidance services and standardized testing.

M.S., Central Connecticut State University, New Britain, CT

School Counseling

Concentration in Group and individual counseling with practical experiences in the college placement center and the public schools of Rocky Hill, CT.

Certificate, Bristol Hospital Family Therapy Training Program. Bristol, CT

Family Therapy

Group seminars and supervised therapeutic family and couples sessions. Intensive training to develop systemic family therapy skills. Individual and group treatment of two or three families weekly.

Additional mental health in-service programs and an undergraduate degree in computers

Professional Memberships

American Association of Marriage and Family Therapists, Clinical Membership, Approved Supervisor

Connecticut Association of Marriage and Family Therapists

American Federation of University Professors

Connecticut Marriage and Family State License No. 000212

References upon request

D.W.FISH Real Estate

VERNON OFFICE
220 Hartford Turnpike | Vernon, CT 06066
TELEPHONE (860) 871-1400 | **FAX** (860) 870-8337
EMAIL fishrealty@snet.net
www.dwfishrealestate.com

April 12, 2012

Town of Manchester
Zoning Committee
Address

To whom it may Concern:

I am the Landlord of the property (offices) at 243 Main Street in Manchester, Connecticut. The purpose of this communication is to inform you that CT-Family Care Services, LLC represented by its president Justinian Rweyemamu has rented an office at 243 Main Street in Manchester in order to provide Family Therapy/ Counseling/ Social Services to families, children and veterans as well as the academic treatment to students in order to prevent school dropout, poor academic performances, delinquencies and problematic behaviors.

Please assist him accordingly, so that he can get a permit which will enable him to operate his business in Manchester, Connecticut.

Thank you
Don Fish
Landlord

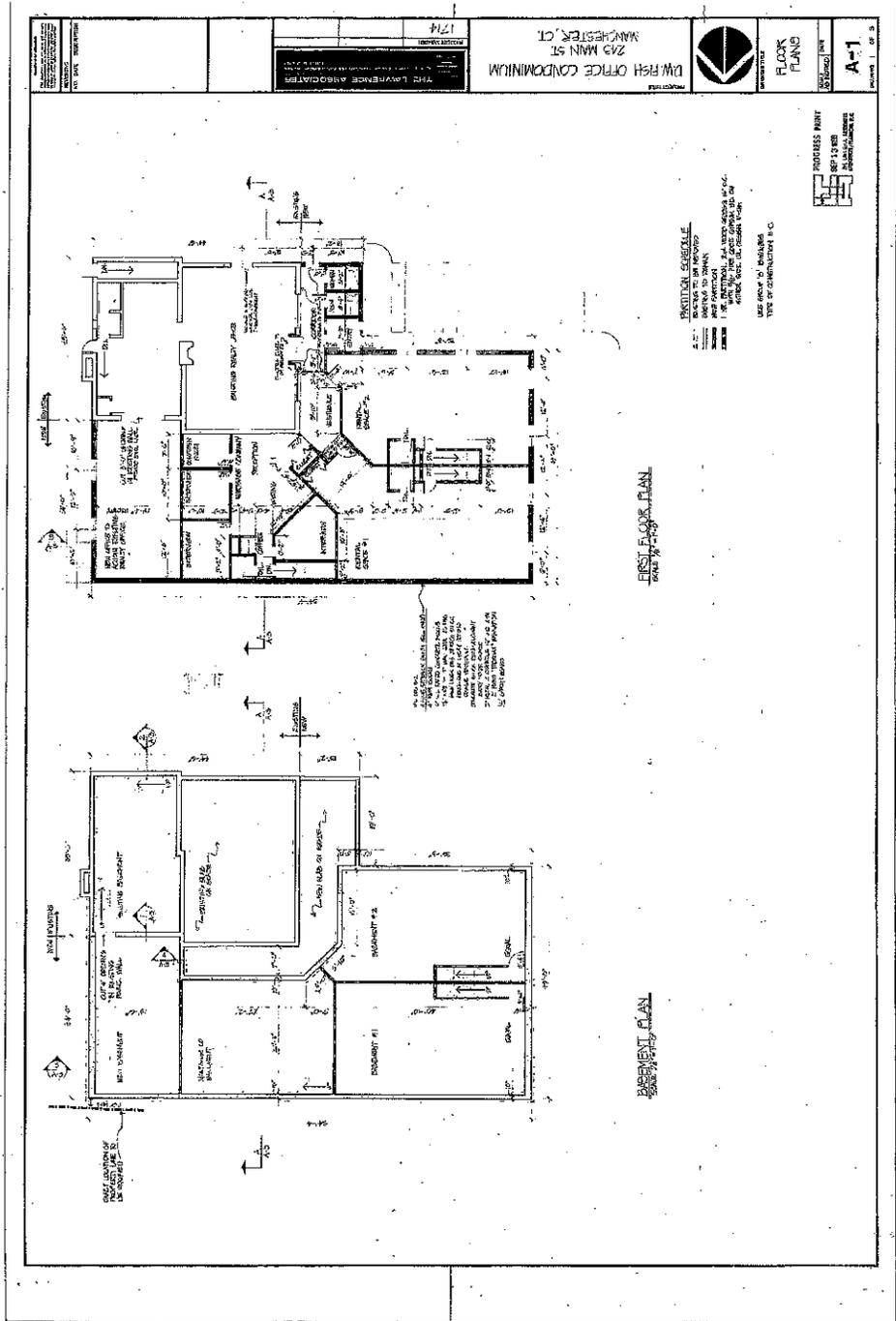


C.C. Justinian Rweyemamu, MA, M.Div, MS-MFT, PhD student
President
CT-Family Care Services, LLC
243 Main St, Manchester, Connecticut
rweye@cox.net

Manchester Office
243 Main Street | Manchester, CT 06042
(860) 643-1591

Hebron Office
Hebron Green | Hebron, CT 06248
(860) 228-9451

Relocation
220 Hartford Turnpike | Vernon, CT 06066
(860) 875-8600



<p>THE LAWRENCE ASSOCIATES 1774 142 MAIN STREET HARTFORD, CT 06103</p>	<p>DIVERSH OFFICE CONDOMINIUM 142 MAIN STREET HARTFORD, CT 06103</p>	<p>ELEVATIONS ROOF FRAMING PLAN A-2</p>	<p style="text-align: center;">ROOF FRAMING PLAN SCALE 1/8" = 1'-0"</p> <p style="text-align: center;">WEST ELEVATION SCALE 1/8" = 1'-0"</p> <p style="text-align: center;">SOUTH ELEVATION SCALE 1/8" = 1'-0"</p> <p style="text-align: center;">EAST ELEVATION SCALE 1/8" = 1'-0"</p> <p style="text-align: center;">NORTH ELEVATION SCALE 1/8" = 1'-0"</p>
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**"In Collaboration with clients we
enhance their wellness through
internal and external solutions."**

CT-FAMILY CARE SERVICES, LLC

June 28, 2012

Dear Sir/ Madam

Attached herewith is the company's projected budget for July 1, 2012 to June 30, 2014. I am pleased to inform you that besides over \$16,000 that the company has already spent this year towards opening its new offices, I have secured the \$83,000 (attached) as a personal loan that will be available as of July 17, 2012. I plan to use that personal loan for the business including salaries for employees and the services, while waiting for insurance re-imburement process to start effectively.

This budget is not yet audited officially because the company is still waiting for some information from some State agencies and insurances on their actual up to date dollar amount for re-embursements. Once the company has received the Certification Of Need (CON), it will be able to receive that current actual data from the State and insurances on their most recent re-imburement per hour for the services provided. In this budget the company is charging the lowest rate at \$ 100.00 per hour.

Thank you for reviewing the company's application for CON and its budget.


Justinian Rweyemamu, MA, M.Div, MS-MFT, PhD student &
AAMFT Approved Supervisor Candidate
Founder and President

16 Enfield Ave.
Enfield, CT 06082

243 Main Street
Manchester, CT 06042

155 Maple St, Unit 204
Springfield, MA 01105

rweye@cox.net

(860) 508-8651



June 22, 2012

Justinian Rweyemaru

16 Enfield St. Apt
Enfield, CT

Congratulations Justinian!

Based upon review of credit worthiness, income and available assets, Emery Federal has approved the above borrowers through a FHA Loan Program to cash out of their house. The mortgage has been approved through Fannie Mae's Underwriting Service for the purchase of a Single Family Residence. This loan has to be closed after July 15th 2012.

Cash out to be given: **\$83,000+**
Property: **Primary**
Loan Type: **FHA 30 Year Fixed Loan @ 3.625%**
Date to be given: **July 17th 2012**

If I can be of further assistance, please do not hesitate to call me
Sincerely yours,

Lucas Roca
Senior Mortgage Banker
Emery Financial Services

Cell: 860.801.0696
Fax: 888.711.4022
E-mail: lroca@emeryfs.com
Federal NMLS ID# 127071



CT-FAMILY CARE SERVICES, LLC

Annual Budget Draft for CT-Family Care Services, LLC:

Item	Description	Income per unit	Units	Unit Measure	Total per year 2012	Total per year 2013	Total per year 2014
	OUTPATIENT INTEGRATED TREATMENT						
	Customized behavioral treatment	\$100	4752	hours/year	\$475,200	\$576,000	\$768,000
	Customized academic treatment	\$100	3782	hours/year	\$378,200	\$576,000	\$672,000
	Customized individual treatment	\$100	3422	hours/year	\$342,200	\$384,000	\$768,000
	Customized family treatment	\$100	2975	hours/year	\$297,500	\$476,000	\$743,750
Income	Sub Total				\$1,493,100	\$2,012,000	\$2,961,750
	GRANTS						
	Innovative research	\$100	1,500	hours/year	\$150,000	\$150,000	\$150,000
	Youth Build	\$100	2,000	hours/year	\$200,000	\$200,000	\$200,000
	Sub Total				\$350,000	\$350,000	\$350,000
Net Income					\$1,843,100	\$2,362,000	\$3,311,750

CT-FAMILY CARE SERVICES, LLC

Annual Budget Draft for CT- Family Care Services, LLC:

A SCHEDULE OF ANNUAL SALARIES ESTIMATES FOR
PERIOD ENDING 31TH DECEMBER 2014 TO DEC 2013

SNO.	DESIGNATION	ESTABLISHMENT 2012	ACTUAL STRENGTH	VARIATION + OVER - UNDER	REMARKS	ESTABLISHMENT 2013	ACTUAL STRENGTH	ESTABLISHMENT 2014	ACTUAL STRENGTH
	President	1	1	0			1		1
	Clinical Director/SP	1		-1	Recruitment		1		1
	Office assistant	1		-1	Recruitment		1		1
	CSW	5		-5	Recruitment		5		5
	MFT Therapists	8		-8	Recruitment		8		8
	Job career tr	1		-1	Recruitment		1		1
	Psychiatrist	1		-1	Recruitment		1		1
	TOTAL	18	1	-17		0	18		18

CT-FAMILY CARE SERVICES, LLC

Annual Budget draft for CT- Family Care Services, LLC:

A SCHEDULE OF ANNUAL ESTIMATES SALARIES FOR PERIOD ENDING 31TH DECEMBER 2011

Designation	Unit cost	Weekly Hours	Weekly Salary	Monthly Salary	Medical insurance	Total Estimates-2012	Monthly Salary	Total Estimates-2013	Total Estimates-2014
President	\$80.00	30	\$2,400.00	\$9,600.00	4,978	\$115,200.00	\$9,600.00	\$115,200.00	\$115,200.00
Clinical Director/Supervisor	\$65.00	25	\$1,625.00	\$6,500.00	4,978	\$78,000.00	\$6,500.00	\$78,000.00	\$78,000.00
Office assistant	\$22.79	37	\$843.23	\$3,372.92	4,978	\$40,475.04	\$3,372.92	\$40,475.04	\$40,475.04
Teachers	\$32.83	38	\$1,247.70	\$4,990.79	9,956	\$59,889.46	\$4,990.79	\$59,889.46	\$59,889.46
Psychiatrist	\$36.67	46	\$1,703.69	\$6,814.75	9,956	\$81,777.03	\$6,814.75	\$81,777.03	\$81,777.03
Job/career trainers	\$32.75	35	\$1,146.25	\$4,585.00	4,978	\$55,020.00	\$55,020.00	\$55,020.00	\$55,020.00
MFT Therapists/social w	\$32.78	320	\$10,489.60	\$41,958.40	14,934	\$503,500.80	\$41,958.40	\$503,500.80	\$503,500.80
Total Salary expenditure	\$302.82	\$531.46	\$19,455.47	\$77,821.86	\$54,758.56	\$933,862.34	\$128,256.86	\$933,862.34	\$933,862.33

CT-FAMILY CARE SERVICES, LLC

Annual Budget Draft for CT- Family Care Services, LLC:

PROJECT NAME :Connecticut Family Care Services (CT-FCS)

Activity	Required Inputs			Annual Budget Estimates 2012		F/Budget Estimates 2013		F/Budget Estimates 2014	
	Description	Unit of Measure	Unit cost	No of Units	Estimates	No of Units	Estimates	No of Units	Estimates
Objective A: Improving academic performances, enhancing coping skills and reduce problematic behaviors									
Target 01:Academic performance improved, school dropout reduced by 97% between 2012 to 2014									
Innovation research	School drop out prevention		500	60	30,000	120	60,000	250	125,000
Assessment on the effectiveness of	Talents show enhancements		83	60	4,980	120	9,960	250	20,750
	Research		200	60	12,000	120	24,000	250	50,000
Activity Total					46,980	360	93,960	750	195,750
To enhance coping skills through research evidence based from 2012 to 2014	Treatment assesment tools		100	60	6,000	120	12,000	250	25,000
	Research : Permit costs for human substance research		17	60	1,020	120	2,040	250	4,250
	Fax,stationaries,		25	60	1,500	120	3,000	250	6,250
Activity Total					8,520	360	17,040	750	35,500

CT-FAMILY CARE SERVICES, LLC

To provide therapeutic treatment to students and their families from 2012 to 2014	Fostering positive solution skills-mental health illnesses treatments		500	60	30,000	120	60,000	250	125,000
Activity Total					30,000	120	60,000	250	125,000
To enhance systemic coping skills solutions	copng skills treatment & Genogram assesment tools		100	60	6,000	120	12,000	250	25,000
			20	60	1,200	120	2,400	250	5,000
Activity Total					7,200	240	14,400	500	30,000
Target 02: Sustainable recovery from poor academic performances, problematic behaviors and domestic violances in families among students and their families and wholistic success acheved by 90% between 2012-2014									
Strengthening families, reduce mental illnesses	violence prevention in families	man/da	400	60	24,000	120	48,000	250	100,000
Increase recovery and success.	Substance uses prevention in families	man/da	400	60	24,000	120	48,000	250	100,000
Support students,youth	Behavirol and academic enhancement	man/da	600	60	36,000	120	72,000	250	150,000
Activity Total					84,000	360	168,000	750	350,000
To provide training and assist family members to find jobs	Job market connection, support and community business networking	man/da	1,250	60	75,000	120	75,000	250	75,000

CT-FAMILY CARE SERVICES, LLC

Activity Total	Sub-Total				75,000	120	75,000	250	75,000
Target 3: To prepare inmates for effective community re-entry									
To prepare inmates for community re-	Community re-entry services		1000	25	25,000	40	40,000	80	80,000
Activity Total	Sub-Total				25,000	40	40,000	80	80,000
0									
Target 1: CT-FCS Staffs recruited and Trained									
Activity	Required Inputs			Annual Budget		Annual Budget		Annual Budget	
	Description	Unit of Measure	Unit cost of Inputs	No of Units	Estimates	No of Units	Estimates	No of Units	Estimates
To recruit CT-Family Care staff and train	Advertising and Publication		100	60	6,000	120	12,000	250	25,000
	Orientation		100	60	6,000	120	12,000	250	25,000
Activity Total					12,000	240	24,000	500	50,000
Target 2: Financial Resource mobilised and management carried out annually									
To prepare Business plan, annual Budget and responsive proposals for soliciting funds done by Dec 2012	cost for grant writing, marketing and public relations	person	100	60	6,000	120	12,000	250	25,000

CT-FAMILY CARE SERVICES, LLC

Activity Total					6,000	120	12,000	250	25,000
Preparation of CT- Family Care research reports by Dec 2012	Auditing services	units	50	60	3,000	120	6,000	140	7,000
Activity Total					3,000	120	6,000	140	7,000
Total Budget					9,000	240	18,000	390	32,000
Target 3: Working and learning Environment for service delivery improv						2012			
Activity	Required Inputs				Budget Estimates	Foward Budget Estimates 2009/2012		Foward Budget Estimates 2012/2014	
	Description	Unit of Measure	Unit cost of Inputs	No of Units	Estimates	No of Units	Estimates	No of Units	Estimates
Insurance	Liability & Professional insurances		50	60	3,000	120	6,000	250	12,500
Activity Total					3,000	120	6,000	250	12,500
To ensure productive treatments & research functioning by Dec 2012	Computer Supplies and Accessories	Lots	50	60	3,000	120	6,000	60	3,000
	Newspapers and Magazines	units	12	60	720	120	720	250	720
	Mailing and postage		25	60	1,500	120	3,000	250	6,250
Activity Total					5,220	360	9,720	560	9,970
Office and equipment for CT-Family Care staff office use 2012-2014.	Office	units	250	60	15,000	60	15,000	60	15,000
	Projectors, Presentation equipments		25	60	1,500	120	3,000	250	6,250

CT-FAMILY CARE SERVICES, LLC

	Desks, Shelves, Tables and Chairs	units	70	60	4,200	120	8,400	250	6,300
	Servers and wireless	units	50	60	3,000	120	3,000	250	5,000
	Clients & Employees safety and wellness	units	100	60	6,000	120	12,000	250	12,000
Activity Total					29,700	540	41,400	1,060	44,550
Innovation research	data coding		30	60	1,800	120	3,600	250	7,500
Activity Total					1,800	120	3,600	250	7,500
Payment of CT Family Care Services bills 2012-2014	Electricity	units	30	60	1,800	120	3,600	250	7,500
	Heat	units	30	60	1,800	120	3,600	250	7,500
	Phone	units	30	60	1,800	120	3,600	250	7,500
	water	units	30	60	1,800	120	3,600	250	7,500
Activity Total					7,200	480	14,400	1,000	30,000
To provide administrative support	Trauma		50,000	1	50,000	2	75,000	1	75,000
	Legal		25,000	1	25,000	2	37,500	1	30,000
	Accounting		6,000	1	6,000	2	8,000	1.5	9,000
	Out source-fee for service		15,000	2	30,000	2	45,000	2	45,000
school dropout & mental crises prevention	Indivizualized academic assisance		800	50	40,000		40,000		40,000
	Group academic treatment		800	50	40,000		40,000		40,000
	Individualized behavioral treatment		1,000	50	50,000		50,000		50,000

CT-FAMILY CARE SERVICES, LLC

	Group behavioral treatment		800	50	40,000		40,000		40,000
Workforce skills training	Job career training		900	50	45,000		45,000		45,000
	Leadership devl		600	30	18,000		18,000		18,000
Homeless Prevention	Support for affordable housing		1,200	50	60,000		60,000		60,000
	Juvenile court alternative		2,010	20	40,200		40,200		40,200
Family Treatment	Family therapy		800	50	40,000		40,000		40,000
	educational tours		200	30	6,000		6,000		6,000
For offices	business travel		100	50	5,000		5,000		5,000
	supplies		150	50	7,500		7,500		7,500
	Computers		40	50	2,000		2,000		2,000
	Insurance		200	50	10,000		10,000		10,000
	Legal Fee		600	50	30,000		30,000		30,000
	Contractual		400	50	20,000		20,000		20,000
Activity Total					564,700	8	619,200	6	612,700
					513,625	3,708	1,204,720	7,346	1,690,470
TOTAL OBJECTIVE B					999,320	3,708	1,204,720	7,346	1,690,470
TOTAL BUDGET					1,186,020	5,308	1,673,120	10,676	2,581,720

CT-FAMILY CARE SERVICES, LLC

Annual Budget Draft for CT- Family Care Services, LLC:

A SCHEDULE OF ANNUAL ESTIMATES SALARIES FOR PERIOD ENDING 31TH DECEMBER 2011								2012
Designation	Total Estimates-2012	Medical insurance	Other Benefits	Total Estimates-2013	Medical insurance	Other Benefits	Total Estimates-2014	Medical insurance
President	\$100,000.00	4,978		\$100,000.00	4,978		\$100,000.00	4,978
Clinical Director	\$78,000.00	4,978		\$78,000.00	4,978		\$78,000.00	4,978
Office assistant	\$40,475.04	4,978		\$40,475.04	4,978		\$40,475.04	4,978
Teachers	\$59,889.46	9,956		\$59,889.46	9,956		\$59,889.46	9,956
Job career trainers	\$55,020.00	4,978		\$55,020.00	4,978		\$55,020.00	4,978
Psychiatrist	\$81,777.03	9,956		\$81,777.03	9,956		\$81,777.03	9,956
MFT Therapists/ Clinical social workers	\$503,500.80	14,934		\$503,500.80	14,934		\$503,500.80	14,934
Total Salary expenditure	\$918,662.33	\$54,758.48	\$0.00	\$918,662.33	\$54,758.48	\$0.00	\$918,662.33	\$54,758.48

CT-FAMILY CARE SERVICES, LLC

Annual Budget Draft for CT- Family Care Services, LLC:

A SCHEDULE OF ANNUAL ESTIMATES SALARIES FOR PERIOD July 2012 -

S/N	ITEM NO	NUMBER OF EMPLOYEES	ANNUAL SALARY 2012	Other expenditures	HEALTH INSURANCE	OTHER BENEFIT	NUMBER OF EMPL	ANNUAL SALARY 2013	Other expenditure	HEALTH INSURANCE	OTHER BENEFIT
1	Existing employees on payroll	18	\$933,862	\$1,186,020	\$54,758	-	0	\$933,862	\$1,673,120	\$54,758	\$0
GRAND TOTAL		18	\$933,862	\$1,186,020	\$54,758	\$0	0	\$933,862	\$1,673,120	\$54,758	\$0

CT-FAMILY CARE SERVICES, LLC

June 30, 2014

NUMBER OF EMPLOYEES	ANNUAL SALARY 2014	Other expenditure	HEALTH INSURANCE	OTHER BENEFITS
0	\$933,862	\$2,581,720	\$54,758	\$0
0	\$933,862	\$2,581,720	\$54,758	\$0

CT-FAMILY CARE SERVICES, LLC

Draft Annual Budget for CT- Family Care Services, LLC:

A SCHEDULE OF ANNUAL ESTIMATES SALARIES FOR PERIOD, July 1, 2012-June30, 2014

S/N	ITEM NO	Total expenditure 2012	Total expenditure 2013	Total expenditure 2014	Grand Total	Total number of employees	
1		\$2,174,641	\$2,661,741	\$3,570,341	\$8,406,722	18	
	GRAND TOTAL	\$2,174,641	\$2,661,741	\$3,570,341	\$8,406,722	18	

CT-FAMILY CARE SERVICES, LLC

Draft Annual Budget for CT- Family Care Services, LLC:
 PROJECT NAME :CT- Family Care Services (CT-FCS)

Objectives	Targets	Activity	July	Aug	Sep	Nov	Dec	Jan	Feb	Mac	April	May	June	July	Aug	Sep	Oct	Nov	
Objective A: Improving academic performance, enhancing coping skills and reduce problematic behaviors through integrated treatment & innovation research	Target 01: Academic performance improved, school dropout reduced by 97% between 2012 to 2014	To provide integrated academic treatment to minority and low income white students																	
		To enhance evidence based research on integrated treatment																	
		To provide therapeutic treatment to students and their families																	
		To enhance systemic coping skills solutions between students and parents/families																	
	Target 02:	Sustainable recovery from academic and mental illnesses, problematic behavioral																	

CT-FAMILY CARE SERVICES, LLC

do	Sustainable recovery from poor academic performances, problematic behaviors and domestic violences in families among students and their	To provide training and assist family members to find jobs																
	Target 3: Inmates with integrated treatment for effective community re-entry prepared	To prepare inmates for community re-entry																

CT-FAMILY CARE SERVICES, LLC

Objective B: Effective Services delivery by CT-FCS as provider	Target 1: CT-FCS Staffs recruited and Trained	To recruit CT- Family Care staff and train by July 2012																	
	Target 2: Financial Resource mobilised and managem ent	To prepare Business plan, annual Budget and responsive proposals for soliciting funds done by July 1,2012 to June 30,2014																	
	ent carried out annually	Preparation of CT-FCS reports (quarterly reports, final accounts and audit) by Dec 2012																	
	Target 3: Working and learning Environm ent for service delivery improved by Dec, 2012	To provide routine maintenance and repair of treatment complex 2012-2014																	
		To ensure efficient functioning of CT-FCS by Dec 2012																	
	To provide academic and behavioral treatments effectively, plus services evaluations quartly																		

