

**The Youth Light Foundation, Inc.**  
P. O. Box 1655  
Litchfield, CT. 06759

**Facsimile Transmittal Sheet**

**To:** Christine Vogel

**From:** Dr. Laura Clark / Lisa

Company St of CT

Date 4/8/09

---

**Fax Number**

**Total # of pages**

860-418-1053

840-567-0700

**Phone Number**

**Sender's Telephone Number**

Form 2030

---

**Sender**

Rev.

20  
200  
20  
200

Direct

✓ For Review

**Please Comment**

Please Reply

FIG

---

**Notes/Comment**

**Confidentiality Notice:** The documents accompanying this fax transmission may contain confidential information. All information is intended only for the use of the above named recipient. If you are not the named recipient, you are not authorized to read, disclose, copy, distribute or take any action in reliance on the information and any action other than immediate delivery to named recipient is strictly prohibited. If you have received the fax in error, please contact the sender and destroy the original documents. If you are the named recipient, you are not authorized to reveal any of this information to any other unauthorized person and are, thereby, instructed to destroy this information when no longer needed.



**State of Connecticut**  
**Office of Health Care Access**  
**Letter of Intent Form**  
**Form 2030**

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by the Applicant(s), pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	LAURA Sue CLARK	
Doing Business As	The Youth Light Foundation, Inc.	
Name of Parent Corporation	The Youth Light Foundation, Inc.	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	P. O. Box 1655 3 West street Litchfield, CT. 06759	
Identify Applicant Status: P for Profit or NP for Nonprofit	N. P.	
Does the Applicant have Tax Exempt Status?	Yes	No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Laura Sue Clark	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	P.O. Box 1655 3 West street Litchfield, CT. 06759	
Contact Person Telephone Number	860. 567. 0700	
Contact Person Fax Number	860. 567. 5901	
Contact Person e-mail Address	HealerLaura @ Aol.com	

Page 3 of 6

e. Will the Capital Expenditure/Cost of the proposal exceed \$3,000,000, pursuant to Section 19a-639, C.G.S.?

Yes  No

If you checked "Yes" above, please check the boxes below, as appropriate:

New equipment acquisition and operation  
 Replacement equipment with disposal of existing equipment  
 Major medical equipment  
 Change in ownership or control

f. Location of proposal, identifying Street Address, Town and Zip Code:

3 West street Litchfield, CT 06759

g. List each town this project is intended to serve:

all Litchfield county towns, Waterbury, Danbury, New Milford

h. Estimated starting date for the project: ASAP, pending OHSA Approval

i. If the proposal includes change in the number of beds provide the following information:

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed
------	---------------------	----------------------	------------------------------------	----------------------------

## e. Type of financing or funding source (more than one can be checked):

<input checked="" type="checkbox"/> Applicant's Equity	<input type="checkbox"/> Capital Lease	<input type="checkbox"/> Conventional Loan
<input type="checkbox"/> Charitable Contributions	<input type="checkbox"/> Operating Lease	<input type="checkbox"/> CHEFA Financing
<input type="checkbox"/> Funded Depreciation	<input type="checkbox"/> Grant Funding	
<input type="checkbox"/> Other (specify) _____		

**SECTION IV. PROJECT DESCRIPTION - see attachment enclosed**

In paragraph format, please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.
2. List the types of services being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.
4. Identify any unmet need and describe how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.
7. Who will be responsible for providing the service?
8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

entities include, The State of Connecticut Department of Children & Families, The State of Connecticut Juvenile Justice system, Litchfield County Regional School Districts, Statewide mental health Clinicians, Litchfield County Youth Service Bureaus. The target population to be served under this proposal will be ages 13-20 presenting with needs for substance abuse intervention and treatment.

**4. Identify any unmet need and describe how this project will fulfill that need.**

Tragically, at this time, there are no Substance Abuse treatment, specific to Children and Adolescents within the demographic region. Current existing services address adult needs, secondary treatment includes; youth in adult population. Our model is specific to treatment of Children & Adolescents. The target population to be served will include the age ranges of 12-18 year old Children and Adolescents. In addition, our Evidence-Based model is designed to serve families (biological parents, foster parents and relative caregivers) however, Children and Adolescents are the primary clients. Currently, The Youth Light Foundation, Inc. has been serving a specific population to include juvenile justice, pregnant teens, dually diagnosed at-risk psychologically and psychiatrically challenged youth.

**5. Are there any similar existing service providers in the proposed geographic area?**

Yes, However, services are limited to Adult population only.

**6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.**

Our agency is realistically aware and well informed regarding the need for Substance Abuse Treatment specific to youth and their families. Further, this realization has come over the past several years serving at-risk clients. Our clients have consistently maintained the statistics of approximately 90% Children of Addiction, posing a high risk for future negative implications to become substance abusers. Within the service area in which our agency provides services there are currently no available IOP Evidence-Based programs targeted specialized to meet the needs of youth. Due to need the Evidence-Based Matrix Model for Teens and Young Adults is a treatment experience designed to give adolescents the knowledge, structure, and support to (1) Evaluate the significance of their drug and alcohol use, (2) Move them to a place of abstinence, and (3) provide a supportive environment for sustained recovery. Historically, in our work with adolescent, we have encountered some very interesting issues. Adolescents are, as most people know, a very heterogeneous group. Differences in approach and treatment are required for younger teens (ages 12-15), for mid-teens (15-18), for young adults (transitional youth ages 18-24). There are also differences in treating teens who are experimenting with drugs versus those who have developed a dependence on drugs, teens using legal drugs versus those using illegal drugs, and teens in the early stages of readiness of treatment versus those who know they have a problem. While there is some overlap in these various groups, they are not likely to all respond well to the exact same treatment interventions. We, at The Youth Light Foundation, Inc. are confident in our ability to meet the service needs, while maintaining program fidelity to deliver the Matrix Model specifically for Teens and Young Adults. Again, this is a need as well as a service that is not currently provided within our surrounding catchment areas. While working collaboratively with additional area providers specific to youth we have realized the desperate need for the level of care for mental health and addiction services at our existing site. Current utilization is limited to meeting the service needs through basic Therapeutic Support Services as outlined by DCF. While implementing TSS services our

**AFFIDAVIT****To be completed by each Applicant**Applicant: The Youth Light Foundation, Inc.Project Title: Outpatient Substance AbuseI, Laura S. Clark, Ph.D., Executive Director, CEO  
(Name) (Position - CEO or CFO)of The Youth Light Foundation being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that The Youth Light Foundation complies with the appropriate and (Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Laura S. Clark, Ph.D. 4-2-2009  
 Signature Date

Subscribed and sworn to before me on <u>April 2, 2009</u>	<b>RECEIVED</b>
<u>Lisa A. Lossee</u> Notary Public/Commissioner of Superior Court	2009 APR - 2
My commission expires: <u>My Commission Expires 01/31/2010</u>	U 3:20
	CONNECTICUT OFFICE OF HEALTH CARE ACCESS

**Greer, Leslie**

---

**From:** Donna Musler [dmusler@registercitizen.com]  
**Sent:** Friday, April 03, 2009 3:03 PM  
**To:** Greer, Leslie  
**Subject:** RE: Legal Ad 09-31344

The legal is all set to run on April 6, 2009.  
Have a nice weekend,  
Donna Musler

---

**From:** Greer, Leslie [mailto:[Leslie.Greer@ct.gov](mailto:Leslie.Greer@ct.gov)]  
**Sent:** Friday, April 03, 2009 1:43 PM  
**To:** [dmusler@registercitizen.com](mailto:dmusler@registercitizen.com)  
**Subject:** Legal Ad 09-31344

Legal Ad,  
Per our conversation, please run the attached public notice in your newspaper by April 76, 2009. Please  
notify me when this has been completed.

Thank you,

*Leslie M. Greer*  
Office of Health Care Access  
State of Connecticut  
410 Capitol Avenue  
Hartford, CT 06134  
Phone: (860) 418-7001  
Fax: (860) 418-7053  
Website: [www.ct.gov/ohca](http://www.ct.gov/ohca)