MISSION

TO PROVIDE HIGH QUALITY, ACCESSIBLE, AND EFFECTIVE PREVENTION, EDUCATION, TREATMENT, REFERRAL, AND RECOVERY SERVICES TO INDIVIDUALS, FAMILIES AND COMMUNITIES AFFECTED BY ALCOHOL, TOBACCO, AND OTHER DRUGS.

VISION

TO BE THE LEADER IN PREVENTION AND PROVIDER OF TREATMENT IN THE COMMUNITIES THAT WE TOUCH, WORKING WITH OUR LGU, COUNTY GOVERNMENT, STAKEHOLDERS, SCHOOLS, OTHER REFERRAL SOURCES, AND HEALTH CARE PARTNERS TO OFFER THE HIGHEST QUALITY EVIDENCE-BASED, COMPREHENSIVE, AND CLIENT-CENTERED SERVICES.
WHAT LEAD US TO EXPLORE MENTAL HEALTH SERVICES?

• Perception of Care surveys completed by clients
  • A sub population expressed a desire to receive all Behavioral health care in one location
  • Clients shared struggles in obtaining Mental Health medications
• Staff identified needs
  • Referrals for clients in need of Mental Health take a month or more
  • Limited options for clients to obtain mental health
• Applied for and awarded a CCBHC grant (Certified Community Behavioral Health Clinic)
• Discussion with other community providers
  • Letters of Recommendation will be forth coming
CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC)

- **Purpose**
  - Improve access to care
  - Prevent unnecessary/avoidable hospital visit
  - Improve relationships between hospitals and community providers
  - Blend mental health, substance use disorder, and physical health treatment

- **Services Provided (directly or through agreements)**
  - Crisis Mental health services (24/7 in community)
  - Screening, assessment, and diagnoses
  - Outpatient Mental health and Substance use disorder treatment
  - Outpatient Physical health care
  - Targeted Case management
  - Psychiatric rehabilitation Services
  - Peer support, counseling, and family support services
NEED ASSESSMENT

• CASA-Trinity current referral rate to mental health services averages 40% of clients admitted to our SUD clinic

• CASA-Trinity Clients time from referral to 1st appointment wait is approximate 1 month

• Previous data has shown that 50% of clients no show intake appointments scheduled more than 5 days out.

• CASA-Trinity- has approximately 200 clients in need of/receiving MH Services- 50% of admitted clients (427 current – typical 500)

• Based on cross reference with PSYCKES, it appears that 160 of our currently enrolled clients have received a mental health service (the data does not give us their current engagement just past)

• For our SUD clinic currently, we have 68 clients in intake, 125 in referral status- conversion rate 78.9%
  • Based on the above numbers- this would give us 60 possible new referrals which supports an ongoing need

• Client’s have reported that there is a significant waitlist for services when referred
PROPOSAL OVERVIEW

• Article 31 clinic at current SUD Clinic location (separate entrance, waiting area, and office space)
• Provides Mental Health evaluations, Individual and Group Counseling, Psychiatric evaluations, medication management
• Population- 18 years and older
• Target population will be co-occurring individuals
• OMH requires CASA-Trinity to accept referrals from internal and external sources
• Target Intake with in 5 days of referral- goal of same day access
• Monday to Friday w/ telephonic afterhours crisis support to assist with linking to already established crisis services if needed
• Fees will be collected from Medicaid, Medicare, Managed care, Commercial Ins, and self pay
WORKFORCE

• Currently have 2 possible applicants in the area to provide the Counseling
• Internal staff have an interest
• 4 PNPs on staff
• PNP recruitment- would reach out to local NP schools (SUNY Binghamton)
• Psychiatric time- could be shared with other CASA-Trinity sites thanks to Telehealth
• Shared RN staff with current SUD program
• Staff development opportunities- would support current staff in obtaining higher credentials
BUDGET MODELING

• Expenses
  • currently have available space which allows us to model rent and utilities
  • Staffing is the largest expense in the budget and would be based on caseload size; would need 2 clinicians, front desk support, RN support of .25 FTE and .25 FTE of NP
  • Support staff - currently have billing, compliance, and administrative staff to cover the addition

• Revenue
  • Caseload to support the expenses - 160 clients
  • Model of service types - Intake, ongoing, group
  • Billable hours - target 5 billable hours per day per FTE (6 new clients a day or 10 established, typical day would be a mix after first 30 days)
  • No show rate - is figured into the target of billable hours (schedule 7 to get 5)
FINANCIAL SUSTAINABILITY

• Based on the needs assessment- how many staff can we support with volume
  • Typically, a caseload of 80 active clients per FTE of clinician
  • Psychiatric coverage (Psychiatric NP or Psychiatrist) would be based on number of clients (typical 250 clients per FTE) – Initial visits bill at a higher rate which supports the ramp up of a prescriber

• Expected rates of services/maintenance- monthly review of service mix, staff billable hours, and fee collection

• New clients bill at a higher rate and are seen at a higher frequency which would support lower initial caseloads

• CASA-Trinity admits about 44 clients per month, based on data from the National Institute of Drug Abuse 40% would also have Mental Health diagnosis of these engaging in MH that would be 17 clients per month as a possible internal referral. There are current clients waiting for services, based on the PSYCKEs data and internal estimated numbers. This would provide enough initial and ongoing to support 2 FTE of Clinician time.

• The conversion rate from referral to treatment increases with a warm hand off and a quick intake appointment.
YEAR ONE HIGH LEVEL BUDGET

<table>
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<tr>
<th>Expenses</th>
<th>Amount</th>
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<tr>
<td>Salary &amp; Fringe</td>
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<td>Equipment</td>
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<td>Rent/utilities</td>
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<table>
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<th>Revenue</th>
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INITIAL RAMP UP ASSUMPTIONS

• 1st month- predominately evaluations which bill at a higher rate

• 2nd month- follow ups based on CASA-Trinity’s current referral to admitted conversion rate of 78%

• Ramp up to full caseload would take approx. 6 months, if following assumptions hold true
  • There are 200 current clients in need of/receiving MH and 50% admit to CASA-Trinity’s MH
  • There are 17 new clients per month that need services (200 annually) - national averages of 50% admission rates on intakes and CASA has 78% admission rate- assume 64% midway point which converts to about 120 annually
## YEAR TWO HIGH LEVEL BUDGET

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<td><strong>Total Revenue</strong></td>
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YEAR 2 REVENUE

- This is based on 120 new clients only from CASA-Trinity’s internal referrals
- Discharge rate of 2% per month
QUESTIONS?