



Behavioral Health Services Advisory Council
OMH Project Review Agenda
December 7, 2022

Applicant Name/Project # Project Type Program Type Project Manager Page #

Champlain Valley Family Center for Drug Treatment and Youth Services, Inc.				
MH-B-2878	Establish New – Mental Health Outpatient Treatment and Rehabilitation Service (MHOTRS) Program	Outpatient	Rudy Arias	1

Eprine Community Services NY, Inc.				
MH-D-2868	Establish New – Mental Health Outpatient Treatment and Rehabilitation Service (MHOTRS) Program	Outpatient	Bernadette Mueller	5

BHSAC – Project Summary Form			
Review Date: 12/7/2022	Agency: Champlain Valley Family Center for Drug Treatment and Youth Services, Inc.		
Project #: MH-B-2878	Project Type: Establish a new program		
Project Description			
Provider:	Champlain Valley Family Center for Drug Treatment and Youth Services, Inc. (CVFC)		
Business Type:	Not-For-Profit Corporation		
Program Type:	Clinic Treatment Program		
Address:	20 Ampersand Drive, Plattsburgh, NY 12901		
Counties to be served:	Clinton, Franklin & Essex		
Population to be served:	<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> Adolescents	<input checked="" type="checkbox"/> Adults
Proposed Effective Date:	1/1/2023		
Applicant's Request:	<p>CVFC seeks to establish an Article 31 clinic treatment program to be located at 20 Ampersand Drive, Plattsburgh, NY to serve individuals and families with mental health issues, of all age groups, in the rural communities of Clinton, Franklin & Essex Counties. Clinton County alone is an area of 1,038 square miles with a population of 81,224. Proposed hours of operation are Monday – Thursday, 8 am – 8 pm and Friday, 8 am – 5 pm with additional hours of availability by appointment to accommodate family schedules.</p> <p>This program will be co-located and integrated with their Article 32 outpatient program with a focus on serving those with a co-occurring mental health and substance use diagnosis. OASAS is in support of the initiative.</p> <p>CVFC will utilize evidence-based tools and practices for the assessment and treatment of mental health needs, including trauma, and that are appropriate for the different age groups they intend to serve.</p> <p>CVFC is committed to serving all who meet treatment criteria and does not deny services based on an individual's inability to pay. Services are offered on a discount basis for those who qualify (based on family size and income). Language access services will also be available for the hearing impaired and Limited English Proficient (LEP) individuals.</p>		
Provider's Background			
Based in Plattsburgh, NY, CVFC was established in 1982 to provide drug and alcohol prevention and treatment services to residents in Clinton County, NY, an area that borders Canada. Clinton County is a 1,038 square-miles area, with an approximate population of 81,224. Over the years, CVFC has provided continuous services and has			

grown as an organization in staffing and services available to the communities of northern counties, such as Clinton, Franklin, and Essex. CVFC has become a treatment option of choice for those struggling with the effects of substance use in these rural communities. CVFC operates programs certified by the Office of Addiction Services and Supports (OASAS) including Prevention Programming, a Clinic Treatment program, and a Stabilization and Rehabilitation Center. Additionally, CVFC operates a Recovery Community Center, a Medicaid Redesign Team and Permanent Supportive Housing (MRT/PSI-I) program, a 16-bed Residential Stabilization and Rehabilitation program, an adolescent case management program (IFSP), a DOH funded program called Tobacco Free Clinton, Franklin, and Essex Counties, Peer Engagement Services (PES), Adult Care Management, and a Peer Engagement and Recovery Supports program.

Need

CVFCS is an established provider of services in the community with substantial links with the local mental health system and other service providers including departments of social services, probation services, parole services, primary health care providers, and hospitals.

CVFC has identified an increasing number of individuals presenting at their article 32 clinic with co-occurring mental health disorders. In 2021, for example, 68% of admissions had experienced or witnessed trauma, 59% had a co-existing psychiatric disorder, and 67% had been treated for mental health issues. Comparatively, those numbers in 2017 were 40%, 33% and 49% respectively.

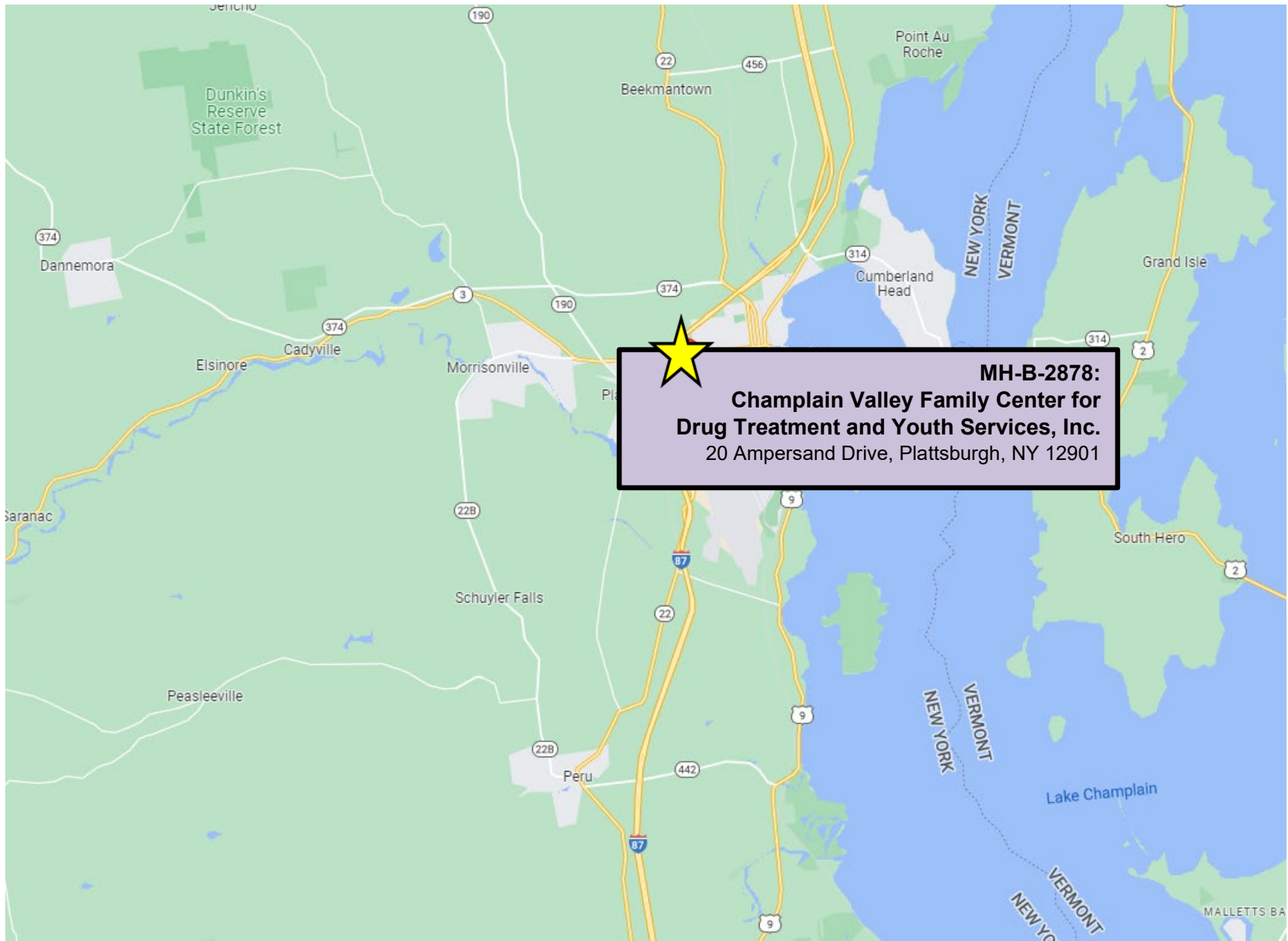
The 2019-2021 Clinton County Community Health Assessment noted that the top health concern for Clinton County was Mental Health Conditions, with the top 5 contributing factors identified as: poverty, food insecurity, addiction to illegal drugs, lack of mental health services, and inadequate physical activity. Over half of the respondents (50.3%) reported experiencing at least one barrier to medical care for themselves or their family in the past year. The data also indicates a shortage of health professional/providers of primary care, dental care, and behavioral health care.

Of the two other OMH certified programs in Clinton County, there is often a waitlist of two weeks for intake and rescheduling of appointments, which further delays intakes. These providers also offer a limited schedule for walk-ins in the morning, but CVFC would allow walk-ins daily from 8:30 am – 3:30 pm and will provide evening hours to accommodate individuals and families' busy schedules. CVFC will closely monitor referrals, admissions and services and will evaluate the need to add hours or Saturday services.

The Regional Psychiatry Transitional Care Manager at the University of Vermont Health Network - Champlain Valley Physicians Hospital, has estimated that once approved, CVFC should expect to receive at least 75 referrals for mental health treatment.

An integrated article 31 clinic treatment program would enable CVFC to facilitate the delivery of services to those in the community in need of behavioral health services.

The Medical Director and all other clinical staff will be required to have at least one year experience working with children and adolescents, preferably American Board of Psychiatry and Neurology Child & Adolescent certification.			
Character and Competence			
Applicant operates programs licensed by OMH	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
The applicant is in substantial compliance with other Government agencies	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
OASAS certifies CVFC and reports that the agency is in good standing.			
Staffing			
Clinical Staff Titles		Credentials	FTE
LCSW		LCSW	.5
Medical Director/Psych		MD, Bd certified in Psychiatry	.05
Nurse Psychiatric Practitioner		NPP	.25
RN		RN, Psychiatry	.25
Therapist		LMSW/LMHC	.75
Total			1.80
Caseload Capacity			
Proposed Monthly Caseload: 90		Caseload ratio: 1:50	
Fiscal Information			
Operating Revenue		Program Incremental Operating Expense	
Medicaid:	\$ 261,536	Staff Salaries:	\$ 197,299
Fees/sliding scale	\$ 13,765	Fringe Benefits:	\$ 63,136
3 rd party	\$ 68,825	Rent	\$ 9,936
		OTPS	\$ 55,419
		Administrative	\$ 15,336
Total Revenue:	\$344,126	Total Expenses:	\$344,126
Reviewer Recommendations			
Reviewer		Recommendation	
County – Clinton		Approve	
Field Office - Central New York:		Approve with Conditions	
Reviewer's Comments and Condition:			
1. A satisfactory pre-occupancy visit report from the Central NY Field Office.			



BHSAC – Project Summary Form			
Review Date:	12/7/2022	Agency:	Eprine Community Services NY, Inc.
Project #:	MH-D-2868	Project Type:	Establish a new program
Project Description			
Provider:	Eprine Community Services NY, Inc.		
Business Type:	For-Profit Corporation		
Program Type:	Clinic Treatment Program		
Address:	1650 Eastern Parkway, Brooklyn, NY 11233		
Counties to be served:	Kings		
Population to be served:	<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> Adolescents	<input type="checkbox"/> Adults
Proposed Effective Date:	2/1/2023		
Applicant's Request:	Establish a new clinic treatment program to serve children and adolescents.		
Background			
<p>Eprine Community Services NY, Inc. (Eprine) is a minority lead community-based organization and licensed healthcare agency that provides mental health and behavioral health services to children, adults, and families in New York and Connecticut. Their programs enable individuals to get the care they need in their homes and communities that reduce the need for an out-of-home placement. By using strength-based and family-focused approaches, they work to build and improve the successes of each individual served. They work collaboratively with referring agencies to ensure that the combined strength-based clinical interventions and community-based intensive support management strategies are effective, empowering, and promote long-term success for the individuals served.</p>			
Need			
<p>The proposed clinic treatment program will help address the chronic and emergent needs in the targeted neighborhoods where more than 86% of residents are people of color, suffer from profound health, economic, and social inequities, and need increased access to mental health services. Northeast and Central Brooklyn communities (Bedford Stuyvesant, Brownsville, Bushwick, Crown Heights, East Flatbush, East New York, and Ocean Hill) have been described by New York State's Vital Brooklyn Initiative as an area having measurably higher rates of need for physical, social, and mental health services. Access to the treatment resources and opportunities available have historically lacked equitable distribution for the population in these neighborhoods and have created barriers to these much-needed services.</p> <p>Children are particularly at risk in the neighborhoods Eprine serves and show a need for the specialized mental health services that the proposed Article 31 mental health clinic would provide. The Citizen's Committee for the Children of New York (CCC) Child & Family Wellbeing in NYC Report ranks risks and resources across 59 community districts measuring indicators that ensure children and families are healthy, housed, educated, safe, and economically self-sufficient. The targeted communities were found to have NYC children with the highest levels of risk and lowest life expectancy in Brownsville and highest infant mortality rate in East Flatbush. Those in East New York have the largest number of children in homeless shelters and the second highest number of Domestic Violence Reports . The impact of COVID-19 has disproportionately impacted the targeted</p>			

population and revealed "deep-seated inequities in health care for communities of color and amplifies social and economic factors that contribute to poor health outcomes." People of color are at an increased risk for serious illness if they contract COVID-19, and are more likely to be uninsured, work in service or healthcare industries, and live in housing situations that make it difficult to social distance or self-isolate. Also, while Blacks and Latinos don't show rates of behavioral health disorders that differ significantly from the larger population, the National Survey on Drug Use and Health (NSDUH) indicates they have substantially lower access to mental health and substance use treatment.

The proposed Article 31 clinic will be conveniently located in a fully ADA compliant building in the heart of the intended service area, accessible through multiple means of transportation. Clinic staff will be representative of the population of the area to be served, including professionals that are fully competent and conversant in Spanish and Haitian Creole, as well as Urdu and Bengali. The agency will build upon community relationships and partnerships established through their community-based behavioral health services over the years.

Eprine has served 200 children and their families in the targeted service area as a Designated Provider of Children and Family Treatment and Support Services (CFTSS) and Home and Community Based Services, (HCBS) since May of 2018. The services provided include Psychosocial Rehabilitation, Family Peer Support and Services for the General Mental Health population, in addition to the HCBS of Prevocational Services, Caregiver Family Support and Services, Community Self Advocacy and Support, Community Habilitation, Supported Employment, and Planned Respite.

Character and Competence		
Applicant operates programs licensed by OMH	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
The applicant is in substantial compliance with other Government agencies: Office for People with Developmental Disabilities (OPWDD) and Department of Health (DOH)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Staffing		
Clinical Staff Titles	Credentials	FTE
Clinical Director	LCSW	1.00
Medical Director	BC/BE Child Psychiatrist (MD or DO)	0.50
Nurse Practitioner	NPP	0.10
Clinical Social Worker	LCSW	2.00
Mental Health Counselor	LMHC	1.50
Psychologist	PhD, PsyD	0.25
Total FTEs:		5.35
Staffing Comments:		
Psychiatry/prescriber time will increase as the program grows and have not ruled out the use of locum tenens should the need arise.		
Caseload Capacity		
Clinic		
Annual Caseload: 120		

Clinical Staff/Caseload Ratio: 1:34			
Fiscal Information			
First Full Year of Anticipated Program Revenue		First Full Year of Anticipated Program Expenses	
Medicaid:	\$438,761	Staff Salaries:	\$350,050
Medicare:	\$950	Fringe Benefits:	\$53,245
Commercial Insurance:	\$10,000	Administrative Costs:	\$30,977
Grants:	\$0	Rent/Mortgage:	\$43,000
Other: Specify: Patient fees	\$10,000	OTPS:	\$58,760
Total Revenue:	\$ 459,711	Total Expenses:	536,032
Deficit:			(76,321)
Fiscal Comments:			
They will cover the projected deficit through fundraising. Fundraising is a significant part of the provider's strategic plan in addition to endowments, capital campaigns, and grants.			
Reviewer Recommendations			
Reviewer		Recommendation	
County – NYC DOHMH:		Approve with Conditions	
Office of Mental Health:		Approve with Conditions	
Reviewer's Comments and Conditions:			
<ol style="list-style-type: none"> 1. Resubmit the floor plan identifying the number and location of security camera installed in the space and confirm whether the cameras transmit video-only images. 2. Outline the process for individuals receiving services via Telehealth to transition to in-person services. 3. Describe how the staffing pattern for year two will accommodate the projected volume, as the number submitted seems high. 4. Confirm the NPP has a collaborative practice agreement with a child and adolescent psychiatrist per NYSED requirements. 5. Describe how the language needs of recipients will be met should the staff language directory not be able to provide the necessary language services. 10. Submit a copy of the 24/7 after-hours plan. 11. Successful completion of background checks for staff and owners. 12. Successfully complete a preoccupancy visit. 			

