

2019

# Comprehensive Recovery Solutions



Business Plan

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## Executive Summary

The 2016 National Survey on Drug Use and Health (NSDUH) found that approximately 8.2 million American adults (3.4 percent) had a mental illness (AMI) as well as a substance use disorder in that year.

The US is undoubtedly facing a mental health and substance abuse crisis, and our medical facilities aren't equipped to handle the type of treatment that is proven to work for these patients. The company behind this business plan aims to fix it.

Comprehensive Recovery Solutions (CRS) is a newly incorporated entity planning to open an outpatient treatment facility focused on providing integrated, patient-centered services to those struggling with mental health and substance abuse disorders (co-occurring disorders). As the number of at-risk individuals continues to rise, a comprehensive service approach is essential for the wellbeing of our communities to replace the standard and ineffective treatment facilities that currently exist.

The CRS treatment model is highly individualized and focuses on integrating medical and behavioral health/addiction treatment services, family participation, recovery coaching/counseling, virtual-health and non-traditional approaches to wellness therapies.

CRS is committed to providing innovative and easily accessible behavioral health and substance abuse services initially within Broward County, Florida. By integrating treatment services in one facility, the client will be able to simultaneously coordinate and address primary healthcare issues and all psycho-social needs, thus improving the quality of life and increasing likelihood of maintaining long-term recovery and stability.

Leading the company is a qualified and committed medical professional with years of experience in the drug and alcohol addiction and counselling sector, who has extensively researched the market and competitive landscapes and created a treatment process, facility and team to exploit the opportunity and help millions of Americans get back on their feet.

After extensive research, it is clear the demand for these services is alarmingly high. All aspects of the facility have been designed in direct response to the 2017 “Needs Assessment” as concluded by the Florida Department of Children’s and Families Office of Substance Abuse and Mental Health. CRS envisions strength and hope for the community in Broward County and with adequate funding and financial support, services will be implemented immediately.

## Confidentiality Notice

This document is strictly confidential. The information contained herein has been prepared to assist interested parties in making their own evaluation of Comprehensive Recovery Solutions, LLC and does not purport to contain all the information that a prospective investor may require.

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<Insert Contact Details>

### **Mission Statement**

CRS strives to provide quality services and optimal client-care to improve the quality of life for both the client and their family by providing integrated behavioral health, primary medical care and community resources within one office. CRS utilizes an empathetic approach, recognizing the comorbidity of mental health conditions and substance use disorders. We understand addiction is a chronic brain disease that often requires ongoing treatment. By using evidence-based practices and psycho-education, CRS is committed to creating solutions and instilling hope and healing to individuals and their families impacted by the devastating disease of addiction while simultaneously making the gripes of addiction a memory of the past.

### **Business Vision**

The vision of Comprehensive Recovery Solutions (CRS) was founded on the inspirations and experience of Cristina Cavallo Frisby who has been personally affected by the disease of addiction and has professionally witnessed – having worked within the South Floridasubstance abuse industry. Over the course of several years, Cristina has witnessed multiple changes in the treatment realm and recognized an increasing amount of insurance authorizations being denied and/or limited in days, despite clients meeting ASAM criteria. Patients were not being treated at a level of care based on clinical assessment, but rather, insurance utilization and benefits. Insurance companies, also referred to as the “payors”, were and continue to, deny authorization requests for higher levels of care,

such as residential and PHP, whereas the standard “28-day” inpatient treatment model that was once recognized as the most “ideal” treatment option started to become a “theory based” intervention of the past. The recommended interventions were being replaced with more evidenced based strategies concluded from extensive medical and clinical research. Insurance care managers, along with their medical teams, began recommending and authorizing IOP/OP services in combination with Medication Assisted Treatment (MAT).

Outpatient treatment, including Medication Assisted Treatment (MAT), promotes patient centered care with a comprehensive, multi-disciplinary team approach.

Cristina became increasingly curious about the revolution from what was once considered “the standard addiction treatment model to the amended clinical practice guidelines of outpatient integrated care. As patients were often “re-admitted/cycled” back into treatment within days/weeks of completion of episodes of care, it became clear, something needed to change. They questioned, “If the traditional 28-day standard of care was so effective, then why is that level of care being so frequently denied by the insurance companies and why/how are individuals across the world still dying and families are still being devastated with loss? Many questions came to mind; however, it was obvious there were/are flaws, gaps in services, and a huge lack of knowledge, education/research, within the behavioral health system, and Cristina was determined to begin working towards a solution, and thus, Comprehensive Recovery Solutions was founded. CRS envisions that the integrated support we provide in our outpatient treatment center(s) will result in increased access to comprehensive care, long-term recovery and stability, and reunited families. Just as importantly, we believe that – through our efforts – the shadow of stigma surrounding mental illness and addiction will one day disappear. A continued part of that vision is to expand CSR operations through adding corporately owned offices regionally/statewide and potential licensees nationwide. Business expansion will be contingent upon a sustained revenue growth in the first 6 quarters. Lastly it is Cristina’s vision to see the CSR Behavioral Health and Integrated services model experience rapid expansion through the offering of nationwide virtual-health services.

#### “The Florida Model”

The substance abuse treatment industry, particularly within South Florida, has revealed ethical, financial, and clinical concerns that can no longer be overlooked. The “Florida Model” was created in a response to the overwhelming and steadily progressing amount of opioid overdose deaths and exploitation of health insurance. The treatment model was intended to offer a less expensive treatment option that in turn, would create greater opportunity for individuals with a substance use disorder to access treatment all together.

However, rather than the traditional treatment model, which houses and treats patients within one secure facility, the “Florida Model” utilizing “sober homes”, houses patients in a separate, minimally supervised location, apart from where the clinical services are provided. In theory, the sober homes were to promote accountability and peer support while also allowing the newly recovering individual to safely live within the community and continue receiving the support of clinical staff when attending groups at the treatment center or “clinical building”. According to the New York Times, while the Florida Model was a bright concept in terms of significantly more affordable to insurance and patients, it opened the door for illegal gains for unethical operators to take advantage of this defenseless community.

Undoubtedly, the Florida Model addressed the crisis of long wait lists at state funded facilities and unaffordable private programs, but it also provided opportunity for unqualified persons with ulterior motives to open treatment facilities and operate “sober homes”. Some of the “sober homes” operated by these said individuals, lack oversight and have no accountability or structure, ultimately contributing to a “Relapse Model”. Individuals with substance use disorders were/are no longer being helped as they enter a perpetuating cycle of relapse, re-admission to treatment, use of their health insurance benefits, all while the scrupulous operators benefit financially. This treatment “model” also contributes to negative perception/stigma addiction treatment centers in south Florida as the number of drug overdose related deaths sky rocketed. As Palm Beach County State Attorney Dave Aronberg shared “75 percent of all private-pay patients in Florida drug treatment centers come from out of state, and for too many of them, they leave our community only in ambulances or body bags” (Alvarez, 2017).

## Key Milestones, Goals and Objectives

The goals and objectives of CRS focus on four major components being: 1.) Prevention, 2.) Intervention, 3.) Treatment, 4.) Resources.

These four components also correlate with the “continuum of care model” as defined by SAMSHA and creates opportunities to address behavioral health concerns. CRS goals and objectives align with SAMHSA’s recommendations, and are designed to promote services that produce sustainable and long-term results, which include the following:

### **Goal 1: To reduce the stigma surrounding substance abuse/mental health treatment while reducing the number of overdoses and preventable deaths related to the substance abuse and mental health disparities in Broward County.**

Objective 1: Create an evidenced-based and family-centered prevention/education program to be distributed and utilized public within the school system, in an effort to promote awareness to youth and families.

Objective 2: Provide free monthly Narcan training classes and designate “opioid overdose reversal kit” (Narcan) pick-up locations, including CRS office. Collaborate with other community mental health/addiction providers to promote “wrap around” approach. (individual and group therapy, medication management services, family support services and targeted case management).

Objective 3: Implement a county wide “reduce the stigma” campaign/taskforce to increase awareness surrounding the prevalence of individuals struggling with co-occurring disorders and highlighting the gap in accessible/affordable services within the state of Florida.

### **Goal 2: To implement data driven and evidenced based interventions and treatment strategies, ultimately bridging the gap between service providers and accessible, comprehensive care.**

Objective 1: On-going data collection and communication with payors and care managers to continuously revise services and ensure the highest quality of care.

Objective 2: Conduct monthly education and training events focused on recognizing mental health symptoms, overdose prevention, Good Samaritan Law, and the benefits of Medication Assisted Therapy/Treatment (MAT). Additional subtopics include: safe storage of medications, Prescription Drug Monitoring Program, needle exchange centers programs,

Objective 3: Implement programs within participating hospital emergency departments within Broward County to increase linkage in after-care appointments/services, which will include referrals and information (brochure with CRS info) to individuals who have experienced a drug overdose and/or “Baker Act”. (please refer to the appendix for further explanation “flow chart execution”). Consent and contact info will be requested from client and if provided, will be given to CRS for follow-up and outreach.

**Goal 3: To reduce barriers to Medication Assisted Therapy (MAT) and ensure continuity of care is maintained, allowing CRS to be a resource to the community.**

Objective 1: Develop collaborative relationships with public and private insurance companies. Advocate for dissolution of prior authorizations and inclusion of buprenorphine products on all insurance medication formularies.

Objective 2: To utilize and expand telehealth services. This will be major part of our model once we have established ourselves within the community, financially in a positive cash flow position and able to expand this service operationally. (9-12 months)

Objective 3: Develop and coordinate relationships with accredited and reputable health care providers, responding to patient needs within a continuum of care.

\*\*Additional benefits to increased access to MAT in Broward County: Safe Detox; Crime Reduction; Increased retention to recovery; Decrease in misuse of first responders, ER; Increased awareness of treatment options; and decrease in communicable diseases. CRS will mitigate the significant impact on families, incidence of psychiatric hospitalization, homelessness, and rate of incarceration (which includes using incarceration versus treatment for nonviolent offenders and drug related crimes).

## Business Opportunity

### National Public Health Emergency

According to the U.S. National Center for Health Statistics and U.S. Centers for Disease Control and Prevention, United States life expectancy “declined for two years in a row, fueled by increasing death rates from opioid drug overdoses, suicides and chronic liver disease” (Thompson, 2018). The article emphasized that it has been “decades” since the life expectancy has experienced a “multi-year drop” and this “trend will continue for at least another year” (Thompson, 2018). The reality that future generations will live shorter than their parents is disturbing considering the science, technology, and medicine available to us. Most would agree that the statistics associated with the opioid epidemic have and will continue to indisputably affect the nation as a whole. As the opioid epidemic progresses and the prevalence of mental health conditions grows, the demand for comprehensive mental health and substance abuse treatment services has intensified.

Particularly in the case of individuals with opioid use disorder, who have multiple treatment admissions, chronic relapse propensity, and are at significantly higher risk for medical comorbidities (Optum , 2017). The traditional “one size fits all” inpatient treatment model is becoming obsolete. Of the most evident shortcomings of the “one size fits all” model is the increased probability for overdose upon discharge from treatment due to the lower tolerances and the exclusive directive of abstinence only. An additional consequence to this defective model is the frequent disregard or inability to aptly address individuals’ comorbid conditions. In accordance with the National Institute of Drug Abuse ‘s “principles of effective treatment” as well as the experience of CRS’s founders, is the appreciation and practice of an individualized approach which simultaneously identifies and treats the associated psychological, social, medical, vocational, and legal affairs of the individual (NIDA, 2018).

Within the comprehensive treatment care approach is the use of evidenced based interventions, such as “Harm Reduction” methods. Behavioral health experts and addiction specialists are acknowledging the medical and clinical research which promotes the use of Medication Assisted Treatment (MAT). According to the National Institute on Drug Abuse (NIDA), medication assisted treatment is considered the “new standard of care in which medications are implemented to precisely target the brain, reduce cravings, as well as minimize post-acute withdrawal symptoms” (National Institute on Drug Addiction, 2016). The research suggests medications and therapy used collectively, “may be more successful than any other treatment model/method singlehandedly”. As cravings and post-acute withdrawal symptoms (PAWS) subside, patients are more likely to engage in the behavioral aspect of their treatment. Studies have shown that individuals who utilize MAT are 50% more likely to remain free of opioid misuse, compared to those who receive

detoxification or psychosocial treatment alone. (Nielsen , et al., 2016). Additionally, MAT services provide a lower cost alternative of treatment, allowing an outpatient doctor to prescribe and treat opioid use disorder with FDA approved medication.

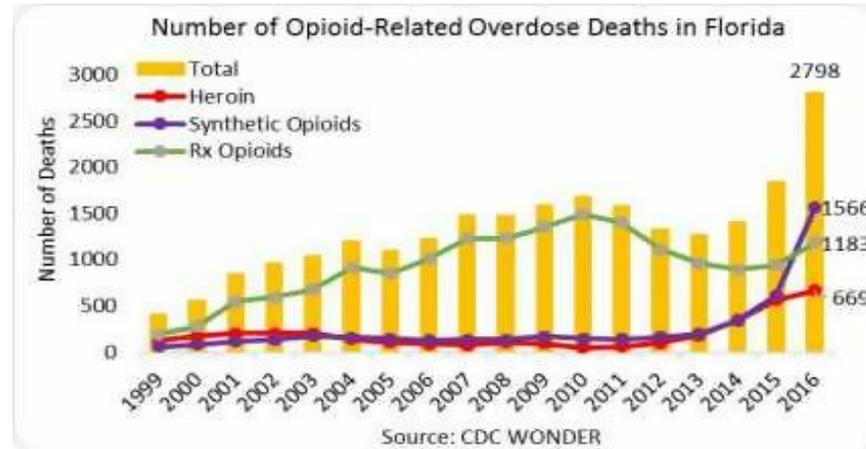
### **Lack of MAT Providers**

The Substance Abuse and Mental Health Service Administration (SAMHSA) website illustrates the lack of physicians and treatment providers offering MAT, which is only one of the many barriers to accessibility. “An estimated 22 million Americans needed substance use treatment in 2015, but only about 1 in 10 received it.

Medication-assisted treatment (MAT)—a combination of psychosocial therapy and U.S. Food and Drug Administration (FDA)-approved medication—is the most effective intervention to treat opioid use disorder. Yet only 23 percent of publicly funded treatment programs report offering any FDA- approved medications, and fewer than half of private sector facilities report doing so” (The Pew Charitable Trusts, 2018). As of January 2019, the SAMHSA website lists 2,139 as the number of buprenorphine physicians throughout the state of Florida, 201 are DATA 2000 certified within Broward County, and there are only 8 certified as an Opioid Treatment Programs (OTP). The limitation of physicians and OTP’s certified by the accrediting bodies as permitted to prescribe MAT, is further outlined under “Competitor Analysis” section of this document.

As we approach 2019, the number of treatment/MAT providers remains significantly inconsistent with the number of individuals who could benefit from this treatment/solution. These treatment interventions and services must be more readily available and accessible, and as noted in our executive summary, CRS is dedicated to decreasing these barriers.

Florida Focus



In 2016, there was approximately 5,700 opioid-related deaths in Florida, which ultimately led to Governor Rick Scott declaring the Florida opioid epidemic as a “public health emergency” the following year. From July 2016 through September 2017, the attention on Florida continued after the DEA began investigating the rising number of opiate prescriptions which were inundating the pharmacies/streets of Florida. Shortly after the DEA’s investigation, Florida was labeled “the pill mill capital” and identified “98 of the top 100 opioid prescribing physicians” had come from Florida (Swisher, 2018).

Subsequently, SAMHSA requested that Florida conduct a comprehensive “needs assessment” to determine explicit areas of concern and a “strategic course of action” in an attempt to address and resolve the opioid crisis. In response, Florida generated “The State Targeted Response to the Opioid Crisis Grant” (STR), which identified four primary needs based on the evaluation of the information collected through the “needs assessment”. The following goals have been identified as the “strategic course of action” (Florida Department of Children and Families Office of Substance Abuse and Mental Health, 2017).

- 1) Reducing opioid-related deaths,
- 2) Preventing prescription opioid misuse among young people
- 3) Increasing the number of individuals trained to provide medication-assisted treatment and recovery support services
- 4) Increasing access to medication-assisted treatment among individuals with opioid use disorders.

in addressing the crisis. It is our self-directed conviction that these individuals deserve to be treated with compassion, despite their behaviors/choices made while in the grips of active addiction and/or mental health crisis; and that each should be presented with treatment options and given the opportunities to initiate recovery.

CRS will seek opportunities to collaborate with correctional facilities, drug courts, and court liaisons to expand these programs. Diversion programs have several advantages, including: 1.) decrease the over utilization of the most costly and restrictive medical/behavioral health services, including emergency rooms, crisis stabilization units, repeated psychiatric hospitalizations; 2.) to reduce recidivism and continuous involvement in the judiciary system due to various misdemeanor charges or drug charges; 3.) and to reduce homelessness.

\*\*For a detailed example of this program, please see Appendix

### **Over Utilization of Hospitals & Emergency Rooms**

The opioid crisis has overwhelmed hospitals and emergency rooms. The cost of the epidemic is not only taking an emotional toll on society with so many families being affected, it's also become a world-wide financial crisis, far beyond the constraints of just the health care system. According to the Florida Agency for Healthcare Administration, "Florida hospitals treated 18,000 opioid overdoses last year, where about 10 percent were second or third overdoses" (Freeman, 2018) (SWITALSKI, 2018). Providing care coordination that links overdose victims to supportive, evidence-based post-discharge care is critical to reducing the cycle of relapses and overdoses. The CDC explains that the ongoing use of the ER for opioid related causes continues to be a public atrocity due to lack of follow up after an ER admission.

### **Maximizing the Emergency Room as An Opportunity Of Engagement**

Although this intervention is fairly new and underutilized, the ER appears to be prime opportunity to provide education of the benefits of MAT to those presenting to the ER with substance abuse disorders. Additionally, the option to initiate MAT treatment and establish aftercare plans while they are in the restrictive environment of a hospital setting, could serve as a motivating factor to seek ongoing/ follow up treatment. Regardless of what the patient is being treated for, whether it's a general health concern, mental health crisis or addiction, all patients need sufficient follow up care and resources to ensure best outcomes.

"Early initiation of MAT in the emergency department significantly affects the likelihood that a patient with opioid use disorder will engage in health services and go on to show long-term health improvements," said Herbie Duber MD, MPH, University of Washington Division of Emergency Medicine and lead study author. "We have to meet patients where they are. If we don't provide treatment options like MAT, it could be a missed opportunity to save a patient's life. Coordinated care for complex chronic conditions is proven to be effective; treating opioid use disorder should be no different." (American College of Emergency Physicians (ACEP), 2018) .

insurance companies, such as Aetna, are already seizing the opportunity within the emergency room. The Florida Alcohol and Drug Abuse Association was awarded \$ 1 million dollars by the Aetna Foundation in June 2018 to assist with bridging the gap in services. Aetna suggests the money be utilized to increase the direct transition of overdose patients from the ER to treatment, whether it's community-based or private, the patient needs continuing care (Aetna, 2018).

### Impact on Children and Families

The "silent victims", the children and families, continue to experience the devastating emotional effects of the opioid crisis, while much of the widespread focus is the financial ramifications as a result of displacement of children and the increased need of social services. The rising number of children being placed in foster care due to the opioid epidemic is another public crisis in itself.

According to Florida Behavioral Health Association, "78 % of children in Florida's Child Care System have been removed from the parents' custody as a result of "The Opioid Epidemic in Broward County" (Sivasankaran, 2017). Larry Rein, president and CEO of Child Net of Palm Beach and Broward counties, describes the significance of the "The Opioid Epidemic in Broward County" by stating, "we're running out of individual foster homes to place children. It costs roughly \$17,000 annually to place a child in a foster home, but \$57,000 to place that same child in a group home for a year because of added costs, like round-the-clock professional staffing" (Palm Beach Post Editorial Board, 2018).

A multi-agency team approach is needed in an effort to mitigate the adverse impacts on children and families. By increasing community resources and expediting referrals/linkage to appropriate services/providers, the use of social services can be used more efficiently. CRS will utilize preventative strategies to support this solution, in addition to acting as an ongoing collaborative partner amongst the child welfare agencies.

## Virtual-Health Treatments

The proliferation of smart devices and wider Internet connectivity has seen an increase in the availability and adoption of virtual or tele-health offerings. Virtual consultations (over the phone, video call or live chat) are made available to vulnerable patients from remote locations, after hours and when the patient needs it the most. The services allow the patients to access the treatment when they're feeling dependent, vulnerable or unwell and replace traditional face to face consultations which can be expensive, hard to get to and sometimes intimidating.

As part of the CRS offering, we see a huge opportunity to encompass virtual-health consultations and sessions in our treatment plans to deliver a better experience to our patients and extend the reach of the program. With 57% of Americans willing to consider video consultations, virtual health will be a huge competitive advantage for CRS if implemented correctly.

The upside of virtual health services includes:

- New revenue streams
- Reduced stress and pressure on internal staff
- Leaner staffing requirements
- Greater treatment options and outcomes for patients (i.e. improved client monitoring, easier access to care and encouragement)
- Scalability options for any out of state care offerings and business growth

# Team

## Management Team

### **Cristina Cavallo Frisby** **Founder and CEO**

#### **Qualifications:**

Master Certified Addiction Professional

IC&RC Alcohol & Drug Counselor

Masters, Human Services, certificate in Addiction Counseling Capella University

Bachelors of Science, Criminology

University of South Florida

#### **Biography:**

Cristina is an accomplished and experience medical professional who has considerable years of experience treating sufferers of mental health disorders and substance abuse. With care, empathy and respect, Cristina has forged a reputation as one of the leading addiction professionals in Florida and is actively sought out by desperate patients and their families. In addition, to a strong practice ethic, Cristina is dedicated to professional development and learning. She studies co-occurring disorders fastidiously and is leading the way in a new era of treatment.

# Organizational Structure

Designation	Responsibilities
<p>Project Sponsor</p> <p>Cristina Frisby</p>	<p>To oversee all business operations</p> <p>Developing policies to support collaborative service systems improvement (e.g., change in standards of practice, data sharing)</p> <p>Revise program processes in an effort to promote effectiveness, efficiency and collaboration between primary care and behavioral health providers.</p> <p>To manage the service flow, and clinical/program operations</p>
<p>Licensed Clinical Social Worker</p>	<p>To complete clinical assessments and ensure medical records remain in compliance</p> <p>To provide guidance and supervision to medical/clinical/support staff</p> <p>To facilitate group/individual/family therapy sessions</p> <p>To assist with clinical documentation, such as treatment plans, and reviewing charts etc.</p>
<p>Licensed Practical Nurse</p>	<p>To assist in medical department duties, including admissions/discharge assessments, discussing/monitoring medications, and explaining lab results, etc.</p> <p>To manage the department of nursing and ensure protocols, operations, and processes are efficient.</p> <p>To provide supervision to the nursing staff and oversee patient care as well as administrative functions such chart documentation and audits.</p>

<p>Advanced Registered Nurse Practitioner (contracted) or Medical Director (only need one person to prescribe)</p>	<p>Conducting initial psychiatric patient evaluations to determine medication needs.</p> <p>Meeting with patients to monitor their progress and to make any necessary changes to their medication regimen</p> <p>History &amp; Physical Exams</p> <p>Ensure compliance with policy and procedures, especially for MAT clients and clients on psychotropic medications</p> <p>To complete psych eval and any applicable assessments and provide treatment recommendations</p>
<p>Intake Coordinator &amp; Case Manager</p>	<p>Create EHR, consent forms, coordination of benefits, introduction to program to all new admissions, and completing Case Management Assessments and follow up appointments/assistance with clients, etc.</p> <p>Responsible for creating and maintaining an appropriate linkage system with various community agencies. The Case Manager advocates on behalf of the clients with community resources. Assists in engagement of clients into treatment, obtain entitlements and other basic needs, and take part in discharge planning.</p> <p>To obtain authorization for services and ensure all charts are in compliance</p> <p>responsible for coordinating and completing referrals, acquiring and verifying third party information for referrals, obtaining and arranging referral appointments, tracking referrals.</p>
<p>First Impressions (Front Desk, Support Staff)</p>	<p>Greet clients upon arrival, obtain and enter registration data, insurance information and any other necessary data</p> <p>Provide clients with intake forms, including office policies</p>

	Process payments from patients for co-pays and uninsured visits cash pay patients
Peer Recovery Support Specialist	Assist with facilitation of group interventions Educate, build motivation, follow up calls
Outreach/Business Development  Chris Cavallo	Blogs, conferences, social media, corporate partnerships, community outreach  Cultivate and maintain productive relationships with all public and private referral sources (physicians, hospital & insurance care managers, treatment centers, etc.)
Human Resource Specialist (contracted)	To ensure workplace/staff is in compliance with all certifying boards including DCF/JCHO  To manage payroll, benefits, new hires, and employee charts/files, etc.



## Market Analysis

The patients we aim to help are those with substance abuse and mental health disorders. In this section, we expand on the number of people impacted in the US, in Florida specifically and how much they patients and their families are spending on treatment.

### Industry Facts

Public appreciation has risen for the economic, personal and societal benefits of treatment for mental illness and substance abuse. Amid a treatment shift from inpatient to outpatient settings, a growing opioid epidemic and increased health insurance coverage, demand for the Mental Health and Substance Abuse Clinics industry has grown over the five years to 2019. As a result, revenue is expected to rise an annualized 5.2% to \$23.4 billion during the five-year period, including 3.7% growth in 2019 alone. Profit, measured as earnings before interest and taxes, is estimated to account for 6.9% of industry revenue in 2019. This presents a slight decrease during the period.

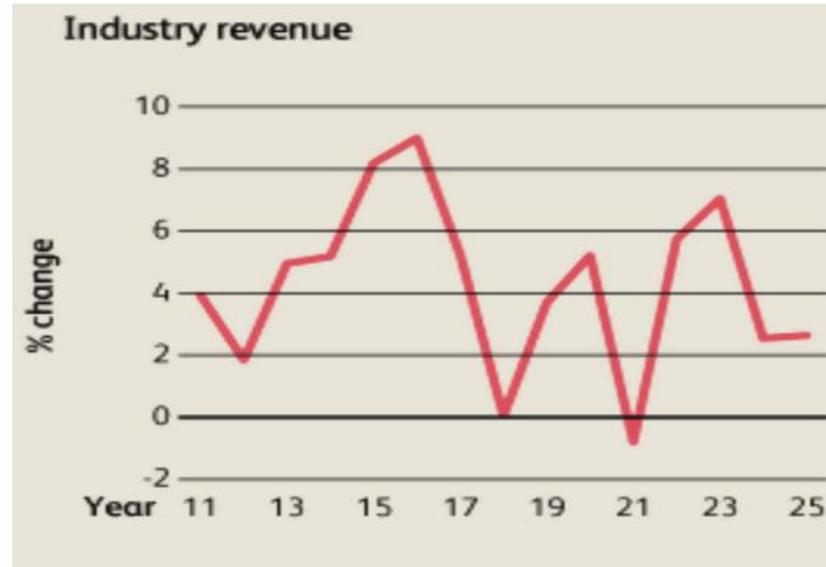
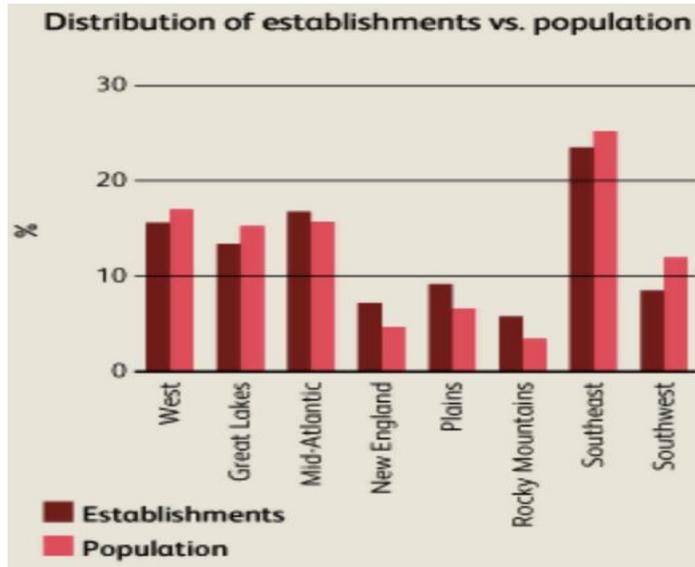
The federal expansion of Medicaid as part of the Patient Protection and Affordable Care Act (PPACA) during the period has significantly contributed to an increase in the number of people with coverage. This development has supported industry demand, since an estimated 30.9% of industry revenue comes from Medicaid and Medicare reimbursements. In addition, rising disposable income has made services more affordable for the small proportion of individuals who pay for them out of pocket. Record lows in unemployment during the period and the individual mandate component of the PPACA have also increased the number of individuals with private healthcare coverage. As a result, more people who require industry services have been able to afford treatment.

The worsening opioid crisis and some general de-stigmatization of mental illness have increased the number of people seeking treatment. Unfortunately, demand for industry services has risen faster than the supply of labor, resulting in a shortage of psychiatrists, especially in low-income and rural areas. During the outlook period to 2024, this employment shortage is expected to limit industry growth, while the growing drug epidemic is expected to continue rapidly increasing demand. With more states expected

to adopt the Medicaid expansion and projected growth in disposable income over the next five years, industry services will likely remain accessible to many. Over the five years to 2024, industry revenue is forecast to grow an annualized 3.9% to \$28.4 billion.

1. At least 10 million people in the U.S. have co-occurring substance abuse and mental health disorders.
2. Up to 65.5% of those with a substance dependence disorder had at least one mental disorder and 51% of those with a mental disorder had at least one substance dependence disorder.
3. The majority of people with co-occurring disorders typically receive treatment that only addresses one type of disorder which has been found to be less effective than integrated treatment of both types of disorders at the same time in the same setting.
4. Individuals with co-occurring disorders typically have multiple co-occurring disorders and problems, and as a group have high rates of physical illness, death, unemployment, homelessness, and criminal justice involvement that often lead to greater costs for public services.
5. Clients with co-occurring disorders are more likely to drop out of outpatient mental health and substance abuse treatment programs and have poorer outcomes in these systems than clients with a single type of disorder. They are often high users of expensive hospital and inpatient services due to the severity of their disorders and the frequency of their crises that leads to increase public costs.

#### **Mental Health and Substance Abuse Clinics Industry Data**



**Revenue Growth**

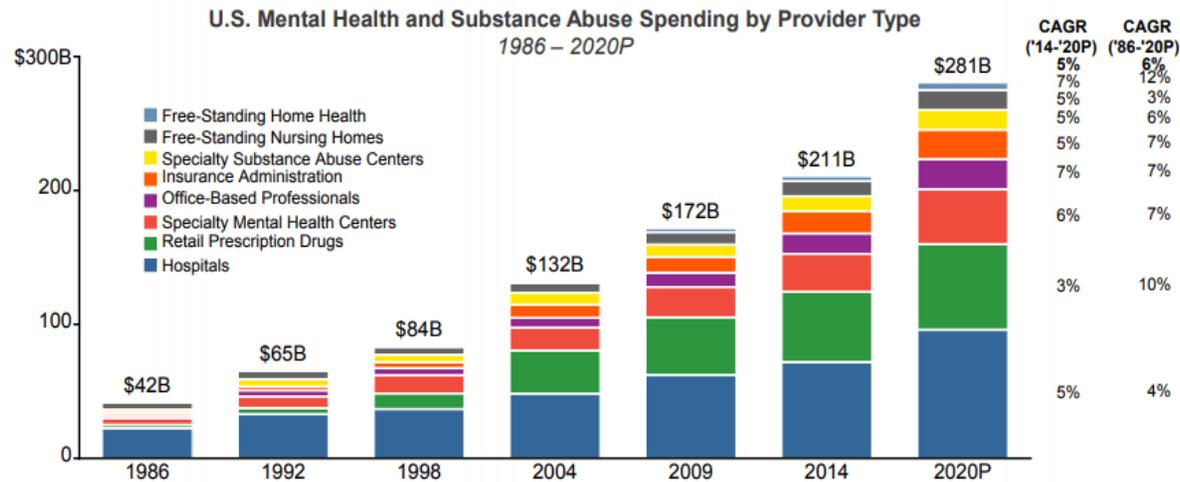
<b>Year</b>	<b>Revenue \$ million</b>	<b>Growth %</b>
2002	12,683.3	0.0
2003	13,044.3	2.8
2004	13,030.6	-0.1
2005	13,752.9	5.5
2006	14,251.8	3.6
2007	14,941.7	4.8
2008	14,676.5	-1.8
2009	15,201.4	3.6
2010	15,570.0	2.4
2011	16,182.7	3.9
2012	16,481.7	1.8
2013	17,298.5	5.0
2014	18,194.8	5.2
2015	19,684.8	8.2
2016	21,456.5	9.0
2017	22,579.8	5.2
2018	22,591.5	0.1
2019	23,427.5	3.7

**Co-Occurring Disorder Industry Data**

Utilization	State Rate	U.S. Rate	States
Adults with Co-occurring MH/SA Disorders	9%	25%	56
Children with Co-occurring MH/SA Disorders	8%	7%	51

Source: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Florida-2017.pdf>

**Treatment Data**



## Market Drivers

The Mental Health and Substance Abuse Clinics industry comprises establishments that primarily provide services to diagnose and treat mental health and substance abuse disorders on an outpatient basis. Industry establishments may provide counseling, drug addiction and mental health information and referral to a more intensive treatment program if necessary. Over the five years to 2019, an increase in access to treatment programs and the expanding US drug epidemic have driven revenue growth for the industry. Over the past five years, industry revenue is estimated to grow an annualized 5.2% to \$23.4 billion, including a 3.7% increase in 2019 alone.

### Increasing accessibility

The most common reason people do not seek help for substance abuse or mental illness is unaffordability of services. Therefore, one primary driver of demand during the period has been the expansion in healthcare coverage that has made industry services financially accessible to a larger population. Several components of the Patient Protection and Affordable Care Act (PPACA) have increased the number of people with health insurance coverage during the five-year period.

The federally funded expansion of state Medicaid programs has made health insurance coverage accessible to more people. Currently, 37 states have participated in the Medicaid expansion and have increased the income threshold for eligibility. Federal funding for Medicare and Medicaid programs has increased an annualized 4.2% over the past five years as a result of increased coverage under these programs. In addition, the personal and employer mandate taxes respectively went into effect in 2014 and 2015. Although the individual mandate was repealed in 2017, its elimination does not go into effect until 2019. As a result, the number of people with private health insurance coverage grew a substantial 3.8% in 2014 and 2.7% in 2015. Overall, the number of people with private health insurance coverage has increased an annualized 1.3% over the five years to 2019. Since cost is a major barrier for individuals who would like to seek treatment, an increase in the population covered under Medicare, Medicaid and private health insurance during the period has enabled more people to pursue treatment at industry clinics, thus driving revenue.

Similarly, an increase in per capita disposable income during the period has contributed to an increase in demand for industry services. Over the five years to 2019, IBISWorld estimates that per capita disposable income has increased an annualized 2.2%. Sustained low unemployment and an increase in the average wage are the two primary factors behind rising disposable income. In 2019, an estimated 5.7% of total industry revenue will come from out-of-pocket payments from families or patients themselves. This market has benefited the most from rising disposable income over the past five years.

### Federal funding and the opioid epidemic

The ongoing opioid epidemic constitutes another important factor underlying growing demand for industry services. The United States is experiencing an opioid epidemic unlike any in its history. According to the Centers for Disease Control and Prevention (CDC), between 1999 and 2017, more than 700,000 people died from drug overdoses. Furthermore, the CDC states that, on average, 130 Americans die every day from an opioid overdose. In response to this crisis, the federal government has increased funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) during the period, reflecting a heightened level of demand for industry operators and supporting industry growth.

SAMHSA is an agency of the Department of Health and Human Services that administers programs to alleviate substance abuse and mental illness. SAMHSA supports the industry through its Mental Health and Substance Abuse Prevention and Treatment Block Grants, which provide funding to states that distribute grant money to nonprofit industry organizations. In addition to its block grants, SAMHSA has pledged \$15.0 million to test the efficacy of Assisted Outpatient Treatment (AOT), which would also provide support to the industry. If proven effective, AOT could be expanded to further bolster growth in the Mental Health and Substance Abuse Clinics industry. Over the five years to 2019, funding for SAMHSA has increased an annualized 10.3%. This a significant share of this program funding directly supports revenue for industry operators.

### Continued shift to outpatient care

The growing opioid epidemic, an increase in accessibility to mental health treatment and some de-stigmatization of mental illness have all driven an increase in demand for the Mental Health and Substance Abuse Clinics industry. Particularly beneficial for this industry is the growing popularity of outpatient treatment programs. Already numerous because of their flexibility and low-cost relative to other treatment options, outpatient therapy programs have been recognized by experts for their benefit of not removing patients from their living environment. Instead, outpatient programs help patients develop the skills they need to overcome the stresses in their environment that contribute to substance dependency. In contrast, patients who enter residential programs or hospitalization are more likely to relapse once they have returned to their old environment and the challenges of daily life that were absent from the residential center or hospital.

Over the five years to 2019, an increase in demand for services has led more companies to enter the industry, increasing its need for employees. The number of enterprises is estimated to increase an annualized 3.5% to 11,968 operators over the five years to 2019. Similarly, industry employment is expected to rise an annualized 3.8% to 272,440 people in 2019. Due to the large number of nonprofit operators in the industry and an increase in wage expenditure due to employment growth, industry profit is expected to decline slightly to 6.9% of revenue in 2019, down from 7.1% in 2014.

- Care is shifting from inpatient facilities to outpatient clinics
- De-stigmatization of mental health and substance abuse is boosting demand
- Parity legislation and the implementation of healthcare reform will promote growth
- Industry value added (IVA) is growing significantly faster than GDP over the 10 years to 2024

## Patient / Client Demographics

### Gender

According to the National Institute on Drug Abuse (NIDA), men are more likely than women to use almost all types of illicit drugs. In addition, illicit drug use is more likely to result in a visit to the emergency room or overdose for men than it is for women. Illicit drugs include the use of illegal drugs and the misuse of prescription drugs. This trend is consistent across age groups: men exhibit higher use rates and dependency on illicit drugs and alcohol than women. However, women are just as likely than men to become addicted. Conversely, women are more likely to struggle with anxiety, depression, eating disorders and borderline personality disorder, conditions that are also treated by industry operators.

An increasing awareness of gender-specific issues in the clinical sector has led to a large portion of industry operators now providing special programs or groups for women struggling with dependency or mental illness. According to NIDA, research has shown that women often use drugs differently, respond to drugs differently, and can have unique obstacles to effective treatment. Likewise, the differences that exist regarding symptomatology, risk factors and influencing factors for women presents the need for unique treatment strategies tailored to them.

### Age

Adults aged 18 to 25 and adults aged 26 to 49 make up the largest segments of the population who are diagnosed with any mental illness (AMI). However, adults aged 18 to 25 are the least likely to seek treatment. According to data from the National Institute of Mental Health, 38.4% of adults aged 18 to 25 with AMI sought mental health services in the past year. Among adults aged 26 to 49 with AMI, 43.3% sought mental health services. Adults aged 50 and older sought mental health services at the highest rate, with 44.2% of individuals with AMI having received mental health services in the past year. Contrastingly, the prevalence of AMI among

adults aged 50 and older is lowest of these segments, at 13.8%. In comparison, the prevalence of AMI is higher among those aged 18 to 25 (25.8%) and those aged 26 to 49 (22.2%).

## Competitive Advantage

As mentioned earlier in the document, according to the SAMSHA website, the list of approved/registered Buprenorphine treatment providers in Broward County is nominal. Most of the prescribers are medical offices who only accept cash pay for Buprenorphine, are limited by the waiver limits, and offered as an auxiliary service rather than a primary service. Ambulatory detox is also not available.

The Broward Behavioral Health Coalition (BBHC) is the managing entity assigned by DCF, to administer grant funding, provide oversight, and allocate federally funded behavioral health services to contracted MAT providers in Broward County. As of December 2018, BBHCC lists only three contracted MAT providers in Broward County; Banyan Health Systems, Broward Addiction Recovery Center, and Memorial Healthcare System. With MAT being recognized as the government’s “standard of care” for opioid addiction, there appears to be a large discrepancy.

Although there may be individuals who can easily access and afford the high costs of MAT through “cash pay” medical offices, the most essential component is still missing. As consistently stated in a multitude of research, the most effective interventions include the combination of medications AND therapy. Medication alone does not resolve the whole problem; it addresses one part of a much bigger problem. Furthermore, the probability for misuse of buprenorphine due to minimal monitoring from medical office prescribers, and less engagement in the recovery process overall.

# Strategy and Implementation

## Marketing Plan

### Overview

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In the early stages, heavy emphasis will be placed on organic and paid social media engagement. CRS will leverage push marketing through Facebook, Twitter, and Instagram platforms, targeting rehab groups and local influencers via direct content engagement. Paid outreach will be used to reach rehabilitation counseling and facility searches as well as individuals who engage with established treatment centers on the platforms or follow various programs that cater to the audience. Lookalike audiences will be leveraged once a substantial list of prospective customers is generated. Re-targeting will be used to assure CRS messaging is constantly in front of interested parties. Since it often takes time to get an addict to commit to getting help, constant multi-media outreach across all social media and search platforms is crucial.

We will target various rehabilitation professionals with engagement focused ad content in order to reach their respective followers. We will further share feel good and inspirational stories. This community is highly engaged in sharing such content, which will provide CRS's social media with strong virality and social media engagement across all platforms.

CRS aims to become a thought leader in the industry. To accomplish this we will establish an online community with weekly motivational content, and recovery advice for addicts. A community forum will be established for individuals to interact, discover help from likeminded individuals, and ask questions. This strategy will compliment our PR and organic search marketing efforts as well as help establish consumer trust.

CRS will establish a progressive public relations budget which will include community-based events, inclusive of sponsorship and education forums. In addition to our own community forum, we will actively target the many discussion boards online. By providing free advice we will further establish thought leadership and trust in the community. We will host a monthly contest where our customers and others who have dealt with addiction issues themselves or through their loved ones can share their stories. User generated content has high search impact and provides strong content sharing. We will feature the best stories on our blog and through PR contacts. Editorial PR outreach will be the focal point of the pre-launch marketing efforts. We hope to reach trustworthy publications and community leads to build trust factors for the brand at the early stage.

Strategic Partnerships: Fostering relationships with health care providers and community resources; such as the school system, social services, EAP's, and judicial/court systems will create awareness and credibility regarding CRS services and coordination in care. CRS will strive to be a valuable patient centered behavioral health provider within the community by hosting continuing education events for industry professionals, community outreach and family support groups. Successfully recovered individuals will be sent as brand ambassadors to speak at various community gatherings, schools, and areas where addiction is at a high level. We anticipate that an open presenting in an open conversation format will help others realize help is available and others like them have successfully turned their life around.

CRS will provide guided support for families who wish to confront loved ones that need help. Since many people do not know how to begin such conversation, we will assure appropriate material is readily available on our platform and easily searchable. We will run specific ad campaigns through Google, Bing, and social networks focused directly on this topic to people who have engaged with these articles.

High emphasis on pull marketing will be used to assure CRS appears at the top position for all local addiction recovery searches. Searches for generic addiction recovery terms have extremely high competition and overpriced PPC rates on Google. However, after

deeper analysis we discovered many specific keywords, with high value are being largely neglected by competition. In many cases these keywords have shown differentiation of over 1,000% in traffic cost.

<a href="#">addiction recovery center</a>	1,300	64.73
<a href="#">addiction recovery information</a>	40	6.57

We will leverage long-tail keywords, which we expect to be targeted by individuals who are actively researching serious rehabilitation options, and are therefore likely to make higher converting prospects. We will further target keywords that are question based and narrow location targeted to further reduce traffic cost and reach the most highly qualified customers.

We have further discovered that the Yahoo and Bing search engine, Microsoft Ad Center, which is a virtual replica of Google ads and currently holds a 33% market share is substantially underdeveloped in our industry. We expect to further reduce traffic acquisition cost by more than 10% vs our competitor Google ad traffic.

Youtube will be leveraged to provide educational content to addicts. Youtube is an extremely active pull channel in the space, with many influencers gaining high traffic on their videos. A dedicated social media manager will be responsible for keeping our video tags fresh and content up to date to assure top organic search placement. We will further leverage paid media through youtube, targeting locals who are actively searching for rehabilitation tips and support.

Our content strategy and brand communications will focus on the following topics:

- Motivation, feel good stories, and case studies
- Professional advice and tips for recovering addicts
- What if / scare tactics, to help those who may be hesitant or afraid to take the next step
- How it impacts those we love, which will be covered through stories, as well as before and after testimonials

CRS will assure it's content is available through:

- On its own respective forum and blog
- Locally focused online media that targets prospective customers
- On targeted community message boards and social media groups
- Shared by various influencers and thought leaders
- Available through local partners
- Distributed weekly via email through rented and owned contacts

To assure a constant stream of communication with our past and prospective customers an automated sales funnel will be built and hosting through Pardot. The emails will used to remind our past customers to stay on the right track while working to help others take the same step they did. We will have a separate funnel targeting prospective customers / captured leads. The second funnel will provide success stories from our patients, give advice on how to know the time to start is right, the steps to take prior to beginning treatment, and more. We will establish a referral incentive program to provide our customers with incentive to become ambassadors for CRS and take the extra efforts to speak to their friends who need help.

Cold email marketing will also be used to target members of forums similar to talk.drugabuse.com. Forums typically rent their lists for a fraction of what list brokers charge, and since they don't sell advertising as often as commercial lists do the response rate is typically much better.

In addition, a list of top rated local primary physicians and attorneys will be secured and engaged with on a cross endorsement basis. CRS will provide referrals to it's partners, who will endorse our company to their clients in return, building a stream of referrals from trusted individuals.

CRS will utilize “The Treatment Match System” which is a website dedicated to connecting MAT providers and consumers at no charge to the provider (CRS) nor the person seeking treatment. CRS would receive an email alert when a new patient in the vicinity of our location registers on the website and if after reviewing patient information believe them to be a good match, we can opt to contact and initiate intake. <https://www.treatmentmatch.org/index.php>

#### **CRS Hospital Pilot Program interventions to address/reduce over utilizing hospitals**

CRS will pursue collaboration with hospitals and emergency departments to implement a pilot program, with intentions to prevent lack of discharge planning from escalating into additional patient risk or hospital admissions. CRS will assign a Peer Recovery Support Specialist to participating hospital(s) to provide education and referrals (brochure with CRS info) to individuals who have experienced a drug overdose and/or have been hospitalized for further psychiatric evaluation, (including Marchman Act). Consent and contact information will be requested from client and if provided will be electronically submitted to CRS for immediate follow-up.

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# Financial Plan

## Revenue Model

### Core Revenue Stream

### Additional Revenue Streams

Medicare and Medicaid reimbursements from the government account for 30.9% of the total revenue for the Mental Health and Substance Abuse Clinics industry. Another 16.7% of industry revenue is generated through other government programs, such as block grants from SAMHSA. Together Medicare, Medicaid and other government programs constitute an estimated 47.6% of total industry revenue. A significant amount of industry revenue is generated through private health insurance, at an estimated 21.0% in 2019. In addition, out-of-pocket payments from patients or their families represents an estimated 5.7%. Contributions, grants and gifts represent another 6.2% of industry revenue and constitute an especially important source of revenue for nonprofit operators in this industry. All other sources of industry revenue constitute 19.5% of total revenue in 2019.

## Income Statement

PARTICULARS	Year - 1	Year - 2	Year - 3	Year - 4	Year - 5
<b>Revenue</b>					
Medication Assisted Treatment (MAT)	\$244,278	\$390,304	\$497,193	\$628,644	\$795,994
Initial Psychiatric Evaluation	\$7,613	\$12,075	\$14,595	\$18,480	\$23,520
Medication Management Follow-up Appointment	\$39,240	\$64,800	\$82,080	\$104,040	\$131,640
Biopsychosocial Assess.	\$23,250	\$31,500	\$31,500	\$31,500	\$31,500
Individual Therapy	\$40,033	\$62,102	\$79,186	\$100,302	\$127,137
Group Therapy	\$85,289	\$138,132	\$177,422	\$223,010	\$283,109
Family Therapy	\$18,770	\$32,114	\$42,672	\$53,230	\$64,228
Case Management (If Clinically Indicated/Needed)	\$24,233	\$39,867	\$51,123	\$62,380	\$77,154
Urinalysis Testing	\$17,460	\$29,160	\$37,800	\$46,440	\$56,760
Blood Work	\$8,120	\$13,080	\$15,960	\$19,740	\$25,440
Historical and Physical Evaluation	\$14,970	\$23,580	\$28,980	\$37,440	\$46,920
Treatment Plan Review	\$24,784	\$38,703	\$47,870	\$61,692	\$77,406
In-Depth Assessment, Patient, Substance Abuse	\$77,875	\$126,125	\$162,000	\$203,625	\$258,500
Psychiatric Evaluation by Physician	\$91,350	\$144,900	\$175,140	\$221,760	\$282,240
Treatment Plan	\$43,359	\$68,094	\$82,159	\$104,760	\$132,696
Ambulatory Detox	\$86,660	\$136,097	\$164,208	\$209,380	\$265,214
<b>Total Revenues</b>	<b>\$847,282</b>	<b>\$1,350,633</b>	<b>\$1,689,887</b>	<b>\$2,126,422</b>	<b>\$2,679,458</b>
<b>Cost of Sales</b>					
Cost of Materials	\$84,728	\$135,063	\$168,989	\$212,642	\$267,946
<b>Gross Profit</b>	<b>\$762,553</b>	<b>\$1,215,570</b>	<b>\$1,520,899</b>	<b>\$1,913,780</b>	<b>\$2,411,513</b>
<b>Expenses</b>					
Startup - Expenses	\$79,100	\$-	\$-	\$-	\$-
Operating Expenses	\$837,128	\$1,025,823	\$1,230,252	\$1,537,716	\$1,732,854
<b>EBITDA</b>	<b>\$(153,675)</b>	<b>\$189,747</b>	<b>\$290,647</b>	<b>\$376,064</b>	<b>\$678,659</b>
Depreciation	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400
<b>EBIT</b>	<b>\$(158,075)</b>	<b>\$185,347</b>	<b>\$286,247</b>	<b>\$371,664</b>	<b>\$674,259</b>
Interest Expense	\$-	\$-	\$-	\$-	\$-
<b>Net Income</b>	<b>\$(158,075)</b>	<b>\$185,347</b>	<b>\$286,247</b>	<b>\$371,664</b>	<b>\$674,259</b>

**Expenditure**

**(A) Cost of Sale**

PARTICULARS	Year - 1	Year - 2	Year - 3	Year - 4	Year - 5
Cost of Materials	\$84,728	\$135,063	\$168,989	\$212,642	\$267,946

**(B) Startup Expenses**

PARTICULARS	
Initial Lease Payments and Deposits	\$15,000
Legal Expenses Initial	\$3,500
Marketing Budget	\$10,000
Leasehold Improvements	\$15,000
Security Deposits	\$5,000
Supplies	\$7,500
Entertainment Fees	\$1,500
Motor Vehicle Insurance	\$1,600
Registration & Licenses	\$10,000
Maintenance, Operations and Accessories	\$5,000
Stationery	\$5,000
<b>Total</b>	<b>\$79,100</b>

**(C) Operating Expenses**

PARTICULARS	Year - 1	Year - 2	Year - 3	Year - 4	Year - 5
<b>Operating Expenses</b>					
Payroll	\$596,400	\$754,272	\$940,585	\$1,230,487	\$1,410,555
Marketing Expenses	\$84,728	\$108,051	\$118,292	\$127,585	\$133,973
Company Vehicles and Lease Deposits	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
Miscellaneous and Unforeseen Costs	\$12,000	\$12,600	\$13,230	\$13,892	\$14,586
Legal Fees	\$6,000	\$6,300	\$6,615	\$6,946	\$7,293
Insurance	\$90,000	\$94,500	\$99,225	\$104,186	\$109,396
Rent	\$42,000	\$44,100	\$46,305	\$48,620	\$51,051
<b>Total</b>	<b>\$837,128</b>	<b>\$1,025,823</b>	<b>\$1,230,252</b>	<b>\$1,537,716</b>	<b>\$1,732,854</b>

**(D) Payroll Cost**

PARTICULARS	Year - 1	Year - 2	Year - 3	Year - 4	Year - 5
<b>Payroll Cost</b>					
Clinical Director	\$90,000	\$97,200	\$104,976	\$113,374	\$122,444
Nurse/LPN	\$192,000	\$207,360	\$279,936	\$302,331	\$326,517
ARNP	\$36,000	\$38,880	\$41,990	\$90,699	\$97,955
MD (Contracted)	\$60,000	\$64,800	\$69,984	\$75,583	\$81,629
Clinician/Therapist	\$42,000	\$90,720	\$97,978	\$105,816	\$114,281
Intake Coordinator/Case Manager	\$36,000	\$38,880	\$41,990	\$90,699	\$97,955
Support Staff/Tech Full Time	\$36,000	\$77,760	\$125,971	\$181,399	\$244,888
Support Staff/Tech Part Time	\$24,000	\$51,840	\$83,981	\$120,932	\$163,259
Utilization Review/Medical Records Specialist	\$38,400	\$41,472	\$44,790	\$96,746	\$104,486
Human Resource Specialist	\$42,000	\$45,360	\$48,989	\$52,908	\$57,141
<b>Total</b>	<b>\$596,400</b>	<b>\$754,272</b>	<b>\$940,585</b>	<b>\$1,230,487</b>	<b>\$1,410,555</b>

**(E) Depreciation**

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PARTICULARS	Year - 1	Year - 2	Year - 3	Year - 4	Year - 5
Depreciation					
Opening Value	\$44,000	\$44,000	\$44,000	\$44,000	\$44,000
Depreciation	\$4,400	\$4,400	\$4,400	\$4,400	\$4,400
Net Value	\$39,600	\$35,200	\$30,800	\$26,400	\$22,000

**Breakeven Analysis**

PARTICULARS	Year - 1	Year - 2	Year - 3	Year - 4	Year - 5
Sales-Revenue	\$847,282	\$1,350,633	\$1,689,887	\$2,126,422	\$2,679,458
Variable Cost	\$181,456	\$255,714	\$300,511	\$354,119	\$416,505
Contribution	\$665,825	\$1,094,919	\$1,389,377	\$1,772,303	\$2,262,954
Contribution Margin	<b>78.58%</b>	<b>81.07%</b>	<b>82.22%</b>	<b>83.35%</b>	<b>84.46%</b>
Fixed Cost:					
Others	\$823,900	\$909,572	\$1,103,130	\$1,400,639	\$1,588,695
Total Fixed Cost	\$823,900	\$909,572	\$1,103,130	\$1,400,639	\$1,588,695
<b>Break Even Sales</b>	<b>\$1,048,436</b>	<b>\$1,121,999</b>	<b>\$1,341,728</b>	<b>\$1,680,497</b>	<b>\$1,881,100</b>

