

SAE Behavioral Health Consulting – Providing Grant Writing Services that Help Not-for-Profit Behavioral Health Agencies Standout When Seeking Government Funds



Steve Estrine, Ph.D.
Founder and CEO

SAE Behavioral Health Consulting

Interview conducted by:
Bud Wayne, Editorial Executive
CEO CFO Magazine

CEO CFO: *Dr. Estrine, would you give us a little background on yourself to help us understand how you got to where you are today with SAE Behavioral Health Consulting?*

Dr. Estrine: In my first state position as a team leader at Bronx Psychiatric Center, I set up a therapeutic community. I was fortunate enough to work with a psychiatrist from England who became the unit psychiatrist and whose ideas were compatible with my therapeutic community approach to inpatient psychiatric treatment.

My next inpatient assignment was at Kingsborough Psychiatric Center in Brooklyn, I reported to the director of the hospital, Mort Wallach, M.D, who taught me how to run a psychiatric unit. He stressed the need to establish command and control of unit operations as well as accountability. I had a wonderful charge nurse who was a holocaust survivor. She knew everything that went on in that unit and that made me much more capable. She helped me implement Dr. Wallach's principles. I then was assigned to Creedmoor Psychiatric Center, where I learned to address the needs of long-term care patients.

CEO CFO: *Did all of these experiences help you in starting SAE?*

Dr. Estrine: Yes, I got experience in inpatient care and eventually in outpatient care. I learned how to link these two systems of care. I learned what the problems are, what the nature of running outpatient services entails, and what's required to forge a seamless connection between inpatient and outpatient care. In 1985 I was assigned to the NYC Regional Office of the NY State Office of Mental Health. There I was exposed to the critical role that the NYC Regional Office played in developing plans and financial resources to creatively develop strong community programs that would support and maintain movement of patients out of state hospitals and back into their communities of origin. As deputy for Adult Psychiatric Services in NYC, this exposed me to some of the most innovative and effective service initiatives that supported patient movement from the facility to community settings that offered sustainable rehabilitation and recovery.

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I developed innovative program development skills that led to community programs for homeless individuals, women released from prison and comprehensive psychiatric emergency programs. This placement was particularly germane to the development of SAE and was further enhanced by my involvement as a SAMHSA grant reviewer, where I learned how to evaluate and score grant proposals, and to extract key elements that would enhance an application score. I also realized the importance of measuring what matters, which is the fundamental principle of grant evaluations. As I became much more knowledgeable, the Office of Mental Health began to use me in different ways. For example, I developed a program that reunited mothers with their children in a supported housing setting. This significantly reduced recidivism amongst this vulnerable cohort of women. Under then Commissioner Richard Surles (Commissioner of Mental Health in New York), I helped develop the Comprehensive Psychiatric Emergency Program (CPEP), which established a separate, secure setting in the emergency room where clinicians could differentially diagnose and stabilize persons presenting in the ER with co-occurring mental illness and substance use problems. Finally, I worked with my counterpart in the children's service division and a local community group, the Greenwich Village Youth Council, to establish the Neutral Zone, a safe and secure community program that worked with young, gay adolescent women who were victims of addiction, physical and sexual abuse.

CEOFCFO: Would you tell us about the company you run today?

Dr. Estrine: I decided to retire, but as soon as I did, I started to get calls from different New York City agencies, asking if I could help them write a federal grant. That was what started SAE. My name is Steve **Arnold** Estrine, so SAE stands for my initials; I filed a DBA and SAE became SAEDBA, and eventually an LLC. Initially it was just me. I would sit there writing four or five NOFAs (Notice of Funding Availability) for each federal cycle, and I realized this was crazy, I mean the details! It was a 30-page application, you had six sections fill out, and you had to have knowledge of evaluation, which I lacked. After two years of doing this, I was physically exhausted and the money was starting to come in. So, I hired a cadre of grant writers. After two more years, we began to chalk up victories for different agencies. Eventually our hit rate, that is, every application we submitted and were awarded grant money, rose to 80%. It was a great incentive for agencies to use us, but it also became a real energizer for the company. The next step followed, because when agencies got the grants that we helped them write, the grants had an integral part in that is you had to measure and get quantitative data which reflected the progress of the initiative. In other words, whether they were meeting the specific deliverables that they had cited in the narrative.

"Our theme is: we are here to make your services safe, secure, sustainable, and impactful. It is what drives us!" Steve Estrine, Ph.D.

The problem was that most of the staff know zilch about evaluation. So what did I do next? I hired evaluators. We had a cadre group eventually of eight well-skilled evaluators with secondary capabilities, such as having a degree in business or having a degree in community health or a public health degree. They were multi knowledgeable. This was the real incentive. If you got a grant for about \$2 million, they would allow roughly 30% of the grant for evaluation. This meant hiring the evaluator, and then setting up the evaluation, and then using the data to prove that the process that they went through and the outcomes were consistent with what they said they would achieve. Suddenly, we had another funding stream which took off, which was 30% of \$2 million. That's a lot of money. I am looking at our new website development, and I would love to get into this because it shows how the field has changed.

We really took off and we had won about 31 evaluation projects. Can you imagine 31 evaluation projects, \$2 million a year and we are getting one-third? You could see what was coming in, and that is how we expanded, but now we are faced with the primal challenge of the company. What has happened is paradoxical because it really got me energized again with the new challenges. The current administration is cutting Medicaid funding. Agencies, which means agencies which were dependent upon the greater portion of their patient populations that were licensed by state agencies to provide Medicaid reimbursable services; Therefore, we are now facing deficits because the rate for the Medicaid was lower.

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CEOFCO: You provide program development, grant acquisition, parity and compliance strategy, performance evaluation, and revenue cycle sustainability, even website designing. Would you tell us about your staff and how you provide all of these services?

Dr. Estrine: We are dependent on consultants, but we do have a core now of four staff. They are well trained and equipped to handle the inner workings of the company, which enables me to simply hire consultants to do the field work. These three women do the field work and our staff runs the infrastructure, so I am able to bring on targeted consulting experts.

CEOFCO: How have the changes in the current Trump administration's approach to NOFAs impacted your business?

Dr. Estrine: The big issue for my company is how we can reconfigure our services. For example, in the past if we wrote a grant, we had a grant writer, a grant reviewer and a consultant who was experienced on the theme of the grant that they were writing. If it was on substance abuse, the consultant was experienced in substance abuse service provision. Now, the current Trump administration has reduced the number of NOFAs going out for competitive applications and instead has transferred money to the states who would then distribute the pot into different NOFAs. This has had two impacts. Number one, the amount of money per NOFA has been significantly reduced from \$2 million to \$350 thousand. Secondly, it not only has had an impact on revenue, but on the patients considered eligible for support. The turnaround time from what they call posting to due date, went from a month and a half to ten days.

The first thing I realized was that everybody was going to use AI to reply. I also realized from my experience in doing work as a grant reviewer, that reviewers who traditionally got six to eight original applications, would now get six to eight AI generated narratives- of which almost all were the same. What we changed is that we told people the reality. We pointed out that given the short turnaround time, given the limited number of pages allowed – federal grants are restricted to only ten pages now - how could an agency make its mark and stand out? If you're using an AI, you are not going to stand out. So, we modified how we approached it and said we would give clients options. If they need help with some ideas, we will give them a content expert. If they do a product and they are not quite satisfied, we will give them a grant reviewer. So, our prices had to be reduced and what we stressed was helping agencies stand out from the crowd. If you look at our position on AI on our website, that is what we say. We can help you in an AI generated environment because if you don't make your uniqueness felt, you are just going to vanish.

CEOFCO: Therefore, even with these changes by the government, SAE can you still help these companies and agencies with their grant writing?

Dr. Estrine: We absolutely can and we do this with our service line in our reconstituted business strategy.

CEOFCO: Would you tell us about your customers; who they are and what they are providing?

Dr. Estrine: They are not-for-profit behavioral health agencies that seek government money to make services available. The problem with what the current administration has done is they have cut the number of funding applications, but the patients don't go away. They are still there. All our service lines have been revised to reflect this; we are here to help you survive, we are here to help you preserve services, and we are here to create more cost-effective strategies.

CEOFCO: Are you strictly in New York?

Dr. Estrine: No, we are nationwide. I think we are in about 18 states. We have programs in California, Georgia, Mississippi - we are all over the country. As a result, a lot of our consultants are residents of other regions of the country. We have some ideas on how to deploy them in order to get the word out about how we have changed our services. Our theme is: we are here to make your services safe, secure, sustainable, and impactful. It is what drives us!

CEOFCO: Is there a lot of competition, and if so, what sets SAE apart?

Dr. Estrine: What sets us apart are two things. First is experience. I was fortunate to have been trained by some of the most remarkable people in behavioral health - brilliant people who shared their innovative and effective knowledge of in-patient and out-patient services and how they needed to be linked.

Second, as a CEO, I am very creative. I used to be so filled with ideas. In 1980 when I was getting bored, there was a program called Expert Ware, which was the first AI program that I knew of. I took Expert Ware and hired a diabetologist

who was working at Mount Sinai, where my wife was the administrator for the chief of medicine, so I knew all the players there. We did an AI program to train physicians on how to recognize diabetes Type 1, and it worked!

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