
*Council on Alcohol and Substance Abuse
of Livingston County, Inc.*

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Trinity of Chemung County

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Trinity of Bradford County

Hope Begins Here

Annual Report

2016

MISSION:

*CASA of Livingston County, Inc. & Trinity of Chemung County
provides prevention, education, treatment, referral and recovery services to
individuals, families and communities affected by alcohol, tobacco and drugs.*

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Council on Alcohol & Substance Abuse of Livingston County, Inc

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Trinity of Chemung County

The Council on Alcohol and Substance Abuse of Livingston County, Inc.'s mission is to provide prevention, education, treatment, referral and recovery services to individuals, families, and communities affected by alcohol, tobacco, and drugs. The Council is committed to creating a favorable environment for those seeking services of all ages regardless of sex, race, creed, religion, color, sexual orientation, age, national origin, disability and/or presumed HIV status.

2016 Review:

This past year I focused on both internal and external growth for the agency. Internally we updated our EMR software in our billing department, added clinical hours to the clinics in Livingston County. Expanded our medical program and developed a certified peer advocacy program. The leadership team began the work on strategic planning, improving our website and rebranding the organization.

External growth included the award of 4 new programs by OASAS and DDAP. The OASAS awarded CASA-Trinity a Tioga county prevention program which added 2 new FTE's and expanded our geographical footprint in New York State. OASAS also selected the RFP submitted for a 25 bed residential facility in Dansville NY. This capital project is \$1,590,000 to build and is scheduled to be completed by the end of 2017. Trinity-CASA was awarded The Center of Excellence grant in Bradford County, to add a case management program and 7 FTE's to serve the opiate addicted population in Bradford County. The Chemung Prevention program was awarded OASAS funding to develop a youth clubhouse that will provide a safe, drug free environment for adolescents to

participate in activities. This program added 4 new FTE's.

The continued redesign from fee for service to value-based payments has kept everyone busy with new processes to implement and projects to work on. These changes will impact service delivery, and are contributing to the need to continuously adapt. Thankfully, we have a competent and committed staff who have been up to the challenge.

As you read through this Annual Report, please pay specific attention to the depth and breadth of the services that are provided. CASA-Trinity will continue to grow, with the specific goal of improving our product and helping individuals, families, and communities live healthier lives. As always, thank you for your interest in and support of our Agency.

Marcia Miller
Board Chair

Ann Domingos
Chief Executive Officer

Achievements for 2016:

- Awarded Capital funding for 25 bed Residential program
- Awarded state funding for Prevention in Tioga County
- Awarded PA funding for Center of Excellence

- Awarded funding Chemung Youth Clubhouse
 - Opened Sayre Clinic
 - Certified Ambulatory Detox
 - Partnered with Alfred State College for CASAC credentialing program
 - Added OASAS certified peer specialist to all clinic
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From the Desk of Human Resources:

2016 was a busy year for HR at CASA-Trinity in regards to hiring. In January 2016, we opened and staffed our Sayre, PA clinic, Trinity of Bradford County. Some staff were relocated from the Elmira Clinic to the Sayre Clinic and others were hired externally. We added our Peer Recovery program in Livingston County and hired three Peer Support Specialists to staff that program. The program was very well received in Livingston County, so we were able to extend the program to Chemung County at the end of 2016, adding two Peer Supports Specialists to that program. We opened up a prevention location in Owego, NY, where we staffed two people, a Prevention Supervisor and a Prevention Specialist. We hired a total of 35 people throughout the agency in 2016. Positions filled in 2016 were: Counselors (both QHP/non-QHP), Registered Nurses, Physicians, Administrative, Billing, Prevention, Peer Specialists, Corporate Compliance.

In the spring of 2016, the Clinic Team Leader positions were created and filled in both Livingston and Chemung clinics, creating opportunity and advancement for three people within the agency. CASA-Trinity is committed to the professional development and advancement of staff and we are dedicated to promoting within whenever possible.

The agency PTO policy was revised to give employees full access to their PTO, by front loading the amounts in their PTO bank at the beginning of each year, instead of accruing amounts each pay period. The policy also included the addition of the Catastrophic Sick Leave Bank (CSLB). The CLSB is where an employee's PTO hours go that exceeded the rollover cap of the PTO policy. The CLSB hours are available for use by an employee who has applied for and been approved for a FMLA or DLOA leave of Absence. There is no cap on the amount of CSBL days an employee may bank. These hours are helpful to employees when they are in need of the time.

Former HR Director, Leigh Bradley, resigned from CASA-Trinity in August of 2016. The position was offered internally to, Brie Hogan. Again, creating opportunity and advancement within. Brie started with Trinity-CASA in March of 2016 as an Operations Specialist, where she was involved in both HR and Finance related tasks. With a background in Ops and HR, Brie was able to pick up where Leigh left off, with little disruption to agency process.

Brie Hogan
Director, Human Resources

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From the Medical Staff:

The Medical Staff has been working to expand the medical services offered by our clinics so clients have a more robust medical delivery system within CASA-Trinity. Services added was Ambulatory Detox ability, Blood draws, EKG's, increased screening for infectious diseases; more patients with alcohol and opioid addictions getting access to Vivitrol (Naltrexone injections); there has been continued efforts with the prevention programs to get naloxone kits to trained community members; and efforts to improve access to mental health medications for co-occurring disorders. We have continued to prescribe buprenorphine for Medication Assisted Therapy for Opioid Use Disorders.

We have added to our medical staffing in the Sayre clinic and now are able to provide both Vivitrol and suboxone to our client population.

In 2016 we developed and implemented the High Risk Program in the Geneseo clinic and began working on implementing it in the Elmira clinic also. Some clients have been too unstable to meet the expectations of their buprenorphine treatment agreement. Before the development of the High Risk Program (HRP) these clients would require inpatient treatment or would be lost to contact. Now we have been able to help them progress in the outpatient setting through the use of frequent medical visits, frequent drug screens and observed dosing of their buprenorphine 3 days a week. This program has also been paired with the peer support to help clients stabilize.

Looking into 2017, the medical team will expand to include Nurse Probationers and Physicians Assistants who are able to prescribe suboxone.

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FROM THE OFFICE OF PREVENTION

Prevention services at CASA-Trinity saw tremendous growth in 2016. We had many staff additions and changes as well as new programs starting. We have brought all prevention sites together under one framework and process to use the same tools for assessment, planning, implementation and evaluation as well as shared strategies, activities and programs. We were awarded 2 new programs in 2016: Prevention Services for Tioga County and a Youth Club House program for Elmira which is scheduled to begin 3/31/17. Staff at all sites continued to attend trainings on the Strategic Prevention Framework and evidence based programs. Staff at each site have developed training plans so that we can meet the credentialing requirements for OASAS. Highlights of the programs in all our sites are below.

Livingston

In Livingston County staff acquired additional services to meet needs of the schools and services. Particularly because of these new programs, additional schools have contracted with the agency to provide services to their students. In addition to Dansville Central School District, Mt. Morris is now paying for our services as well. Avon, Wheatland Chili, Keshequa and York Schools have all expressed interest in negotiating services for their schools too. With Mt. Morris alone, we have already seen a 25% increase in paid services in the department and increased our outreach in classroom education to an additional 125 students. Our early intervention program, Teen Intervene, was implemented with nearly 60 youth. We began working with 2 new schools in 2016: Wheatland-Chili and HF-L; both of which are in Monroe County but have students from Livingston County. We now have a presence in 9 school districts.

In addition to school based programming, an afterschool outreach program – TeenSpace - has been opened in the community of Dansville. The Adolescent Substance Abuse Prevention Program – ASAPP – has re-opened in Mt. Morris in coordination with the Hillside Children’s Center.

The Healthy Communities that Care coalition focused on administering the Prevention Needs Assessment surveys to all schools in Livingston County in October. The new data show that teens between the ages of 12 and 18 are making better choices when it comes to drug and alcohol use. Fewer teens are drinking alcohol and smoking marijuana and very few teens are making that very dangerous choice to become involved with opiates and other prescription drugs. The HCTC coalition also focused on prescription drug prevention with implementing 3 new drug drop boxes and creating awareness campaigns. Community presentations, school wide awareness campaigns and classroom education continues to be a focus of our efforts. Heroin and opiate education programs have been brought to many schools and communities; Dansville, Keshequa and York Schools all participated in the HERO program presented in coordination with the Livingston County Sheriff’s Department. Geneseo students in 6th through 12th grades participated in our Heroin and Opiates prevention program. Town Hall Meetings that are open to the public have been held in Dansville, Geneseo and Caledonia.

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All of these programs and initiatives have given us the opportunity to reach out to the youth and families in Livingston County and provide to them the programming and skills that are needed to transition through their adolescent years without the complications and consequences that substance use adds to their lives. We know that we are making an impact, but we also know there is much work to be done.

Tioga



Prevention Services for Tioga County opened its doors on 12/20/2016 to a community excited and ready to collaborate on substance abuse prevention efforts. Representatives from many agencies and schools attended the event and received an overview of the agencies prevention plan and new coalition activities. Meetings with three school officials, Rotary Club, Catholic Charities, and Tioga Opportunities were scheduled from the open house event.

“We are excited to have Trinity-CASA in our county to add their knowledge and experience to our coalition and substance abuse prevention efforts”

-Tioga County Legislative Chair

Trinity-CASA had two full-time staff members trained in various evidenced based programming for school and classroom implementation. They also were trained in the Strategic Prevention Framework for coalition building. Staff is committed to the Tioga Allies in Substance Abuse Prevention Coalition (ASAP). With assistance and guidance from our staff the coalition re-branded and prepared itself to apply for DFC Grant Funding for 2017. Membership is at an all-time high thanks to recruitment efforts led by prevention staff. Planning for the first “Community Talks” town hall meeting began, with several other events anticipated to occur around the county in 2017.

Looking Ahead

Heading in to 2017, our first year is shaping up to be busy and exciting. It is projected that prevention staff will be working in 3 out of the 6 Tioga County schools delivering evidenced based programming and we are expected to be able to provide prevention counseling services in schools for the 2017-2018 school year. We have many presentations and events already scheduled. There will be at least four “Community Talks” opioid awareness town hall meetings taking place throughout the county. Several presentations on prescription drug abuse and problem gambling have been scheduled. Two after school programs and the Boys and Girls Club of Tioga are interested in partnering with us to get youth involved in prevention campaign efforts. The coalition will apply for the Drug Free Communities Grant which could bring in \$125,000 a year for five years to the coalition for county-wide prevention efforts. The coalition will also form work groups to focus on alcohol, marijuana, and opioids. The workgroups will look at different activities and campaigns to raise awareness and send prevention messages to youth and adults. Finally, prevention staff is scheduled to attend several training opportunities to ensure they are providing Tioga County with current and effective prevention services.

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Chemung

Prevention staff in Chemung county continued to provide evidence based programs and strategies in elementary through high schools as well as in the community. Second Step was implemented in 3 Elmira Elementary schools, totaling approximately 1200 students on a regular basis. The addition of added to our total number of services. On average staff there served 2500 individuals per month.

Prevention staff taught at 4 After School Programs at EOP, Woodlawn, Southside Community Center and Finn Academy which is a new program. One Educator is also in Elmira Psychiatric Center teaching 3 groups of 6-8 youth of various grade levels and another group of teens, in a new class, who are phasing out of the center. At Glove House we conduct an Evening Support class with 6 to 8 students as well.

Staff taught 260 children in 10 elementary classes at Summer Cohesion as well as 85 children at Free Lunch programs in various parks and community centers. This was a new pilot program for children of all ages. Once a week we also had a table set up at the local Farmer's Market with educational crafts and information for families. Glove House also invited an Educator to teach Life Skills in 2 of their local residences for a month over the summer. Each house had 6 to 8 teens in residence and this was also a new addition to our summer schedule. Chemung Prevention was awarded a \$3200 grant from the Community Foundation to purchase the Too Good For Drugs/Too Good For Violence Curriculum. This program has been used with After School students as well as Middle and High School classes.

Narcan training is an invaluable program that began in 2016. We hosted 3 trainings for community members at the Horseheads office and we went out to do trainings for a number of agencies as well. Trainings were done at New Dawn, Our House, Family Services, WIC, two classes of Nursing students at BOCES and Elmira Business Institute and a Substance Abuse Support Group in Waverly. Each training was attended by anywhere from 10 to 30 participants.

Prevention staff were present at Health Fairs throughout the year and educational presentations have been given at 16 locations. Our Arts for Awareness Contest and Banquet was attended by 48 participants in April of this year. The winning art was displayed on a billboard and received notoriety in local newspapers and on social media. At Horseheads Family Day in July there were 70 who attended and 300 attended Strong Kids Safe Kids in August.

The Walk for Recovery took place in September with 225 participants which was an increase of 100 people from the year before. There were 12 vendors from other agencies and support groups present and food to purchase from a local restaurant. The Drug Free Community Coalition hosted two Town Hall Meeting on concerned Underage Drinking and received great publicity with commercials and news reporters at the event.

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From the Clinics:

2016 was a successful year with the clinical aspects within the organization at Trinity-CASA. The programs worked hard to become universal across all sites (using the same evidence based practices, groups structure, evaluation methods, and policies/procedures). In 2016 OASAS regulations changes resulting in a change in the forms being used in the electronic record at CASA-Trinity NY sites. NY clinics adapted well to the regulation changes and was able to implement new standards of care according to OASAS regulations. A great success at all clinics was with the evaluation wait times. CASA-Trinity can traditionally provide same day evaluations and guarantees to have a person into an evaluation within 5 days of referral. CASA-Trinity made a new partnership with Federal Probation in 2016 and had its first two referrals for services at the Elmira and Geneseo Clinic.

Across all agencies, a peer program was developed bringing a valuable service that was missing from our agency. CASA-Trinity was able to get 4 employees to become certified trainers for obtaining a credential to provide peer services. CASA-Trinity was able to get 7 individuals certified to offer peer services in 2016. CASA-Trinity also developed a continuing care program in 2016 that has been implemented across all NY sites. An added component of treatment that was offered in 2016 was the ACHES application. This application is a recovery tool that is accessible to anyone who has a smartphone. It is a resource for added support and the application is tied to our peer program at CASA-Trinity.

CASA-Trinity also developed a stabilization track for high risk individuals to obtain services who are awaiting a higher level of care or who need more support than a traditional outpatient program. In 2016, CASA-Trinity developed a high risk program for individuals who are seeking medication treatment. This high risk program allows patients to get into medication assisted treatment faster, helps stabilize, increases support, and helps with the possibility of diversion. The medical aspects across CASA-Trinity have grown substantially as well. CASA-Trinity now has the ability to complete EKGs, Blood-draws, TB, pregnancy, hepatitis, and HIV testing on site.

Goals for 2017 include, working with MedSafe to offer a free medication storage device for buprenorphine patients. This medication box helps with diversion due to mechanisms it has in place and helps increase accountability for the patients. The organization was approved to provide ambulatory detox program and intensive outpatient services that ideally will be put into place in 2017.

Sayre – Trinity of Bradford County

In 2016 we opened CASA-Trinity first Pennsylvania Chemical Dependency Outpatient. Trinity of Bradford County started accepting clients on 1/13/16. In 2016, Trinity of Bradford saw 335 individuals for evaluation, referral, or admission into services and had a total of 7097 services under its outpatient program. By the end of 2016, Trinity of Bradford had 9 different treatment tracks and a total of 28 groups being conducted each week. Trinity of Bradford had its

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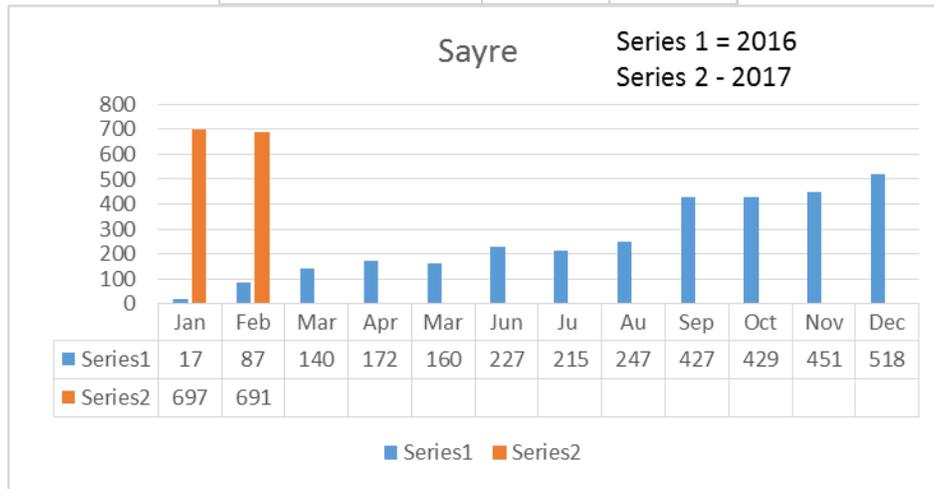
first review by DDAP which resulted in a one year operating certificate which is the highest operating certificate a program can receive in Pennsylvania. Trinity of Bradford was able to start a Vivitrol and Buprenorphine component of treatment. Within the first year, Trinity of Bradford was granted an extension of capacity for serving buprenorphine patients from 50 patients to 100 and then to 205 patients. In 2016, Trinity of Bradford also submitted a request to provide mobile assessments to the community in which was approved by the state. Mobile assessment services will begin in 2017.

Trinity of Bradford County has made successful community engagement and took place in many community events throughout the year. Iwe partnered with The Communities That Care Coalition, joined The Bradford/Sullivan County Drug & Alcohol Council, formed a working alliance with The Endless Mountains Addiction Awareness Committee to and became part of the Bradford County Drug Court team in June of 2016. The connection with drug court in 2016 has led to an expansion of involvement with Drug Court in Bradford County with CASA-Trinity anticipated to be part of the new Bradford County Juvenile Drug Court Program. Trinity of Bradford County was able to become certified in Narcan Trainings and offered Narcan Trainings to community partners in 2016. Trinity of Bradford County was chosen as the recipient of funding from the Sayre Turkey Trot for the year of 2016. Trinity of Bradford has become the EAP referral choice for Guthrie with individuals with a Substance Use Disorder and has created a great working relationship with Guthrie. Collaboration on a town hall meeting started in 2016 and the implementation of the town hall by Guthrie and Trinity will take place in 2017.

In August 2016, Trinity of Bradford County was selected to participate as one of 26 Opiate Centers of Excellence in the Commonwealth of Pennsylvania. This case management program will touch 300 individuals throughout the year. Trinity of Bradford County was chosen as the recipient of funding from the Sayre Turkey Trot for the year of 2016. Trinity of Bradford has become the EAP referral choice for Guthrie with individuals with a Substance Use Disorder and has created a great working relationship with Guthrie. Collaboration on a town hall meeting started in 2016 and the implementation of the town hall by Guthrie and Trinity will take place in 2017.

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Sayre Units of Service	2016	2017
January	17	697
February	87	691
March	140	
April	172	
May	160	
June	227	
July	215	
August	247	
September	427	
October	429	
November	451	
December	518	
Total	3090	



Elmira - Trinity of Chemung County

In 2016 Trinity of Chemung County expanded services and marked a period of growth. The clinic not only grew in numbers of clients and units of services provided, the clinic grew in the manner of professional development. The morale and culture of Trinity of Chemung County has changed over 2016 and this change has been noted by management as well as employees. There was a lot of professional development In 2016, 3 staff obtained credentials and there was 6 employees active in pursuit of obtaining credentials. There was an implementation of group supervision and clinical training in conjunction with individual supervision which has helped the quality of care that is offered at Trinity of Chemung County. .

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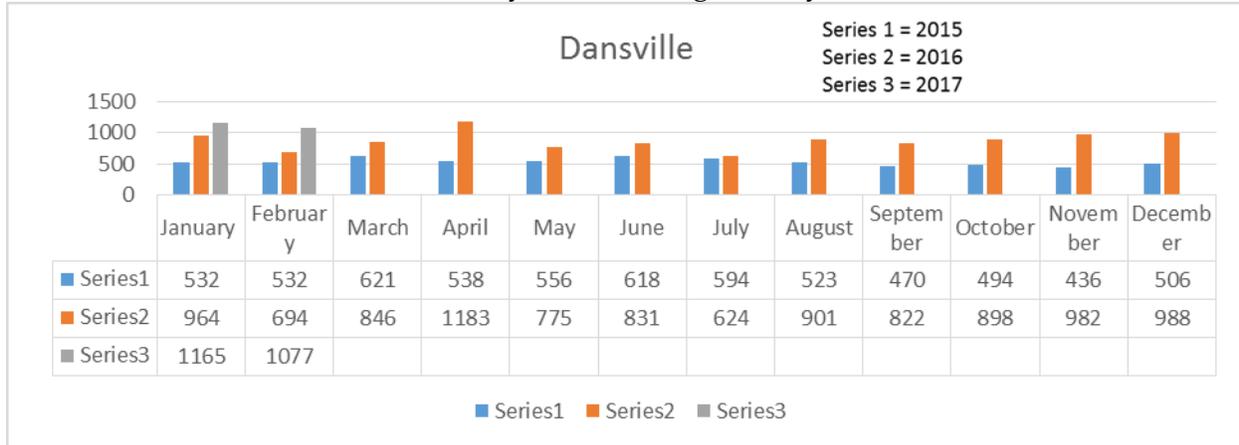
Dansville – CASA of Livingston County

In 2016, Dansville saw 515 individuals for evaluation, referral, or admission into services and had a total of 10,518 services under its outpatient program. The number of admitted clients doubled in 2016. Due to the increase in the clinics numbers, two additional clinicians were hired in 2016. The growth also led to a pier diem positions and this development has aided to the growth of the Dansville clinic. The peer program that was developed at the Dansville clinic grew to be a great success. There are two groups that are not mandatory to patients but many clients choose to attend for the extra support from the peers who work at the Dansville Clinic. By the end of 2016, Dansville clinic had 10 different treatment tracks and a total of 24 groups being conducted each week. Dansville Clinic had a NY OASAS site review and obtained a 3 year operating certificate.

Community involvement and outreach has increased in the Danville clinic which was reflected in the increase in units of service as well as the number of patients that the clinic was serving. Dansville clinic has created a relationship with the recovery community. There is a weekly AA and NA meeting that is housed at CASA-Trinity Dansville clinic that started in 2016.

Dansville Units of Service	2015	2016	2017
January	532	964	1165
February	532	694	1077
March	621	846	
April	538	1183	
May	556	775	
June	618	831	
July	594	624	
August	523	901	
September	470	822	
October	494	898	
November	436	982	
December	506	988	
Total	6420	10508	

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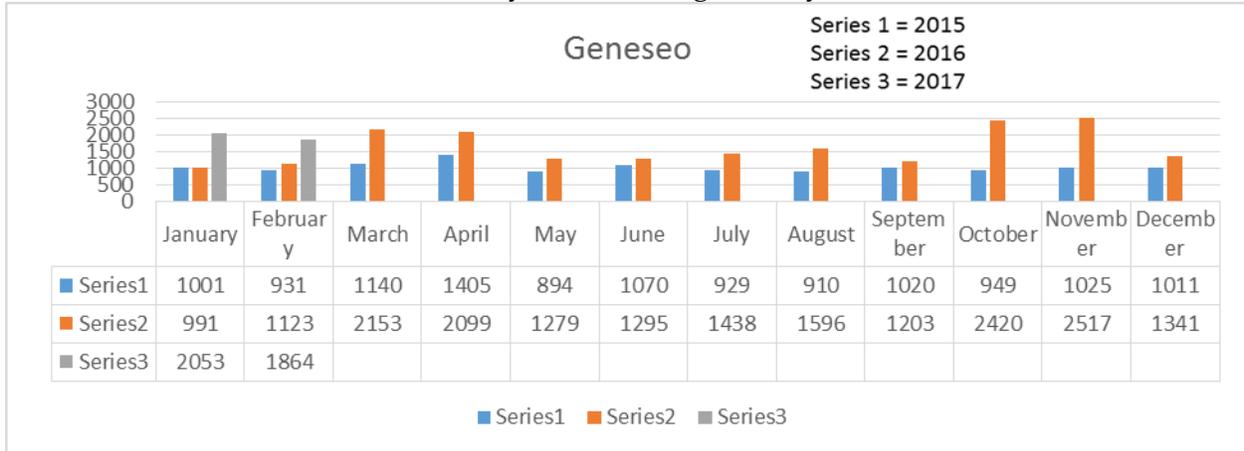


Geneseo – CASA of Livingston County

In 2016, Geneseo saw 763 individuals for evaluation, referral, or admission into services and had a total of 20,271 services under its outpatient program. Geneseo Clinic hired six new employees in 2016. Geneseo had a NY OASAS review in 2016 resulting in a 3 year operating certificate. Geneseo was the launching point for many of the new programs at CASA-Trinity. In September of 2016 the Geneseo clinic piloted the high risk program. The High Risk Program began in Geneseo for clients struggling in taking Medication Assisted Treatment appropriately or are high risk for relapse or diversion. The clients were seen by the doctor three times a week for close monitoring of stabilization and medication compliance. The success at the Geneseo Clinic of the High Risk program led to its implementation into the Elmira Clinic. The program at Geneseo Clinic group and the following components of treatment were added: Geneseo: Women’s Trauma Group, Healthy Relationships Group, Criminal and Addictive Thinking Group, Stabilization Group, and Sober Support Group. The ACHES app was piloted at the Geneseo Clinic and due to its success, it has been implemented at the Danville site as well as the Elmira Site. Geneseo was the first clinic to launch the use of blood draws on an outpatient level.

Geneseo Units of Service	2015	2016	2017
January	1001	991	2053
February	931	1123	1864
March	1140	2153	
April	1405	2099	
May	894	1279	
June	1070	1295	
July	929	1438	
August	910	1596	
September	1020	1203	
October	949	2420	
November	1025	2517	
December	1011	1341	
Total	12285	19455	

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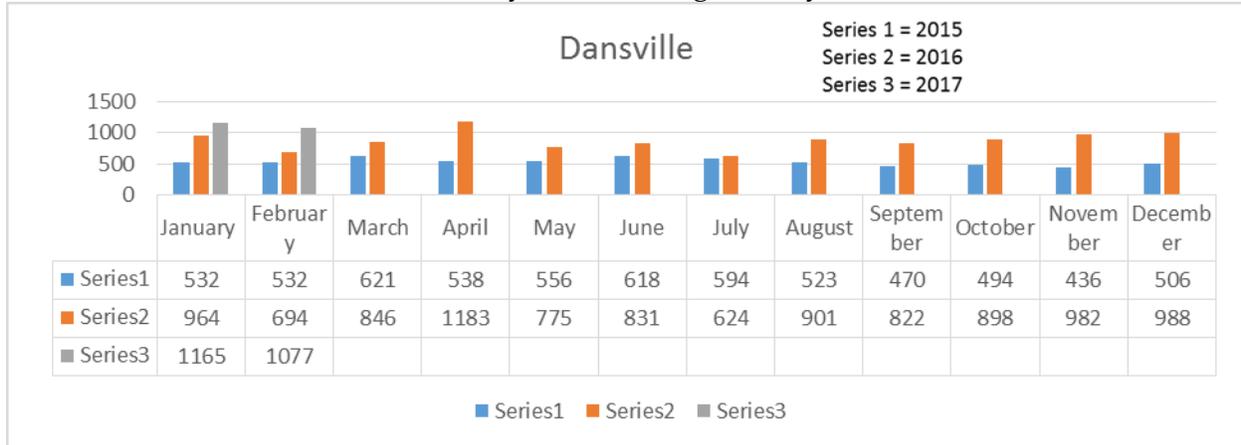
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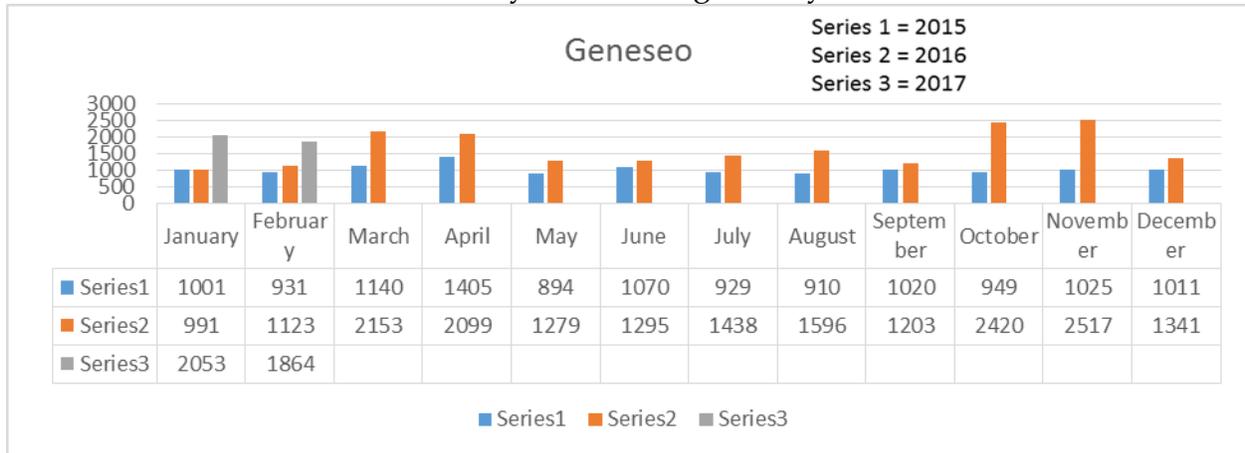


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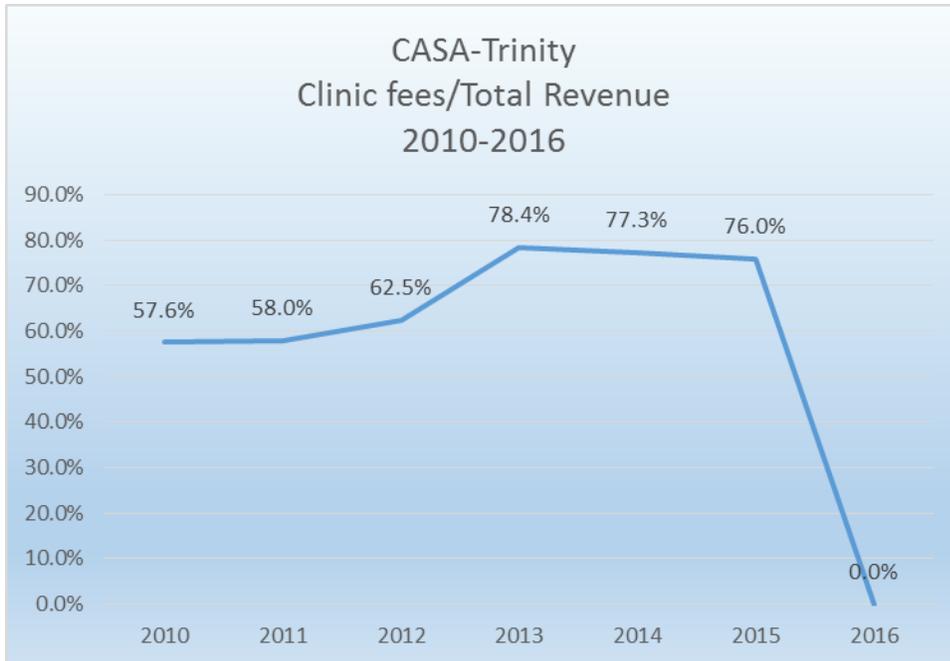
From the Finance office:

I am pleased to report that as of the date of this writing, the 2016 financial audit is near completion, and I expect that as was the case in 2015, The Council will receive an unqualified opinion on independently audited financial statements for the years 2015 and 2016. The statements will be available upon request by May 31, 2017.

The Council's outlook for 2017 promises to be no less productive in enhancing existing partnerships and creating new ones. In fact, during the first quarter, The Council has laid the groundwork for the following endeavors:

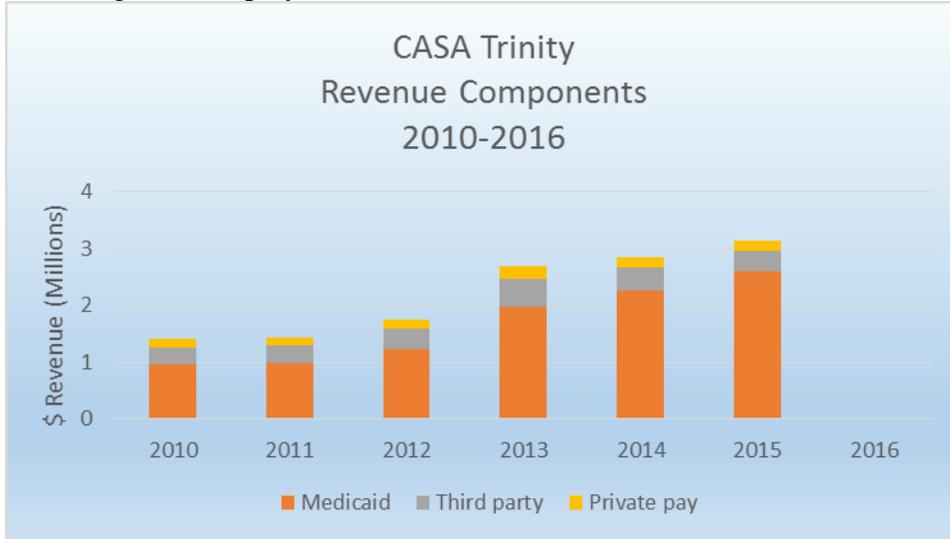
- On-site services for the Avon Central School District
- NYS OASAS and SAMHSA State Targeted Response to Opioid Crisis Grant program
- NYS OASAS Peer Engagement program

The Council's primary source of revenue is clinic fees and the reliance upon this revenue stream has increased significantly over the years, with clinic fees climbing from 56% of total revenue to 75% of total revenue.

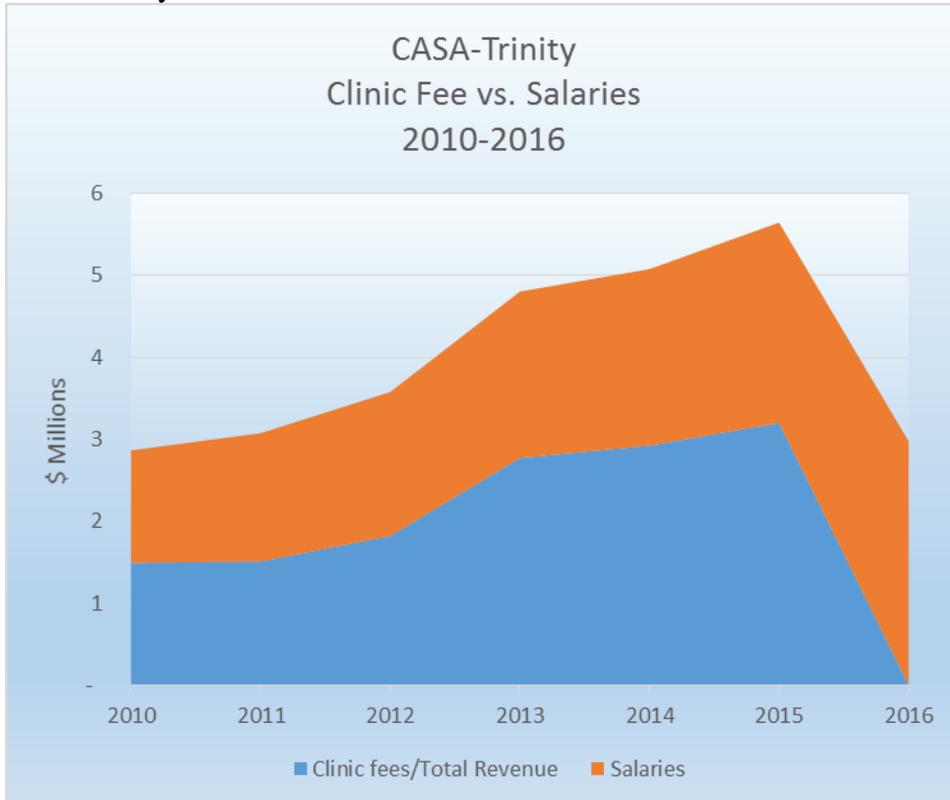


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The Council has experienced additional changes within the make-up of client fees. In 2010, 68% of clinic fees were attributed to Medicaid. That percentage has increased to 76% in 2015. The following chart displays the clinic fee breakdown for 2010-2016.



It should be no surprise that the increase in clinic fees is accompanied by a similar increase in agency salaries, a reflection of both the need for more employees and the increase in the cost of compensation packages in general. The following graph compare the increase in clinic fees with annual salary costs.



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Our expectations for 2017 are optimistic despite the very daunting challenges facing us with respect to value-based payments, migration from APG rates and contracting directly with managed care companies, onboarding several large projects for which we have applied for or been granted funding, and continually enhancing services for the members of our community who are addressing increasingly complex addiction issues.

2017 will be our first full year using a new web-hosted accounting system further facilitating our ability to generate a wide assortment of reports to meet regulatory requirements and assist with project management and feasibility.

The billing department has successfully converted our electronic client record database to enable electronic billing, auto-posting of EOBs (insurance claim remittance detail), resulting in a faster turnaround time from delivery of to payment for services rendered.

With the enhanced internal reporting and controls that we have put in place, we are confident that The Council will exceed 2016 clinic fee levels. This growth is due to an expansion of our geographic footprint and our growing portfolio of services. Change seems to be our constant and we are fortunate to have the board directors, management, and staff flexible and experienced enough to adapt and thrive.

BOARD OF DIRECTORS

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Debra Fitch, Treasurer

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Rachel Pena, HCTC, Grant Coordinator-Director of Prevention

Brie Hogan, HR Director

Julie Skawienski, Financial Specialist

Karen Rittenhouse, MS, Livingston/Wyoming DDP Coordinator

Christine Nightingale, Chemung/Schuyler DDP Coordinator

Thomas Walters, MD, Medical Director - Geneseo

Norman Wetterau, MD, Medical Director - Dansville

Renee Abderhaldon, MD, Medical Director - Elmira