



# Transitional Services

## ASSOCIATION

### OUR MISSION

Our mission at Transitional Services Association is to assist individuals to attain their highest level of independence, self-sufficiency, and satisfaction with life. Through residential programs and care management services, we support, advocate, and challenge individuals to identify and attain their personal recovery goals. In collaboration with a broad network of community partners, TSA provides the highest quality services to children with emotional and behavioral challenges, and adults experiencing mental health and/or substance use disorders. Individuals receiving TSA services are encouraged to identify their strengths, skills, and abilities, and are provided with responsible, respectful, and effective care.



### A TIME OF TRANSITION

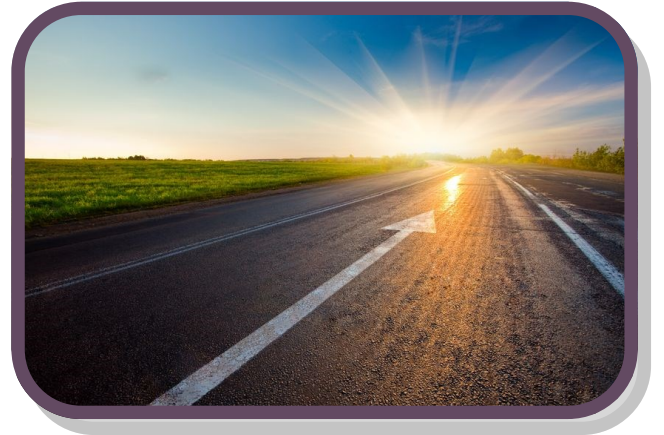
2016 was a year marked by significant changes. Several of our long-time administrative and program staff retired or moved into new positions within the field. The natural ebb and flow of our services and programs was punctuated by several developments at both the state and federal levels.

Our staff continue to innovate and adapt to the ever changing environment of health and human services. They remain dedicated to caring for the people we serve despite high caseloads, new paperwork requirements, and other challenges. This very work ethic led TSA to be recognized as one of the 'Top Work Places in the Capital District' by the Times Union. We plan to build from this success and continue to increase TSA's presence in the community. The people that we serve are our biggest motivators and will drive our plans for the agency in 2017.



**From Larry, ICM (15 years with TSA)**

Three years ago, we met a young man, Darrius, who was living with his parents. They were reaching retirement age and beginning to despair that they would have to alter their plans. He had a psych diagnosis and borderline intellectual function. He was involved in work but spent most of his time playing video games and sleeping. He didn't know what he wanted for himself and was afraid to set goals. He reluctantly agreed to entertain the idea of accepting some version of residential services. At first he shot down the invitations from the CRs. PSAP was approached with a plan to start him at single site instead. That was 2 years ago and there were, as expected, some growing pains but that meant growth for him. He has progressed and matured and is currently in a supported housing apartment, working, and learning to function in increasingly independent settings. His parents, now retired, bought an RV and have been roaming the country spending time with friends and family along the way.

**From Shawnee, Care Manager (18 years with TSA)**

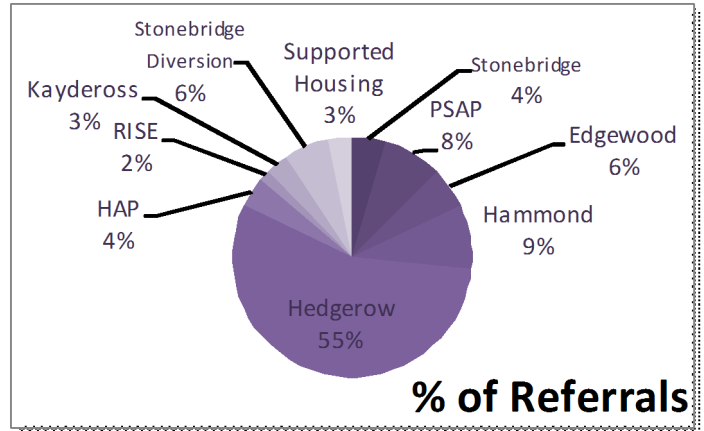
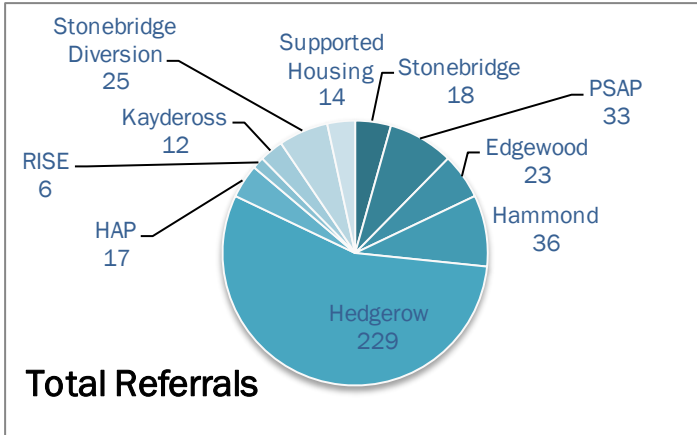
Warren has worked with Shawn Stevens since 2013, when he was still part of the Child & Youth SCM program. He has struggled with substance abuse, housing issues and severe mental illness, on top of the naturally existing challenges of transitioning from being a teenager to a young adult. He is currently on course to graduate in June 2017 and Shawnee will be there to celebrate the moment.

**From Mike, Supported Housing Family Advocate (19 years with TSA)**

Terrence was in TSA's Supported Housing Program. His diagnosis was Bi-polar with OCD and he struggled with denial both on and off his meds. In his late 20s, he eventually settled down, heading toward independence by obtaining VESID funding and taking classes at Schenectady County Community College. Commuting several times a week from Saratoga, he found himself drawn to computer science and doing really well. He ended up graduating with an Associates, then applied and was accepted to the Rochester Institute of Technology. He left TSA and went on to get a B.S. in Computer Science at RIT. He met his future husband there and they now live in Las Vegas. They travelled there together after he was offered a position at an airline operating their computer systems.



**REFERRALS**



**INCIDENTS**

The incident reporting process was streamlined in 2016, as part of an effort to come into strict compliance with the Justice Center and OMH reporting requirements through NIMRS. Changes were made to reflect appropriate categorization and investigation of reportable incidents. Going into 2017, TSA will continue the transformation of the Incident Review Committee and its interactions with the Justice Center.

**OCCUPANCY**

Occupancy Rate- YTD December 2016					
Program	Beds	Budgeted Occupancy	YTD 2016 % of Possible	2015 % of Possible	% Change
	HH	11	88%	79%	76%
EWB	12	88%	89%	69%	20%
SB	11	88%	90%	81%	9%
PSAP	34	85%	92%	86%	7%
SH	48	100%	98%	93%	5%
KH	10	75%	58%	49%	9%
HRH	16	93%	93%	93%	0%
HAP	6	67%	90%	70%	20%

## SERVICE DELIVERY SYSTEMS

### DSRIP (DELIVERY SYSTEM REFORM INCENTIVE PAYMENT)

The DSRIP program promotes community-level collaborations and focus on system reform, with the goal of reducing avoidable hospital use by 25% over five years.

- DSRIP Year 2 activities coincided with most of 2016
- TSA is involved in three separate DSRIP Provider Performance Systems (PPS):
  - The Alliance for Better Health (affiliated with Ellis Hospital)
  - Adirondack Health Institute
  - Better Health for Northeastern New York (BHNNY- affiliated with Albany Medical Center)
- Outcome of participation:
  - Received over \$27,000 in 2016 from BHNNY for engagement and reporting activities
  - Did not receive any DSRIP funds for our participation in the other two PPS's
- Going forward
  - TSA will re-evaluate its participation with Alliance for Better Health and Adirondack Health Institute
  - Shift focus to maximizing our participation with BHNNY



### HEALTH HOME

TSA is a downstream provider for Care Central, one of New York State's first health homes. The Visiting Nurse Service of Schenectady and Saratoga Counties (VNS) leads the effort with the help of partners, including Ellis Medicine, Hometown Health, and health insurers.

Internal changes at Care Central during 2016 have led to significant challenges for TSA in receiving referrals, billing procedure, service documentation, and receiving payment for services.

TSA is working closely with Care Central and the Department of Health to resolve these challenges

### HCBS (HOME AND COMMUNITY BASED SERVICES)

Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries with behavioral health conditions to receive services in their own home or community. Health and recovery plans (HARPs) manage the enhanced benefit package of HCBS. HARPs will use HCBS to provide person-centered recovery services to eligible people with mental illness and/or substance use disorders.

- TSA applied to be an HCBS provider in early 2016, but was not approved
- We will re-apply to provide HCBS services in 2017 with a specific focus on:
  - Psychosocial Rehabilitation
  - Empowerment/Peer Supports
  - Non-medical Transportation (tentatively)

**FINANCIAL OVERVIEW**

Transitional Services Association, Inc.'s budget is a combined budget from several funding agencies. The combined budget depends entirely on the funding granted and the rates provided by the various state and local government units.

**Grants**

- HUD: Received letter from HUD declining renewal of grant for 11/1/17
- Hawley Foundation: Prepared documentation with Sharon Andersen (Kaydeross House) and received \$3,000.00
- Stewart's Holiday Match: Prepared application with Sharon Anderson requesting \$1,250 for Kaydeross House (received \$1,250 in March 2016)
- Sixth Annual Golf Fund Raiser: TSA held the golf tournament in September 2016 which included 82 golfers, 33 tee sponsors, and several corporate sponsors. The event grossed \$21,600. The 7th Annual TSA Golf Tournament will be held in September 2017.

**Finance & Accounting**

- January: Submitted renewal applications for Real Property Exemptions for owned properties
- January: Submitted to OASAS the Balance Sheet Pro-forma as required annually for agency fiscal viability
- January-December: Submitted monthly internal financials to Finance Committee and all Program Directors of the agency, which includes monthly & year-to-date Profit & Loss and Balance Sheet; also, Program Directors received the actual to budget monthly Profit & Loss Statements
- April-October: Attended & monitored Golf Tournament Committee meetings
- April: Completed and submitted the required annual report to New York State Office of Temporary and Disability Assistance for the annual activity at Kaydeross House
- November: Met throughout the year with auditing firm, Marvin & Company, to discuss and evaluate the audit approach and establish time frames and deadlines
- Continuous: Monitored and directed the Maintenance, IT & Accounting staff; participated in the Board of Directors monthly Planning Committee and Finance Committee meetings; negotiated better pricing for office supplies, waste management services, and paper & janitorial products

**Transitional Services Association, Inc.**  
**Total Agency Budget 2016**  
**By Program**

	<u>Hammond</u>	<u>Stonebridge</u>	<u>Edgewood</u>	<u>Prog. Svc.</u>	<u>Kaudekoff</u>	<u>Hedgecote</u>	<u>Hedgecote</u>	<u>Child</u>	<u>State</u>	<u>BUD</u>	<u>Prsgl.</u>	<u>Admin</u>	<u>Agency</u>
	<u>CMH</u>	<u>DMH</u>	<u>CMH</u>	<u>DMH</u>	<u>OCFS</u>	<u>DASAS</u>	<u>SUBD.ABLS</u>	<u>MORBID</u>	<u>LGU</u>	<u>Group</u>	<u>Admin</u>	<u>Total</u>	<u>Total</u>
Personal Services	\$204,750	\$174,827	\$215,280	\$278,500	\$234,000	\$215,010	\$13,000	\$470,832	\$167,495	\$18,500	\$180,000	\$416,000	\$2,789,192
Fringe Benefits	\$192,000	\$88,366	\$72,095	\$81,980	\$76,280	\$63,680	\$2,174	\$158,842	\$153,783	\$4,445	\$43,844	\$147,301	\$886,829
General Operating	\$20,310	\$21,791	\$33,120	\$453,545	\$62,520	\$58,236	\$240	\$181,814	\$26,378	\$500	\$0	\$87,970	\$829,087
Equipment	\$2,000	\$0	\$2,000	\$2,000	\$6,000	\$2,000	\$0	\$3,500	\$8,320	\$0	\$0	\$4,000	\$35,480
Property	\$19,000	\$21,000	\$18,520	\$50,800	\$21,844	\$25,800	\$30,300	\$19,990	\$180,212	\$14,185	\$0	\$16,820	\$400,162
CMH Property Mgt.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Client Related/Misc.	\$2,400	\$4,000	\$4,000	\$4,800	\$15,800	\$8,000	\$0	\$30,789	\$11,404	\$0	\$0	\$0	\$78,273
Interest	\$6,400	\$5,800	\$0	\$23,700	\$0	\$0	\$0	\$28,750	\$8,220	\$0	\$0	\$0	\$73,750
Year-End	\$7,000	\$5,000	\$6,000	\$8,000	\$4,000	\$8,000	\$0	\$17,000	\$23,000	\$0	\$6,800	\$18,000	\$100,000
401b Contributions	\$2,000	\$1,000	\$3,000	\$2,000	\$1,000	\$3,000	\$0	\$5,000	\$4,000	\$0	\$3,000	\$6,000	\$30,000
<b>Totals</b>	<b>\$375,940</b>	<b>\$390,604</b>	<b>\$395,835</b>	<b>\$696,135</b>	<b>\$420,253</b>	<b>\$389,726</b>	<b>\$45,714</b>	<b>\$815,427</b>	<b>\$781,032</b>	<b>\$37,511</b>	<b>\$239,304</b>	<b>\$580,094</b>	<b>\$5,139,472</b>
Client Fees	\$116,830	\$115,830	\$118,405	\$350,065	\$0	\$185,205	\$40,800	\$0	\$0	\$0	\$0	\$0	\$905,335
Medicaid	\$250,824	\$250,824	\$275,622	\$758,425	\$13,342	\$0	\$0	\$875,280	\$0	\$0	\$0	\$0	\$2,442,317
State/Local County	\$0	\$0	\$0	\$0	\$0	\$242,275	\$0	\$285,927	\$0	\$0	\$0	\$0	\$1,082,689
OCFS(DSS)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Front Stamps/BML	\$17,000	\$12,000	\$12,000	\$0	\$145,930	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$448,930
Grants	\$0	\$0	\$0	\$0	\$11,278	\$15,000	\$0	\$0	\$0	\$0	\$0	\$0	\$62,278
Invest. Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$37,414	\$0	\$0	\$37,414
<b>Totals</b>	<b>\$378,654</b>	<b>\$378,654</b>	<b>\$408,027</b>	<b>\$1,104,490</b>	<b>\$400,950</b>	<b>\$422,495</b>	<b>\$40,800</b>	<b>\$1,161,207</b>	<b>\$824,052</b>	<b>\$37,511</b>	<b>\$0</b>	<b>\$12,000</b>	<b>\$5,258,145</b>
Net Difference	\$2,714	\$78,040	\$50,382	\$500,655	\$70,287	\$32,769	\$30,714	\$244,780	\$63,425	\$0	-\$238,304	-\$403,021	\$719,072
Prog. Contribution	0.06%	1.48%	0.08%	0.52%	1.34%	0.82%	-0.11%	4.66%	1.21%	0.00%	-4.55%	-12.90%	2.20%



## INFORMATION TECHNOLOGY

In 2016, TSA received a \$50,000 grant from the Department of Health to modernize our technological abilities in anticipation of the transition to the managed care environment. Several network systems upgrades and improvements were made:

- Purchased electronic health record database– AWARDS
- Care Management hot spots
- Email encryption (Paubox)
- Removed DynDNS as MX record for email
- Purchased Windows 10 Surface tablets
- Upgraded Cisco firewalls
- Moved old CM desktops to Hedgerow House
- Added new power conditioning battery backup for RISE
- Added new WSUS server for Microsoft updates



## PHYSICAL PLANT

The Maintenance Department continued to use single source vendors for scheduling fire alarm and fire extinguisher equipment inspection and servicing. In addition, these vendors provide the required fire safety training for staff. The MD continued to utilize the online database to track maintenance requests, leading to increase efficiency in reporting. A quality assurance physical plant inspection was performed on all properties again in 2016. The following accomplishments are also noted:



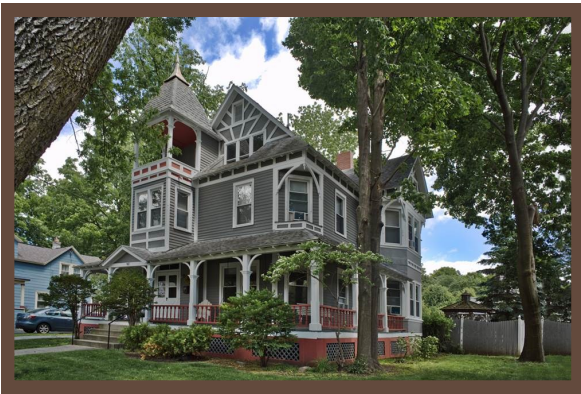
- Repair to the concrete foundation and driveway at Waterbury Street
- Seal coating on all parking lots and driveways
- New flooring installed at Edgewood House
- Ventilation system repaired at 127 Union Street
- Carpeting replaced in Administrative offices

## EDGEWOOD HOUSE

Edgewood House is a 12-bed community residence serving adults with chronic and persistent mental illness. We served a total of 24 people during 2016. Six residents graduated the program and successfully transitioned to the Progressive Steps Apartment Program. Additionally, after 3 years of having a frozen overnight counselor position, the house is fully staffed. The staff aim to continue the trends of decreasing medication errors and maintaining a higher occupancy rate.

- Provided transportation to Saratoga and Ballston Spa
- Became more client-centered through changes to outdated program policies
- Improvements were made to the house through the installation of new flooring and furniture.
- Occupancy grew to an annual average of 88.9%

For 2017, staff hope to educate residents on making healthy choices surrounding nutrition and decrease medication errors.



## HAMMOND HOUSE

From 1978 to 1999 Hammond House served the seriously and persistently mentally ill. In 1999 Hammond House began serving the dually diagnosed population, those individuals with both mental illness and chemical addiction. This 11-bed facility provides co-ed residential treatment. Residents work on goals developed with the help of their primary counselor. These goals are focused on helping residents work towards abstinence from substance use and towards mental health recovery. Generally, a 6 to 9-month commitment is required of the residents in order to graduate from the program. In 2016:

- Staff revised their resident incentive program
- Reduced household energy usage
- Increased recreational participation
- Improved the occupancy rate

Looking ahead to 2017, staff plan to develop biannual themes in programming, invite speakers from outside agencies/providers, and focus on assisting residents with improving independent living, educational, and vocational skills.



## HEDGEROW HOUSE



Hedgerow House is a co-ed Chemical Dependence Community Residence licensed, partially funded by the OASAS, serving individuals with complex issues such as; legal, family, social, spiritual, and co-existing mental health diagnoses, as well as chronic medical conditions. In recent years, they have continued to see more clients dependent on prescription opiates and heroin.

HRH admitted 39 clients this year, 23 of those clients drug of choice was opiates/heroin and 15 reported alcohol as their drug of choice , the remaining client reported cocaine as drug of choice. Of those who left the program, 13 left in compliance and 19 left in non-compliance, 1 left with a medical discharge and sadly 1 died. Currently, 5 remain in program.

In 2016, Hedgerow House staff:

- Completed their relief staff manual
- Developed and provided family education packets
- Improved job readiness skills for residents

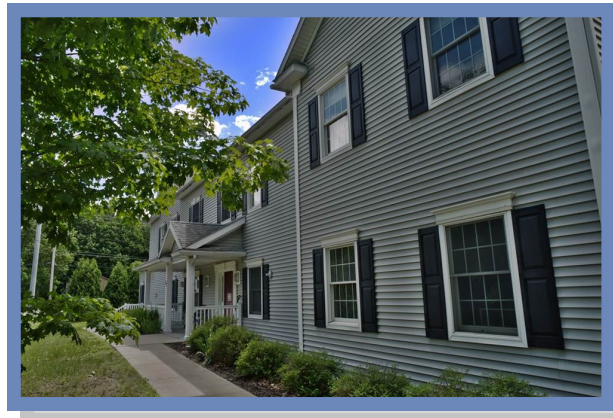
2017 will see the completion of the 820 Residential Redesign Application.

## KAYDEROSS HOUSE

Kaydeross House is a residential group home designed to treat female adolescents between the ages of 9 and 18 who evidence emotional and behavioral difficulties. It is licensed by the New York State Office of Children and Family Services. The most essential goal of the house is to re-parent the children in our care, with the objective of increasing their ability to meet their needs in necessary and appropriate ways. The program utilizes a milieu therapy approach, which combines individual, group, family and experiential components. In 2016, staff were successfully:

- Trained and developed staff and programs
- Familiarized staff with OCFS and Justice Center regulations and guidelines

Looking into 2017, the program aims to have self-defense training for both staff and residents. Residents will receive education on making healthy nutrition choices, as well as, participate in sustaining a garden from which produce will be canned or frozen. Enhanced programming will feature skill development surrounding impulse control, personal boundaries, appropriate socialization and how to effectively ask for help.



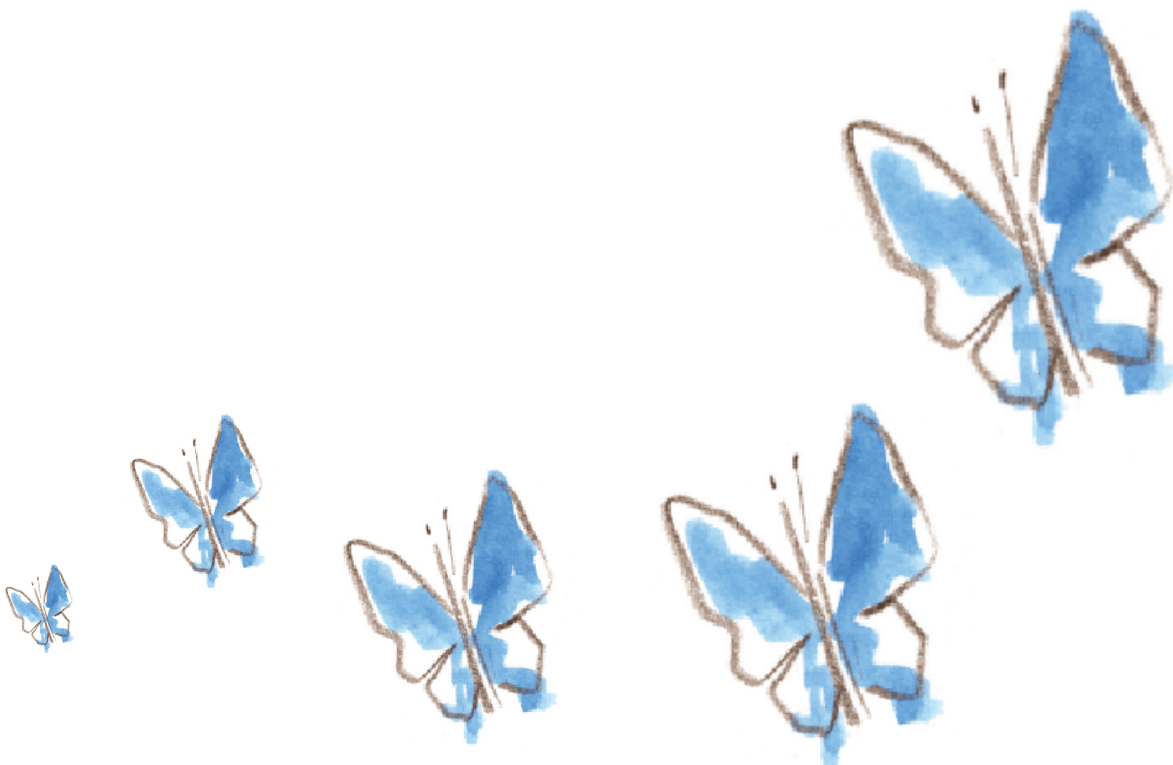
**STONEBRIDGE**

Dating back to the Civil War era, Stonebridge is a large and inviting home located in a pleasant residential setting near downtown Saratoga Springs. It provides an ideal location for the residents, as it brings them in close proximity to the Single Site Apartment Program and the Hospital. It is also close to the bus route that accesses the mall, and is in easy walking distance to various businesses and community services. Our mission is to provide high quality care while assisting residents to move on to a level of care that is appropriate to their needs.

During 2016, staff:

- Transitioned 2 residents to PSAP or independent living
- Identified and utilized community services
- Provided a smoking cessation presentation
- Held monthly discussions with residents focusing on physical health.

2017 will see the advent of programs focused on mutual respect and togetherness. Additionally, staff intend to transition 2 residents to an independent living situation.



## CARE MANAGEMENT

Care Management is the predominant Health Home provider in Saratoga County. The program utilizes an innovative model of care that provides personalized clinical and social support and service coordination aimed at improving the health and well being of the community. Care Managers develop a holistic, personalized care plan for each individual or family member. At the core of each plan is the belief in preventative, primary medical care. In 2016:

- Hired new Care Managers and Program Director
- Implemented new programs and initiatives from NYS governing authorities
- Performed quality assurance record review process
- Ten Care Managers enrolled and offered services to 328 adults and 47 youths, as well as, outreach and assessment services for 988 individuals
- Transitioned Child and Youth ICM/SCM to Child and Youth Health Home



## PROGRESSIVE STEPS

Progressive Steps is a single and scattered site apartment program designed to provide support services to 34 men and women who evidence varying degrees of psychiatric disabilities. Twelve of these beds are located in a Single Site location in order to provide increased assistance to residents who require additional support. Eight beds are designated for MICA clients and they are managed by the MICA Program. The program currently operates apartment sites within the Saratoga Springs city limits. In 2016,:

- PSAP was able to achieve an overall occupancy rate of 88%
- Two vacant counselor positions were filled
- Two residents were transitioned to Supported Housing

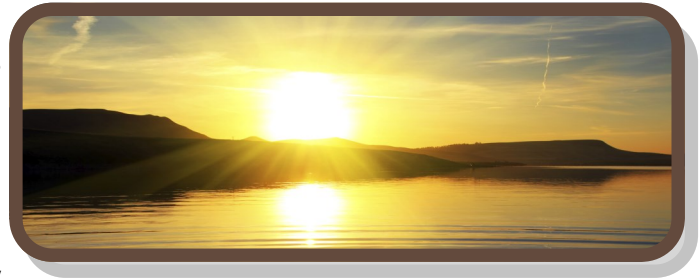
In 2017, the program aims to fill one vacant counselor position, transition 2 residents to independent living, and achieve a 90% occupancy rate.



## RISE- RECOVERY INTEGRATION SUPPORT EMPOWERMENT

RISE staff work closely with other mental health and substance abuse service providers in order to ensure service integration for those clients suffering from co-occurring disorders. Through individual counseling, psycho-educational groups, and assistance with accessing community resources, the TSA program seeks to educate residents on the interaction between their mental illness and their chemical addiction, as well as provide them with skills in order to manage mental health symptoms and avoid relapse. The program also acts to increase community awareness and education regarding the specific needs of the population. Organizationally, the program shares 8 beds at two locations with the Progressive Steps Apartment Program, specifically designated and developed to meet the needs of RISE clients at the PSAP level of care. In 2016, the program:

- Maintained an average occupancy for 7 of the 8 available beds
- Washer/dryer units were replaced
- The Jefferson Street driveway was sealed



2017 goals involve redistributing the gender ratio by transitioning an apartment located at Van Dam from male to female occupancy. Additionally, program staff will establish more community connections for volunteer and employment opportunities for residents.

## SUPPORTED HOUSING

Supported Housing is a scattered site apartment program designed to provide support services to 50 men, women and families who evidence varying degrees of psychiatric disabilities. The program currently operates 41 single and/or dual occupancy apartments in Saratoga Springs and the surrounding area. The goal of the program is to assist each resident with living independently in the community. Of these 50 beds, 4 are designated to serve single parents with children and 2 are designated for people transitioning from long-term psychiatric centers.

2016 brought a few changes to the Supported Housing Program:

- Three clients were discharged and 8 were admitted to the program
- The program maintained a 95% occupancy rate

The biggest obstacle faced in 2016 has continued to be securing affordable apartments in the Saratoga area and/or along public transportation routes. This issue will likely continue into the foreseeable future. Staff hope to facilitate a self-defense training for staff and continue to maintain the current occupancy rate or better in 2017.





**QA FOR 2016-  
87 RECORDS REVIEWED ACROSS ALL PROGRAMS**

**Strengths:**

- All records reviewed in licensed programs met Medicaid billing requirements
- Licensed OMH program charts are in excellent shape
- There is strong evidence of good client care and excellent documentation of client interactions across all programs
- All buildings are in good repair and are well maintained

**Areas for improvement:**

- HRH staff does not participate in Safety Training
- Collateral/family input is not always noted in charts
- HIPAA procedure not always followed in unlicensed programs
- Care Management charts need additional work
- Care Management billing is not maximized
- Edgewood House has had an excessive number of staff medication errors



**Recommendations:**

- HRH should encourage staff to attend annual safety training even though it is not mandatory
- Staff should be diligent about seeking out and fostering collateral contact/family input when creating service plans, utilization reviews, and when documenting sensitive situations.
- Unlicensed program staff will be retrained in proper HIPAA procedure.
- Care Management chart QA checklist should be revised, and a new system for ongoing internal chart QA should be implemented.
- Care Management Program Director and Operations Supervisor should meet regularly with Care Managers early in the month to troubleshoot any difficulties with completing Medicaid billing.
- Edgewood house will be re-trained in Medication Supervision procedures.





## 2016 GOALS REVIEWED

Pursue additional residential property acquisitions

**Outcome:** Ongoing. We looked at properties in Saratoga Springs and the surrounding area, but none were adequate to meet our needs in terms of location, price, or the extent of rehab needed.

Assist the Executive Committee of the Board of Directors with executing the Administrative Succession Plan

**Outcome:** Completed. Sybil Newell was appointed as the new Executive Director effective 1/1/17; Elizabeth Stockwell-Wheeler was appointed as the new Deputy Director effective 1/1/17.

Facilitate an effective and efficient transition of leadership at TSA

**Outcome:** Completed. Peter Rogers retired on 12/31/16 with the new administrative team in place.

Increase occupancy rates in the OMH licensed Community Residence programs

**Outcome:** Completed. Occupancy increased an average of almost 10% across OMH licensed programs from 2015 to 2016. Increased focus on managing referrals, and regular meetings to discuss movement in the programs has resulted in a significant increase in average occupancy.

Monitor and evaluate the need for an additional AOT Care Manager position

**Outcome:** Completed. An additional AOT Care Manager position was created to serve the AOT population of southern Warren County, in conjunction with Adirondack Health Institute (AHI). We continue to monitor the need for an additional AOT Care Manager to serve Saratoga County.

Add two more Board members in 2016

**Outcome:** Ongoing. Several potential board members were approached in 2016, but no new members were added.

Increase direct involvement with the Albany Medical Center Delivery System Reform Incentive Payment (DSRIP)

**Outcome:** Completed. The new Deputy Director has taken an active role in connecting TSA to the Albany Med PPS. Our engagement and reporting activities in 2016 resulted in \$27,500 from the DSRIP.

Participate in the further development of the Hudson River United Services Independent Practice Association (IPA) with respect to increased size and diversity, and integration of functions

**Outcome:** Ongoing. The Hudson River United Services IPA has met on a regular basis to plan for the further development that will be necessary to position its members to be competitive in the changing environment. Increased size and diversity, as well as integration of functions will be essential to the structure and functioning of the IPA over the next few years.

**GOALS FOR 2017**

- Evaluate the need for additional administrative staff positions in the areas of Human Resources, Development, and Corporate Compliance.
- Increase collaboration with other agencies and entities in the community serving those with mental health, physical health, poverty, and substance use issues.
- Increase the visibility of TSA in the community through outreach, networking, technology, and partnerships.
- Update and facilitate TSA's use of available technology to improve and streamline services.
- Train all staff in Trauma Informed Care and have TSA certified as a Trauma Informed Care provider.
- Continue to explore property acquisitions for TSA housing.
- Ensure the successful transition of Hedgerow House to an all-male facility under the OASAS 820 regulations.
- Ensure the successful transition of the Shelter Plus Care Program to TSA from the City of Saratoga Springs.

**THANK YOU**

TSA would like to express our sincere thanks to Peter Rogers and Laurie Nelson for their many years of service to TSA. Their excellent stewardship, attention to detail, and commitment to caring for the people we serve, has left the agency in a strong position from which we can approach the upcoming challenges and ongoing system transformation. Going forward, we will strive to live up to their standards of professionalism and dignity, and maintain the respected position TSA achieved during their tenure. We all wish them the best in their retirement.



Sybil Newell

Executive Director



# Transitional Services

ASSOCIATION

