

**Twin County Recovery Services, Inc  
Narrative Summary  
2017  
Program Information**

The year 2017 brought increased challenges for our Programs as the Opioid Epidemic continues to take hold in Greene County. For the first time in years the primary substance of abuse in our Clinic is opioids, not alcohol. This also impacts the number of hours we have needed to increase for our Medical Director as she is prescribing Medication Assisted Treatment for those who are willing to participate.

Our census in our Women and Children's residence remains high with a constant waiting list. We have been approved by NYS OASAS to relocate and expand our Residence but have been great difficulty finding the appropriate property to do so. The expansion would be from 12 beds to 18 beds. We continue our search.

Our Prevention Program is also extremely busy in the schools and community. We were able to add an Intervention Counselor in Coxsackie-Athens School District and another one in Cairo-Durham District with funding from the Greene County Rural Health Network. The schools have been very pleased with this addition. This funding diminishes each and we have asked the schools to increase their portion. Hopefully, this will be able to continue.

Because Greene County has the highest rate of opioid related deaths per capita in New York State, we were awarded a large grant from the Federal Government to put in place some programming locally to address this issue. The informal name of this Program is "Greener Pathways". We are currently not sure if this grant funding will continue for a second year. This has allowed a Counselor to be stationed in the Greene County Jail to see inmates, do assessments and groups, and interest them in Vivitrol injections if they are appropriate candidates, prior to leaving the jail.

TCRS continues to be active in Drug Court, Community Services Board, Public Health Leadership Meetings and many other community and professional groups.

Twin County Recovery Services, Inc.  
 Calendar years 2016 and 2017  
 Program Performance Report Form  
 NYS Office of Alcoholism and Substance Abuse Services  
 Greene County Out-Patient Clinic

Comparison

	<u>Minimum Standard for Upstate</u>	<u>2016</u>	<u>2017</u>
Units of Service Delivered	-----	12,143	11,627
UOS per FTE Direct Care Staff	1,000	1,877	1,748
Client to Direct Care Ratio	21.9	24	27.18
% Discontinued Use	25%	63%	70%
Improved Employment Status	35%	51%	53%
1 month Retention	75%	81%	73%
3 month Retention	65%	75%	71%
6 month Retention	40%	54%	52%
% Completing Program	35%	51%	44%



New York State Office of Alcoholism and Substance Abuse Services  
Admission Item Statistics Report  
Program Details  
6865 - Twin County Recovery Services OP

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Age

Description	Count	Percent
12 to 15	3	.7
16 to 18	13	3.0
19 to 21	22	5.1
22 to 25	60	13.9
26 to 35	169	39.2
36 to 45	94	21.8
46 to 55	48	11.1
56 +	22	5.1
<b>Total :</b>	<b>431</b>	<b>100</b>

Employment

Description	Count	Percent
Employed Full Time-35+ hrs/wk	111	25.8
Employed Part Time-< 35 hrs/wk	72	16.7
Not in Labor Force, Disabled	36	8.4
Not in Labor Force, Other	13	3.0
Not in Labor Force, Retired	9	2.1
Not in Labor Force, Student	8	1.9
Social Services Work Exp Prog	1	.2
Unemployed, Looking	120	27.8
Unemployed, Not Looking	61	14.2
<b>Total :</b>	<b>431</b>	<b>100</b>

Ever Hospitalized for Mental Illness

Description	Count	Percent
Y	75	17.4
N	356	82.6
<b>Total :</b>	<b>431</b>	<b>100</b>

Number of Assessment Visits

Description	Count	Percent
0	361	83.8
2	70	16.2
<b>Total :</b>	<b>431</b>	<b>100</b>

Primary Income at Admission

Description	Count	Percent
Fam and/or Spouse Contribution	47	10.9
None	95	22.0
Other	14	3.2
SSI/SSDI or SSA	48	11.1
Safety Net Assistance (SNA)	13	3.0
Temp Asst for Needy Fam (TANF)	40	9.3
Wages/Salary	174	40.4



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**Primary Income at Admission**

Description	Count	Percent
<b>Total :</b>	431	100

**Primary Substance**

Description	Count	Percent
Alcohol	136	31.6
Alprazolam (Xanax)	1	.2
Buprenorphine	3	.7
Cocaine	28	6.5
Crack	7	1.6
Heroin	108	25.1
Marijuana/Hashish	107	24.8
Methamphetamine (e.g. Ice)	1	.2
Other Opiate/Synthetic	36	8.4
OxyContin	3	.7
Synthetic Stimulant	1	.2
<b>Total :</b>	431	100

**Principal Referral Source**

Description	Count	Percent
CD Program Out of State	1	.2
CD Program in New York State	24	5.6
City/County Jail	2	.5
District Attorney	1	.2
Drinking Driver Referral	2	.5
Drug Court	14	3.2
Employee Assistance Program	1	.2
Employer/Union (Non-EAP)	2	.5
Family Court	9	2.1
Family, Friends, Other Individuals	10	2.3
Health Care Provider	6	1.4
Hospital Emergency Department	1	.2
Local Soc Srvs Dist Treatmnt Mandate/Medicaid Only	3	.7
Local Soc Srvs Dist Treatmnt Mandate/Public Assist	15	3.5
Local Social Services Dist - Income Maintenance	25	5.8
Local Social Services-Child Protect Services/CWA	34	7.9
Managed Care Provider	2	.5
Mental Health Provider	4	.9
NYS Department of Correctional Services	1	.2
Office of Children and Family Services	2	.5
Other	9	2.1
Other Court	32	7.4



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**Principal Referral Source**

<b>Description</b>	<b>Count</b>	<b>Percent</b>
Other Social Services Provider	1	.2
Parole General	50	11.6
Parole Release Shock	4	.9
Parole Release Willard	6	1.4
Physician	3	.7
Probation	103	23.9
School-Based Prevention Program	2	.5
Self-Referral	62	14.4
<b>Total :</b>	<b>431</b>	<b>100</b>

**Race**

<b>Description</b>	<b>Count</b>	<b>Percent</b>
American Indian	1	.2
Asian	1	.2
Black or African American	33	7.7
Other	27	6.3
White	369	85.6
<b>Total :</b>	<b>431</b>	<b>100</b>

**Sex**

<b>Description</b>	<b>Count</b>	<b>Percent</b>
Male	274	63.6
Female	157	36.4
<b>Total :</b>	<b>431</b>	<b>100</b>

**Zip Code**

<b>Description</b>	<b>Count</b>	<b>Percent</b>
12010->>>	1	.2
12015-Athens	22	5.1
12033-Castleton On Hudson	2	.5
12037-Chatham	1	.2
12042-Climax	3	.7
12045-Coeymans	1	.2
12046-Coeymans Hollow	1	.2
12050-Columbiaville	1	.2
12051-Coxsackie	21	4.9
12053->>>	1	.2
12058-Earleton	7	1.6
12075-Ghent	1	.2
12083-Greenville	11	2.6
12087-Hannacroix	6	1.4
12120-Medusa	1	.2
12123-Nassau	1	.2



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Description	Zip Code	Count	Percent
12124-New Baltimore		1	.2
12141-Quaker Street		1	.2
12143-Ravena		5	1.2
12172-Stottville		1	.2
12176-Surprise		1	.2
12184-Valatie		1	.2
12192-West Coxsackie		4	.9
12193-Westerlo		1	.2
12405-Acra		6	1.4
12407-Ashland		3	.7
12409-Bearsville		1	.2
12413-Cairo		28	6.5
12414-Catskill		169	39.2
12418-Cornwallville		4	.9
12422-Durham		1	.2
12423-East Durham		3	.7
12424-East Jewett		1	.2
12427-Elka Park		1	.2
12431-Freehold		15	3.5
12432-Glasco		1	.2
12436-Haines Falls		1	.2
12439-Hensonville		1	.2
12442-Hunter		5	1.2
12444-Jewett		1	.2
12446-Kerhonkson		1	.2
12451-Leeds		11	2.6
12460-Oak Hill		2	.5
12463-Palenville		10	2.3
12468-Prattsville		2	.5
12469->>>		4	.9
12470-Purling		7	1.6
12473-Round Top		5	1.2
12477-Saugerties		16	3.7
12482-South Cairo		5	1.2
12485-Tannersville		7	1.6
12496-Windham		1	.2
12507-Barrytown		1	.2
12516-Copake		2	.5
12526-Germantown		1	.2
12529-Hillsdale		1	.2



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	Zip Code		
Description		Count	Percent
12530-Hollowville		1	.2
12534-Hudson		16	3.7
12565-Philmont		1	.2
		<b>Total :</b>	<b>431</b>
			<b>100</b>

**Twin County Recovery Services, Inc.**

**Outpatient Clinic Services 2017**

**Greene County Services 2017**

**Greene Staffing Resources**

Date	Assessment Sessions	Counseling Sessions	IOS	Group Encounters	Multiple Sessions in a Day			Non-billable sessions (indv)	Other APG Sessions	Total Billable Sessions	Total Reportable Treatment Visits	Date	Total FTE	Primary Counselor	Non Primary Counselor	Other Direct Care	Vacant	DSS Assessments
					Total Multiples	Non-billable multiples	Total Multiples											
Jan-17	80	246	0	731	116	7	22	21	1071	1088	Jan-17	6.410	6.000	0.410	0.000	0	24	
Feb-17	57	197	0	661	113	5	30	27	937	952	Feb-17	6.375	6.000	0.375	0.000	0	18	
Mar-17	54	243	0	712	127	3	25	33	1039	1053	Mar-17	6.250	6.000	0.250	0.000	0	14	
Apr-17	42	235	0	759	125	1	28	28	1063	1090	Apr-17	6.730	6.000	0.730	0.000	0	17	
May-17	66	231	0	754	123	1	40	36	1086	1106	May-17	6.418	6.000	0.418	0.000	0	22	
Jun-17	42	237	72	734	96	0	22	32	1117	1067	Jun-17	7.140	5.400	0.740	0.000	1	13	
Jul-17	50	239	66	708	96	0	27	37	1100	1120	Jul-17	6.970	5.400	0.570	0.000	1	11	
Aug-17	65	316	65	780	143	1	18	68	1293	1327	Aug-17	6.570	6.000	0.570	0.000	0	13	
Sep-17	46	202	97	684	89	0	19	52	1081	1096	Sep-17	6.500	6.000	0.500	0.000	0	16	
Oct-17	50	223	97	719	97	0	15	42	1131	1183	Oct-17	6.510	6.000	0.510	0.000	0	25	
Nov-17	55	217	68	585	78	2	7	61	984	1022	Nov-17	6.860	6.480	0.380	0.000	0	15	
Dec-17	50	179	79	513			9	58	879	933	Dec-17	7.140	6.480	0.660	0.000	0	17	
Total	657	2765	544	8340	1203	20	262	495	12781	13037	Total						205	



# **Twin County Recovery Services, Inc. Prevention Department Activity Report**

**Prepared for**

**Beth Schuster, CASAC, NCACII**

**Executive Director Twin County Recovery Services, Inc.**

**By**

**Paula Queirolo, BA, CASAC**

**Prevention Director: Twin County Recovery Services, Inc.**

**October 16, 2017**

**The Prevention Summary dates are from September 2016 through September 2017. Beginning 2016, demand for Prevention Services in Greene County School Districts steadily increased. The 2017-2018 NYSOASAS approved Work-plan reflects increased services implemented in progress with the start date September 5<sup>th</sup>, 2017.**

## Elisabeth Lapierre, MS, Prevention Educator

### Primary Work Evidence Based Classroom Education

- Coxsackie Elementary and Middle School Grades K, 1, 2, 3, 4, 5, 6, 7, 8, total 9 grade levels  
Teaches 20 classes per week over 4 days @ 5 classes per day  
4 grade levels per week  
5 sections per grade level, total 45 sections  
Reaches 400 students in each 1 week period  
Total Student Population 900  
Total 373 lessons
- Hunter-Tannersville Middle and High School grades 7, 8, 9 -begin March 4 lessons per week  
Total students approx. 85  
Total lessons 30
- Red Door Residents – 2 Rotations of ‘Active Parenting Now Ages 1-4 Presentations  
1 lesson per week  
Total lessons 14  
Total attendees 25
- Red Door Residents – 1 Rotation of Parenting 4<sup>th</sup> Ed. Ages 5-12  
1 lessons per week  
Total lessons 7  
Total attendees 8
- Youth Clubhouse ‘Too Good for Drugs and Violence Program” High School Program  
1 lesson per week  
Total lessons 10  
Total attendees 15

### Office Day 1 per week and School Holidays - Community Outreach and Educator Training

- Prepared/table event 2day Hope Rocks Festival
- Prepared/table event 4 days Greene County Youth Fair-poster contests, information table, interactive Q & A with youth and adults
- Coordinated/Pas It On Harvesting Hope Recovery Month event/movie and panel discussion w/raffle
- Pas It On - Secretary
- Created/Implemented Pro-Social Gardening Program for the women in the Riverside Recovery Residence
- Red Ribbon Week Prep/Table in Coxsackie Middle School
- Presented the Too Good for Violence Program to the Youth at the Youth Clubhouse in Catskill
- Information Table - Elementary Open House for Coxsackie
- Information Table - Middle School Open House in Coxsackie
- Pre-Prom Assembly Coxsackie High School (scheduled for 2018)
- Participated in the Tracy Village Memorial Walk
- Member/Secretary for the Col. Gr. Controlled Substance Awareness Task Force Prev. Work-group
- Presenter - Career Day for Cairo-Durham Middle School
- Presenter - Career Day for Greenville High School
- Ongoing Education - 6 training seminars on Student Engagement Poor Students, Rich Teaching: Mindsets for Change
- Trained - Active Parenting Now 4<sup>th</sup> Ed. Ages 5-12 Presenter Trainings - Certified
- Trained - Apple A Day Presenter Training – Certified

## Helen Exum, BA, CPP Senior Prevention Educator

### Primary Work Evidence Based Classroom Education "Too Good for Violence"

- Cairo-Durham grades 6, 7, 8, 9,  
373 students  
17 sections  
138 lessons
- Catskill Elementary Grades K, 1, 2, 3  
500 students  
24 sections  
168 lessons
- NYSOASAS Approved Gambling Power-point Presentation  
5 groups  
129 attendees  
4 Presentations
- Riverside Recovery Residence-Ongoing 'Active Parenting Now'  
3 groups  
24 students  
18 presentations

### Office Days and School Holidays – Community Outreach and Educator Training

- Monthly Column 'Prevention Talks' (Please See Attached October Column)
- Chair - Pas It On, Coordinated Zumbathon Fundraiser, Community Forums
- Information Table - DARE DAY
- Information Table - Open House Elementary Catskill
- Information Table - Open House Middle School Cairo-Durham
- Presenter - Career Day at Cairo-Durham Middle School
- Cairo-Durham Pre-Prom Assembly
- Red Ribbon Week prep/information table at Cairo-Durham Middle School
- Trained – Active Parenting Now" 4<sup>th</sup> Ed. Ages 5-12 Presenter Trainings – Certified
- Trained – Apple A Day Presenter Training – Certified

## Paula Queirolo, BA, CASAC, Prevention Director Daily

- New Hire paperwork/Orientation/Work with Counselor to set up program system in school
- Time Off Requests
- Inventory/Purchase Orders/Purchasing
- Data entry WITNYS
- Research/Purchase New Programs
- On call Intervention Counselor - Hunter-Tannersville Middle and High School

### Weekly

- Twin County Webpage Maintenance
- Case Supervision with Bill W.
- Case Supervision with Louise B.
- Supervision with Helen E.
- Supervision with Elisabeth L.
- Payroll – Bi-monthly

### Monthly

- Chair Columbia-Greene Controlled Substance Awareness Task Force Prevention Work-group Coordinate Cairo-Durham Mustang Pride Resource Night Oct. 19<sup>th</sup>, 6-8pm
- Prevention Team Staff Meetings
- Quality Improvement Meetings/Report
- Petty Cash Custodian/ Report
- Rural Health Network Stats Reports
- Attend/Report MH & OASAS sub-committee meeting
- Northeastern Community Action Partnership (NECAP) TCRS member of \$100,000 Sub-committee for Youth Summit Planning March 8<sup>th</sup>, 2018
- Northeast New York Prevention Cooperative (NENY) - Coordinated and Presented at the Faith Based Outreach Conference on April 27<sup>th</sup>
- Coordinate Sean's Run Prevention Expo
- Parents Who Host-work with IHeart Media, coordinated 13 county PSA's for Social Host Law/Underage Drinking
- PAS It ON-co-ordinate forums, Recovery Events, Community Outreach
- Prevention Outreach to 55 Greene County. Faith Based Organizations-Medication Drop Box and Syringe Safety mailings and Phone contacts, Greene County. Coroners, Funeral Homes, Hospice, Pharmacies/
- Information Tables: Walk Out of Darkness, Hudson Valley Community College, Bowtie Theatre in Schenectady, CGCC Interagency Awareness Day,
- Co-Chair Columbia County Opioid Response Education and Prevention Subcommittee
- Quality Review of Cases
- Updated Policy and Procedure Manual
- Remain Current w/ Prevention Guideline Procedures
- Attend work related social functions
- Billing-prepare, receive, maintain records, send to finance director
- Incident Reporting
- Columbia-Greene Controlled Substance Awareness (Full) Task Force - Report on Work-group

### Yearly

- NYS Work-Plan Development
- Meetings with School Admin - Contract negotiation, prepare, deliver, and receive.
- Presenter - Columbia-Greene Community College Career Conference, Greenville HS Career Day
- Mini grant writing – purchase current program materials
- Purge Old Case Files
- Twin County Recovery Services Board Report

November 9, 2017

Dear Rural Health Network Board of Directors, President and Members:

Though increases in funding have surfaced in response to Greene County's staggering substance-related statistics, Twin County Recovery Services (TCRS) Prevention department is facing difficult staffing decisions due to budget constraints. The purpose of this report is to convey the invaluable role that youth counseling programs play in fighting the substance abuse epidemic (See page 2, Section 1.2; 1.3 for more details) , and to present the 2017-2018 (Sept–Nov) school-year kick-off results.

As grateful and conscientious stewards of ongoing funding provided by the Rural Health Network, TCRS has carefully vetted and employed William Donovan M.S., M.H.C. & Louise Bailey CATC to meet the growing needs of Greene County School Districts. The counseling department, now totaling 2 staff and 1 manager/Counselor, offer service to 665 students in Cocksackie-Athens School District and 570 in Cairo-Durham School District. Understanding Rural Health Network's responsibility to distribute funding judiciously across Greene County's various and equally important divisions of public service providers I am pleased to share counseling program feedback and the impact that your funding contributions have made possible.

Cocksackie Assistant Principal M.S./H.S. Matt Zebrowski.

– Acting Staff Member: William Donovan M.S.. M.H.C.

"Bill has filled such a void, reaching kids that had... no mechanism for private counseling. The at-risk population is becoming larger, [and] Bill is the right person, making tremendous connections with the kids and adding to the community. Breakfast with Bill, the group beginning Nov. 14<sup>th</sup>, is being funded by the Local Law Enforcement and the Police Athletic League... Bill's services have become ingrained in the M.S and H.S. Instructional Study Team, the Student Support Team and the at-Risk Teams as a referral resource. Bill has a level of confidentiality, aside from mandatory reporting, that students know they can trust. This program has become ingrained in the fabric of what we do."

Cairo-Durham Superintendent Anthony Taibi: "I compiled a few comments from the team below. Generally, the feedback has been very positive. As with any new role, working to maximize the impact of the role has been highlighted."

Comments from the team below:

- Acting Staff Member: Louise Bailey CATC

- More education to staff on how to utilize Louise and the role.
- "I think for year one, we have gotten off to a great start.
- We continue to look for ways to inform staff about the role and how to best target and assist our students."

I echo their observations and sentiments. Cocksackie counseling program is well under way in its second year and the Cairo-Durham Counseling program is off to a great start. As with all new programs, there is much to learn. Informing Cairo-Durham faculty and staff about the breadth of the counseling program is an ongoing process. Laying the groundwork for this program was

the start of a long list of communications between Twin County and Cairo-Durham working to maximize the impact of the role. Louise continues these conversations with principals, guidance counselors, social workers, the school psychologist, health teachers and Mental Health workers discussing and addressing these questions as they arise. In addition, Louise prepared information and addressed some of these questions at the Middle and High School faculty meeting in October.

Louise goes the extra mile to interact with students and parents in informal settings attending the Meet and Greet Open House for the Middle and the High School and interacting with students at the PBIS Carnival both in September. Louise contributes at weekly team meetings with discussion of students' needs and how they are best met. Louise's outreach extends to working at the Cairo-Durham Mustang Pride Resource Night and presenting to students at the Cairo-Durham M.S. Career Day, both in October. As a result, Louise is fast becoming a friendly and familiar face. Louise's caseload is steadily increasing as the statistics bear. In the future Louise would like to begin group and borrowing from Bill's group name she will name it 'Lunch with Louise'.

The prevention counseling staff work with students at the highest risk of harmful behaviors, bridging the gap in services between the traditional academic education system and reactive care services. Youth counseling is a patient and thoughtful process in which a counselor embarks on a unique and trust-building journey of healing and growth with each student. In addition to evaluating the student's needs, a counselor is further challenged with identifying the most effective vehicle for providing individuals with increased self-awareness, and growing confidence in implementing self-regulating strategies.

Recurring positive feedback and positive counseling outcomes substantiate our service mission, proving the immeasurable value of counseling services in achieving true prevention. Many thanks to Rural Health Network for taking the time to review our 2-month progress report.

## **Supplemental Statistics:**

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### **1.1 National and State Reported Statistics:**

The CDC ranks New York State as having the 11<sup>th</sup> highest percent increase (20.7%) in drug overdose related deaths from 2014-2015. Greene County, has been recognized by Governor Cuomo as one of the sixteen highest-need NYS counties, based on preliminary statistics compiled by the 2017 New York State – County Opioid Quarterly Report. Said statistics include crude rates (per 100,000) for: all opioid overdoses – 25.2; outpatient emergency department visits – 98.7; hospitalizations – 16.8; and total unique clients admitted for any opioid – 290.

Statistical Reference Links:

<https://www.governor.ny.gov/news/governor-cuomo-announces-distribution-25-million-federal-funding-address-opioid-crisis-new-york>

[https://www.health.ny.gov/statistics/opioid/data/pdf/nys\\_oct17.pdf](https://www.health.ny.gov/statistics/opioid/data/pdf/nys_oct17.pdf)

<https://www.cdc.gov/drugoverdose/data/statedeaths.html>

1.2 TCRS Sept. – Nov. 2017 Prevention/Intervention/Counseling Program Statistics:

	<u>Coxsackie-Athens School District</u>	<u>Cairo-Durham School District</u>
Students Seen	27	18
Total Sessions	53	28
Students Admitted	8	4
Females/Males On Caseload	2/6	4/0

1.3 TCRS – 2016-2017 Prevention/Intervention/Counseling Program Trends:

High risk students referred primarily for family problems, overall negative social/academic functioning, adverse childhood experience, resulting in Mental Health issues, and subsequent engagement in substance use.

Respectfully,  
Paula Queirolo BA, CASAC  
Prevention Director  
Twin County Recovery Services, Inc.

**Twin County Recovery Services, Inc.**  
**2017 Budget Summary**

**Greene County**

**Highlights**

**11% increase in medical health insurance**

**Quality Assurance .5 FTE staff for 2017 year**

**Adjustments to State Aid Funding**

**1 FTE added to PRU 90228 (Primary Prevention) with additional \$41,811 funding added to the base for 2017.**



NEW YORK STATE  
CONSOLIDATED BUDGET REPORT  
FOR THE PERIOD: January 1, 2017 TO December 31, 2017

AGENCY NAME: Twin County Recovery Services, Inc.  
AGENCY ADDRESS: 350 Power Ave  
Hudson, New York 12534  
 Please check the box if the agency address changed from the prior reporting period.

AGENCY CODE: 35010  
COUNTY NAME: Columbia  
COUNTY CODE: 11

TYPE OF OWNERSHIP:  
NOT-FOR-PROFIT:   
PROPRIETARY:   
GOVERNMENTAL:

Person to Contact with Regard to Questions Concerning this Report:

Miss Paula Grener 518 751-2083 Ext. 1139  
Name Telephone Number  
Director of Finance 518 751-2086  
Title FAX Number  
paulag@wincountyrecovery.service  
E-mail Address

FEDERAL EMPLOYER ID NUMBER (OPMID Only) : 14-1556542

CHECK THE STATE AGENCY (IES) :  OMI  
 OPMID  
 OMSAS

CHECK THE CFR SUBMISSION TYPE:  BUDGET

Please check the box if the person to contact changed from the prior reporting period.



Please Check State Agency:  
 OMB  
 OFMD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED BUDGET REPORT  
 FOR THE PERIOD: January 1, 2017 TO December 31, 2017

SCHEDULE CBR-4  
 PERSONAL  
 SERVICES

AGENCY NAME: Twin County Recovery Services, Inc.  
 AGENCY CODE: 35010  
 SCHOOL CODE: (SPD ONLY)

REPORT FTE'S TO 3 DECIMAL PLACES.  
 USE WHOLE DOLLARS.  
 USE WHOLE HOURS.

Provide all applicable information. Refer to Appendix R for Position Title Code and Definitions. Check the standard work week or provide the number of hours in the "other" column.  
 Check the staffing category following the description on the line below to which each page applies:  
 PROGRAM/SITE-PROGRAM ADMIN./LGV ADMIN. (Position Title Codes 100-599 and 700-799 series) [ X ] AGENCY ADMINISTRATION (Position Title Codes 600-699 series) [ ] \*

Position Title Code	COLUMN NUMBER PROGRAM CODE ** (PROGRAM CODE INDEX)	Standard Work Week	1 0810 (00)			2 3520 (00)			3 3570 (00)										
			Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid								
202 Residence/ Site Worker		X																	
267 Counselor - Alcoholism and		X																	
268 Counseling Aide/Assistant		X																	
301 Case Manager		X	1,820	0.875	48,000	4,160	2.000	99,237	10,341	4.972	149,251								
317 Nurse - Registered		X				4,410	2.120	86,870											
320 Physician - M.D. Licensed		X				1,092	0.525	28,950											
324 Social Worker, Licensed (L		X				520	0.250	78,000											
325 Social Worker Master's Lev		X				2,080	1.000	64,251											
501 Program or Site Director		X				1,350	0.649	31,432											
505 Office Worker		X				2,080	1.000	51,355											
521 Utilization Review/Quality		X				7,110	3.418	105,001	832	0.400	11,882								
		X				1,040	0.500	20,280											

Total "Hours Paid", "FTE" and "Amount Paid" for Positions: 1,820 0.875 48,000 23,842 11.462 565,376 12,213 5.872 193,633

\* Report Agency Administration in one column on a separate page.  
 \*\* For OASAS, program code = service level and program/site = PRU level.



Funding State Agency:  
 OMF  
 OPMD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED BUDGET REPORT  
 FOR THE PERIOD: January 1, 2017 to December 31, 2017

SCHEDULE DMH-2  
 AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY

AGENCY NAME: Twin County Recovery Services, Inc. PREPARED BY: Paula Greener TELEPHONE: 518 751-2083 Ext. 1139

AGENCY CODE: 35010 COUNTY NAME & CODE: Greene 20 ( ) Please check the box if the preparer changed from the previous submission. PLEASE CHECK: ESTIMATED CLAIM: ( ) FINAL CLAIM: ( )

Line No.	ACCOUNTING METHOD	STATE CONTRACT NUMBER/IGU CONTRACT NUMBER *	PROGRAM TYPE	PROGRAM CODE (PROGRAM CODE INDEX)	ITEM DESCRIPTION	Cost Codes	Modified 00 (Local)	Modified 00 (Local)	Modified 00 (Local)	Modified 00 (Local)
							1	2	3	4
1)	Accounting Method									
2)	State Contract Number/IGU Contract Number *	00200	00	00	Medically Supervised					
3)	Program Type	00072			Community Residential					
4)	Program Code (Program Code Index)	00012			3520 (01)		3570 (01)	5520 (00)	5550 (00)	

EXPENSES

5) Personal Services	18010	507,637			209,924	91,603	14,826		
6) Vacation Leave Accruals **	18020	0			0	0	0		
7) Fringe Benefits	18030	146,408			68,488	48,507	9,407		
8) Other than Personal Services (OTPS)	18040	88,279			57,282	17,871	8,346		
9) Equipment - Provider Paid ****	18050	0			0	1,500	0		
10) Property - Provider Paid ****	18060	2,900			0	0	0		
11) Agency/Provider/Alliance Coats (Detail Required)	18070	120,912			54,473	25,879	5,287		
12) Adjustments/Net-Alliance Coats (Detail Required)	18080	0			0	0	0		
13) Total Adjusted Expenses (Lines 5-11 Minus 12)	18090	866,036			390,167	185,360	37,866		

REVENUES

14) Participant Fees (less SSI & SSA)	46010	24,600			5,937	0	0		
15) SSI & SSA	46020	0			0	0	0		
16) Home Relief/Public Assistance	46030	0			136,041	0	0		
17a) Medicaid Fee for Service	46045	258,200			0	0	0		
17b) Medicaid Managed Care	46050	357,542			0	0	0		
18) Medicare	46060	0			0	0	0		
19) Other Third Parties	46070	105,545			0	0	0		
20) OPMD Residential Room and Board/NYS OPTS	46080	0			0	0	0		
21) Transportation, Medicaid	46090	0			0	0	0		
22) Transportation, Other	46100	0			0	0	0		
23) Sales: Contract Total	46140	0			0	0	0		

\* For direct contractors, enter the State Contract Number. For local contractors, enter the local contract number, if applicable.  
 \*\* OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.  
 \*\*\* OASAS funded service providers cannot report equipment depreciations for State aid reimbursement.  
 \*\*\*\* OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

Funding State Agency:  
 OMH  
 OPWDD  
 OASAS

NEW YORK STATE  
 CONSOLIDATED BUDGET REPORT  
 FOR THE PERIOD: January 1, 2017 TO December 31, 2017

SCHEDULE DMH-2  
 AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY

AGENCY NAME: Twin County Recovery Services, Inc.  
 AGENCY CODE: 35010  
 COUNTY NAME & CODE: Greene 20

PREPARED BY: Paula Greener  
 [ ] Please check the box if the preparer changed from the previous submission.  
 PLEASE CHECK: ESTIMATED CLAIM: [ ] FINAL CLAIM: [ ]

TELEPHONE: 518 751-2083 Ext. 1139

Line No.	PROGRAM TYPE	ITEM DESCRIPTION	GAAP	1	2	3	4
24	Participant Allowance	Participant Allowance	47010	0	0	0	0
32	Provision for Bad Debts - Revenue Deduction	Provision for Bad Debts - Revenue Deduction	47040	0	0	0	0
33	Other (Detail Required)	Other (Detail Required)	47045	0	0	0	0
34	Total GAAP Adjustments (Sum Lines 31-33)	Total GAAP Adjustments (Sum Lines 31-33)	47049	0	0	0	0
35	Net GAAP Revenues (Line 30 minus 34)	Net GAAP Revenues (Line 30 minus 34)	47025	745,887	149,878	3,125	3,184
NON-GAAP ADJUSTMENTS TO REVENUE							
36	Exempt Contract Income	Exempt Contract Income	47050	0	0	0	0
37	Exempt LTSB Income	Exempt LTSB Income	47060	0	0	0	0
38	Net Deficit Funding**	Net Deficit Funding**	47070	0	0	0	0
39	Other (Detail Required)	Other (Detail Required)	47080	0	0	0	0
40	Total NON-GAAP Adjustments (Sum Lines 36-39)	Total NON-GAAP Adjustments (Sum Lines 36-39)	47098	0	0	0	0
41	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47099	0	0	0	0
42	Total Net Revenues (Line 30 minus 41)	Total Net Revenues (Line 30 minus 41)	48999	745,887	149,878	3,125	3,184
43	Net Operating Cost (Line 13 minus 42)	Net Operating Cost (Line 13 minus 42)	49999	120,149	240,289	182,235	34,682
DEFICIT FUNDING							
44	State Share	State Share	60010	120,149	240,289	154,361	32,106
45	Local Government Share (Voluntary Contributions)	Local Government Share (Voluntary Contributions)	60020	0	0	27,874	2,576
46	State-Provided Deficit Funding (Sum Lines 44 - 46)	State-Provided Deficit Funding (Sum Lines 44 - 46)	60030	120,149	240,289	182,235	34,682
47	Total Approved Deficit Funding (Sum Lines 44 - 46)	Total Approved Deficit Funding (Sum Lines 44 - 46)	60040	0	0	182,235	0
48	Non-Funded	Non-Funded	60049	0	0	0	0
49	Total Deficit Funding (Sum Lines 47-48)	Total Deficit Funding (Sum Lines 47-48)	60999	120,149	240,289	182,235	34,682

\* Do not include non funded or voluntary contributions.  
 \*\* Amounts should equal the corresponding amounts reported as revenue on line 28 above.

NYS OMH Version 27.0

Date Updated: 09/23/2016

Document Control Number: 23491380 Assigned: 09/23/2016

Rev. May 2016

DMH-2.2



AGENCY NAME: Twin County Recovery Services, Inc. PREPARED BY: Paula Greener  
 AGENCY CODE: 35010 [ ] Please check the box if the preparer changed from the previous submission  
 COUNTY NAME & CODE: Greene 20 TELEPHONE: 518 751-2083 Ext. 1139  
 PLEASE CHECK: ESTIMATED CLAIM: [ ] FINNL CLAIM: [ ]

Line	Accounting Method	COLUMN NUMBER	ITEM DESCRIPTION	Cost Codes	Modified 1	Modified 2	Modified 3	Modified 4	TOTAL
1) Program Type	00073	00013	Medically Supervised	013   F	0	0	0	0	0
2) Program Code (Program Code Index)	00013	3520 (01)	Community Residential	013   F	0	0	0	0	0
3) Total Persons Served/Year	00220	0	0	013   M	0	0	0	0	0
4) Total Units of Service	00999	12,000	4,304	013   M	0	0	0	0	0
5) Gross Cost/Unit of Service	70999	72.17	90.65	013   M	0	0	0	0	0
6) Net Cost/Unit of Service	71999	10.01	55.83	013   M	0	0	0	0	0
7) Net Cost/Unit of Service									
8) Reserved for Future Use									
9) A FUNDING SOURCE CO (Federal SAPT)   Index (OMH/OASAS)									
10) Number Persons Served/Year	00260	013   F	0	013   F	0	0	0	0	0
11) Number Units of Service	00250	00250	4,304	00250	390,167	390,167	390,167	390,167	390,167
12) Total Adjusted Expenses	50999	61999	149,878	61999	149,878	149,878	149,878	149,878	149,878
13) Less Applied Net Revenue	62999	62999	240,289	62999	240,289	240,289	240,289	240,289	240,289
14) Net Operating Costs	00201	00201	0	00201	0	0	0	0	0
15) Contract Number (State/LGU) *									
16) B FUNDING SOURCE CO (Mental Hygiene Program Fund - State)   Index									
17) Number Persons Served/Year	00260	013   M	0	013   M	0	0	0	0	0
18) Number Units of Service	00250	00250	12,000	00250	185,360	185,360	185,360	185,360	185,360
19) Total Adjusted Expenses	50999	61999	866,036	61999	3,125	3,125	3,125	3,125	3,125
20) Less Applied Net Revenue	62999	62999	745,887	62999	182,235	182,235	182,235	182,235	182,235
21) Net Operating Costs	00201	00201	120,149	00201	0	0	0	0	0
22) Contract Number (State/LGU) *									
30) Total Adjusted Expenses	51999	51999	866,036	51999	390,167	390,167	390,167	390,167	390,167
31) Less Net Revenue	52999	52999	745,887	52999	149,878	149,878	149,878	149,878	149,878
32) Net Operating Costs	52999	52999	120,149	52999	240,289	240,289	240,289	240,289	240,289

\* For direct contracts, enter the State Contract Number. For local contracts, enter the local contract number, if applicable.



[ ] OMH [ ] SED  
[ ] OPWDD  
[ X ] OASAS

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
FOR THE PERIOD: January 1, 2017 TO December 31, 2017

WORKSHEET/OTHER  
DETAILS

AGENCY CODE: 35010

AGENCY NAME: Twin County Recovery Services, Inc.

SCHEDULE: DMH-2

PROGRAM: 3520 (00)  
COUNTY: 11 - Columbia

PROGRAM: 3520 (01)  
COUNTY: 20 - Greene

PROGRAM: 5520 (00)  
COUNTY: 20 - Greene

Line 17a Base Medicaid

144,000

Line 17a Base Medicaid

259,200

Line 29 All Items <\$1,000 Each  
School Contracts

500  
2,625

OHM  SED  
 OPWDD  
 OASAS

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
FOR THE PERIOD: January 1, 2017 to December 31, 2017

WORKSHEET/OTHER  
DETAILS

AGENCY CODE: 35010

AGENCY NAME: Twin County Recovery Services, Inc.

PAGE 13

SCHEDULE: DMH-2  
PROGRAM: 5550 (00)  
COUNTY: 20 - Greene

Line 29 All Items <\$1,000 Each  
School Contracts

500  
2,684

NYS OHM Version 27.0

Date Updated: 09/23/2016

Document Control Number: 23491380 Assigned: 09/23/2016

Rev. May 2016

Worksheet



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marshall & Sterling Upstate, Inc. 300 Route 23B Leeds NY 12451		CONTACT NAME: Lisa Downey PHONE (A/C, No, Ext): (518) 943-3900 FAX (A/C, No): (518) 943-7440 E-MAIL ADDRESS: ldowney@marshallsterling.com	
INSURED Twin County Recovery Services, Inc. 350 Power Ave PO Box 635 Hudson NY 12534		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Great American Ins Co of NY	22136
		INSURER B: Great American Insurance Co	16691
		INSURER C: Great American Alliance Ins Co	26832
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL175934330 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		PAC213193706	6/1/2017	6/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Professional Liability \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			CAP213193806	6/1/2017	6/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB213193906	6/1/2017	6/1/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Greene County Legislature is provided Additional Insured status on the General Liability when required by written contract per endorsement number CG 89 92 (copy attached) for operations usual to a community residence & outpatient clinical services to help prevent, identify & treat individuals that have been impacted by drugs/alcohol

CERTIFICATE HOLDER Greene County Legislature 411 Main St PO Box 67 Catskill, NY 12414	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE K Grey, CIC, CRM, MBA <i>Renneth W Grey</i>
---	--

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**NEW YORK SIGNATURE GENERAL LIABILITY BROADENING ENDORSEMENT**

This Endorsement modifies and is subject to the insurance provided under the following form:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

The following extension only applies in the event that no other specific coverage for the indicated loss exposure is provided under this Policy. If other specific coverage applies, the terms, conditions and limits of that Coverage are the exclusive coverage applicable under this Policy, unless otherwise noted in this Endorsement. This is a summary of the various additional coverages and coverage modifications provided by this Endorsement. For complete details on specific coverages, consult the actual policy wording.

<b>Coverage Description</b>	<b>Limit of Insurance</b>	<b>Page</b>
Non-Owned Aircraft	Included	2
Non-Owned Watercraft	Included	2
Bodily Injury - Mental Injury, Mental Anguish, Humiliation or Shock	Included	3
Medical Payments	\$ 20,000	3
Damage to Premises Rented to You	\$ 1,000,000	3
Supplementary Payments - Bail Bonds	\$ 3,000	4
Supplementary Payments - Loss of Earnings	\$ 1,000 per day	4
Newly Formed or Acquired Organizations	Included	4
Unintentional Failure to Disclose Hazards	Included	5
Knowledge of Occurrence, Claim or Suit	Included	5
Property Damage Liability - Elevators	Included	5
Property Damage Liability - Borrowed Equipment	Included	5
Liberalization Clause	Included	5
Amendment of Pollution Exclusion (Premises)	Included	6
Limited Property Damage to Property of Others	\$ 5,000	6
Additional Insured - Manager or Lessor of Premises	Included	7

Coverage Description	Limit of Insurance	Page
Additional Insured - Funding Sources	Included	7
Additional Insured - By Contract	Included	8
Primary and Non-Contributory Additional Insured Extension	Included	10
Additional Insureds - Protection of Your Limits	Included	10
Blanket Waiver of Transfer of Rights of Recovery Against Others to Us (Subrogation)	Included	11
Property Damage Extension With Voluntary Payments	\$ 1,000/\$ 5,000	11
Broadened Personal and Advertising Injury	Included	12

**A. Non-Owned Aircraft**

Under paragraph 2. **Exclusions of SECTION I - COVERAGE A - Bodily Injury and Property Damage Liability**, exclusion **g. Aircraft, Auto or Watercraft** does not apply to an aircraft provided:

1. it is not owned by any insured;
2. it is hired, chartered or loaned with a trained paid crew;
3. the pilot in command holds a currently effective certificate, issued by the duly constituted authority of the United States of America or Canada, designating him or her a commercial or airline pilot; and
4. it is not being used to carry persons or property for a charge.

However, this non-owned aircraft provision will apply on an excess basis if there is any other valid and collectible insurance available that would apply to the loss covered under this provision.

**B. Non-Owned Watercraft**

Under paragraph 2. **Exclusions of SECTION I - COVERAGE A - Bodily Injury and Property Damage Liability**, subparagraph (2) of exclusion **g. Aircraft, Auto or Watercraft** is replaced by the following:

This exclusion does not apply to:

- (2) A watercraft you do not own that is:
  - (a) less than 60 feet long; and
  - (b) not being used to carry persons or property for a charge.

**C. Bodily Injury - Mental Injury, Mental Anguish, Humiliation or Shock**

Under **SECTION V - DEFINITIONS**, Definition 3. is replaced by the following:

3. "**Bodily Injury**" means physical injury, sickness, or disease, including death of a person. "Bodily Injury" also means mental injury, mental anguish, humiliation, or shock if directly resulting from physical injury, sickness, or disease to that person.

**D. Medical Payments**

If **Coverage C Medical Payments** is not otherwise excluded, the Medical Payments provided by this Policy are amended as follows:

The Medical Expense Limit in paragraph 7. of **SECTION III - LIMITS OF INSURANCE** is replaced by the following Medical expense Limit:

The Medical Expense Limit provided by this Policy shall be the greater of:

- a. \$ 20,000; or
- b. the amount shown in the Declarations for Medical Expense Limit

This provision 7. is subject to all the terms of **SECTION III - LIMITS OF INSURANCE**.

**E. Damage to Premises Rented to You**

If Damage to Premises Rented to You is not otherwise excluded from this Coverage Part:

1. Under paragraph 2. **Exclusions** of **SECTION I - COVERAGE A - Bodily Injury and Property Damage Liability**:

3. The last paragraph of paragraph 2. **Exclusions** is deleted in its entirety and replaced by the following:

Exclusions c. through n. do not apply to damage by fire, lightning, explosion, smoke, leakage from an automatic fire protection system or water to premises while rented to you or temporarily occupied by you with permission of the owner. A separate Limit of Insurance applies to this coverage as described in **SECTION III - LIMITS OF INSURANCE**.

However, this insurance does not apply to damage to premises while rented to you, or temporarily occupied by you with the permission of the owner, caused by:

- i. rupture, bursting, or operation of pressure relief devices;
- ii. rupture or bursting due to expansion or swelling of the contents of any building or structure, caused by or resulting from water;
- iii. explosion of steam boilers, steam pipes, steam engines, or steam turbines; or
- iv. flood

2. Paragraph 6. Under **SECTION III - LIMITS OF INSURANCE** is deleted in its entirety and replaced with the following:

6. Subject to paragraph 5. above, the most we will pay under **Coverage A** for damages because of "property damage" to any one premises, while rented to you, or in the case of damage caused by fire, lightning, explosion, smoke, leakage from automatic fire protection

system or water while rented to you or temporarily occupied by you with the permission of the owner, for all such damage caused by fire, lightning, explosion, smoke, leakage from automatic fire protection systems or water proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, leakage from automatic fire protection systems or water or any combination of the six, is the higher of \$ 1,000,000 or the amount shown in the Declarations for the Damage to Premises Rented to You Limit.

3. Under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, subsection **4. Other Insurance**, paragraph **b. Excess Insurance** where the words "Fire insurance" appear they are changed to "insurance for fire, lightning, explosion, smoke, leakage from an automatic fire protection system or water."
4. As regards coverage provided by this provision **I. Damage to Premises Rented to You** - paragraph **9.a. of Definitions** is replaced with the following:
  9. a. a contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke, leakage from automatic fire protection systems or water to premises while rented to you or temporarily occupied by you with the permission of the owner is not an "insured contract";

#### **F. Supplementary Payments**

1. In the **Supplementary Payments - Coverages A and B** provision, paragraph **1.b.** is replaced with:
  - b. Up to \$ 3,000 for the cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.
2. Paragraph **1.d.** is replaced by the following:
  - d. All reasonable expenses incurred by the Insured at our request to assist us in the investigation or defense of the claim or "suit," including actual loss of earnings up to \$ 1,000 a day because of time off work.

#### **G. Newly Formed or Acquired Organizations**

Paragraph **3.** of **SECTION II - WHO IS AN INSURED** is replaced by the following:

3. Any organization you newly acquire or form and over which you maintain ownership or majority interest, will qualify as a named insured if there is no other similar insurance available to that organization. However:
  - a. coverage under this provision is afforded only until the expiration of the policy period in which the entity was acquired or formed by you;
  - b. coverage **A** does not apply to "bodily injury" or property damage that occurred before you acquired or formed the organization; and
  - c. coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.
  - d. records and descriptions of operations must be maintained by the first named insured.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a named insured in the Declarations or qualifies as an insured under this provision.

**H. Unintentional Failure to Disclose Hazards**

Under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, the following is added to Condition 6. **Representations**:

Failure of the Insured to disclose all hazards existing as of the inception date of this Policy shall not prejudice the insurance with respect to the coverage afforded by this Policy, provided such failure or omission is not intentional on the part of the Insured.

**I. Knowledge of Occurrence, Claim or Suit**

Under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, the following is added to Condition 2. **Duties in the Event of Occurrence, Offense, Claim or Suit**:

Knowledge of any occurrence, claim, or suit by any agent, servant or employee of the Named Insured does not in itself constitute knowledge by the Insured unless notice of such injury, claim or suit shall have been received by:

- a. you, if you are an individual;
- b. a partner, if you are a partnership
- c. an executive officer or insurance manager, if you are a corporation.

**J. Property Damage Liability - Elevators**

1. Under paragraph 2. **Exclusions** of **SECTION I - COVERAGE A - Bodily Injury and Property Damage Liability**, subparagraphs (3), (4) and (6) of exclusion j. **Damage to Property** do not apply if such property damage results from the use of elevators.
2. The following is added to **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, Condition 4. **Other Insurance**, paragraph b. **Excess Insurance**:

The insurance afforded by this provision of this Endorsement is excess over any valid and collectible property insurance, whether primary, excess, contingent or on any other basis.

**K. Property Damage Liability - Borrowed Equipment**

1. Under paragraph 2. **Exclusions** of **SECTION I - COVERAGE A - Bodily Injury and Property Damage Liability**, subparagraph (4) of exclusion j. **Damage to Property** does not apply to "property damage" to borrowed equipment while not being used to perform operations at a job site.
2. The following is added to **SECTION IV - COMMERCIAL GENERAL LIABILITY Conditions**, Condition 4. **Other Insurance**, paragraph b. **Excess Insurance**:

The insurance afforded by this provision of this Endorsement is excess over any valid and collectible property insurance, whether primary, excess, contingent or on any other basis.

**L. Liberalization Clause**

If we revise this Signature General Liability Broadening Endorsement to provide more coverage without additional premium charge, your policy will automatically provide the coverage as of the date the revision is effective in your state.



**M. Amendment of Pollution Exclusion (Premises)**

**1. The following is added to paragraph (1)(a) of Exclusion f. of SECTION I - COVERAGE A - Bodily Injury and Property Damage Liability:**

- (iv) "Bodily injury" or "property damage" arising out of the actual discharge, dispersal, seepage, migration, release or escape of "pollutants."

As used in this Endorsement, the actual discharge, dispersal, seepage, migration, release or escape of pollutants must:

- (aa) commence on a clearly identifiable day during the policy period; and
- (bb) end, in its entirety, within seventy-two (72) hours of the commencement of the discharge, dispersal, seepage, migration, release or escape of "pollutants"; and
- (cc) be discovered and reported to us within fifteen (15) days of the clearly identifiable day that the discharge, dispersal, seepage, migration, release or escape of "pollutants" commences; however, failure to give notice required within the time prescribed shall not invalidate any claim made by the insured, an injured person, or any other claimant if it shall be shown not to have been reasonably possible to give such notice within the prescribed time and that notice was given as soon as reasonably possible thereafter; and
- (dd) be neither expected nor intended from the standpoint of any insured; and
- (ee) be unrelated to any previous discharge, dispersal, seepage, migration, release or escape; and
- (ff) not originate at or from a storage tank or other container, duct or piping which:
  - a. is below the surface of the ground or water; or
  - b. at any time has been buried under the surface of the ground or water and then is subsequently exposed.

**2. For the purposes of this coverage, the following is added to the definition of "property damage" of SECTION V - DEFINITIONS and applies only as respects this coverage:**

Land or water, whether below ground level or not, is not tangible property.

**3. Coverage provided hereunder does not apply to any discharge, dispersal, seepage, migration, release or escape that is merely threatened or alleged rather than shown to have actually occurred.**

**N. Limited Property Damage to Property of Others**

The following is added under **SECTION I - SUPPLEMENTARY PAYMENTS - COVERAGES A and B:**

- 3. We will pay up to \$ 5,000 for loss to personal property of others while in the temporary care, custody or control of an insured caused by any person participating in your organized activities. For the purpose of this supplementary payment, loss shall mean damage or destruction but does not include mysterious disappearance or loss of use. In the event of a theft, a police report must be filed. This supplementary payment does not apply if:**
- a. coverage is otherwise provided by the Property Coverage part (if any) of this Policy; or

- b. the loss is covered by any other valid and collectible insurance, the coverage under this form will be excess over such other valid and collectible insurance.

These payments will not reduce the Limits of Insurance.

**O. Additional Insured - Manager or Lessor of Premises**

1. **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured any person or organization from whom you lease or rent property and which requires you to add such person or organization as an additional insured on this Policy under:

- (a) a written contract; or
- (b) an oral agreement or contract where a Certificate of Insurance showing that person or organization as an additional insured has been issued;

but the written or oral contract or agreement must be an "insured contract," and,

- (i) currently in effect or become effective during the term of this Policy; and
- (ii) executed prior to the "bodily injury," "property damage," "personal and advertising injury."

2. With respect to the insurance afforded to the Additional Insured identified in paragraph 1. above, the following additional provisions apply:

- (a) This insurance applies only with respect to the liability arising out of the ownership, maintenance or use of that part of the premises leased to you.
- (b) The Limits of Insurance applicable to the Additional Insured are the lesser of those specified in the written contract or agreement or in the Declarations for this Policy and subject to all the terms, conditions and exclusions for this Policy. The Limits of Insurance applicable to the Additional Insured are inclusive of and not in addition to the Limits of Insurance shown in the Declarations.
- (c) In no event shall the coverages or Limits of Insurance in this Coverage Form be increased by such contract.
- (d) Coverage provided herein is excess over any other valid and collectible insurance available to the Additional Insured whether the other insurance is primary, excess, contingent or on any other basis unless a written contractual arrangement specifically requires this insurance to be primary.
- (e) This insurance applies only to the extent permitted by law.

3. This insurance does not apply to:

- (a) Any "occurrence" or offense which takes place after you cease to be a tenant in that premises.
- (b) Structural alterations, new construction or demolition operations performed by or on behalf of the Additional Insured.

**P. Additional Insured - Funding Sources**

1. **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured any Funding Source which requires you in a written contract to name the Funding Source as an additional insured but only with respect to liability arising out of:

- a. your premises; or
- b. "your work" for such additional insured; or
- c. acts or omissions of such additional insured in connection with the general supervision of "your work"

and only to the extent set forth as follows:

- a. The Limits of Insurance applicable to the Additional Insured are the lesser of those specified in the written contract or agreement or in the Declarations for this Policy and subject to all the terms, conditions and exclusions for this Policy. The Limits of Insurance applicable to the Additional Insured are inclusive of and not in addition to the Limits of Insurance shown in the Declarations.
- b. The insurance afforded to the Additional Insured only applies to the extent permitted by law
- c. If coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- d. In no event shall the coverages or Limits of Insurance in this Coverage Form be increased by such contract.

**Q. Additional Insureds - By Contract**

1. **SECTION II - WHO IS AN INSURED** is amended to include as an insured any person or organization whom you have agreed to add as an additional insured in a written contract, written agreement or permit. Such person or organization is an additional insured but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of:

- a. your acts or omissions, or the acts or omissions of those acting on your behalf, in the performance of your ongoing operations for the Additional Insured that are subject of the written contract or written agreement provided that the "bodily injury" or "property damage" occurs, or the "personal and advertising injury" is committed, subsequent to the signing of such written contract or written agreement; or
- b. the maintenance, operation or use by you of equipment rented or leased to you by such person or organization; or
- c. the Additional Insureds financial control of you; or
- d. operations performed by you or on your behalf for which the state or political subdivision has issued a permit

However:

- 1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. if coverage provided to the Additional Insured is required by contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide such additional insured.

With respect to paragraph 1.a. above, a person's or organization's status as an additional insured under this Endorsement ends when:

- (1) all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed for or on behalf of the Additional Insured(s) at the location of the covered operations has been completed; or
- (2) that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

With respect to paragraph 1.b. above, this insurance does not apply to any "occurrence" which takes place after the equipment rental or lease agreement has expired or you have returned such equipment to the lessor.

The insurance provided by this Endorsement applies only if the written contract or written agreement is signed prior to the "bodily injury" or "property damage."

We have no duty to defend an additional insured under this Endorsement until we, or any licensed agent of ours in this state, receive written notice of a "suit" by the Additional Insured as required in paragraph b. of Condition 2. **Duties in the Event of Occurrence, Offense, Claim or Suit** under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITION**.

2. With respect to the insurance provided by this Endorsement, the following are added to paragraph 2. **Exclusions** under **SECTION I - COVERAGE A - Bodily Injury and Property Damage Liability**:

This insurance does not apply to:

- a. "Bodily injury" or "property damage" that occurs prior to your commencing operations at the location where such "bodily injury" or "property damage" occurs.
- b. "Bodily injury," "property damage" or "personal and advertising injury" arising out of the rendering of, or failure to render, any professional architectural, engineering or surveying services, including:
  - (1) the preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - (2) supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that Insured, if the "occurrence" which caused the "bodily injury" or "property damage," or the offense which caused the "personal and advertising injury," involved the rendering of, or failure to render, any professional architectural, engineering or surveying services.

- c. "Bodily injury" or "property damage" occurring after:
  - (1) all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed for or on behalf of the Additional Insured(s) at the location of the covered operations has been completed; or
  - (2) that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

d. Any person or organization specifically designated as an additional insured for ongoing operations by a separate additional insured endorsement issued by us and made part of this Policy.

3. With respect to the insurance afforded to these Additional Insureds, the following is added to **SECTION III - LIMITS OF INSURANCE:**

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

- a. required by the contract or agreement; or
  - b. available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This Endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**R. Primary and Non-Contributory Additional Insured Extension**

This provision applies to any person or organization who qualifies as an additional insured under any form or endorsement under this Policy.

Condition 4. **Other Insurance** of **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended as follows:

a. The following is added to paragraph a. **Primary Insurance:**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) the Additional Insured is a named insured under such other insurance; and
- (2) you have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the Additional Insured.

b. The following is added to paragraph b. **Excess Insurance:**

When a written contract or written agreement, other than a premises lease, facilities rental contract or agreement, an equipment rental or lease contract or agreement or permit issued by a state or political subdivision between you and an additional insured does not require this insurance to be primary or primary and non-contributory, this insurance is excess over any other valid and collectible insurance for which the Additional Insured is designated as a named insured.

Regardless of the written agreement between you and an additional insured, this insurance is excess over any other insurance whether primary, excess, contingent or on any other basis for which the Additional Insured has been added as an additional insured on other policies.

**S. Additional Insureds - Protection of Your Limits**

This provision applies to any person or organization who qualifies as an additional insured under any form or endorsement under this Policy.

1. The following is added to Condition 2. **Duties in the Event of Occurrence, Offense, Claim or Suit:**

An additional insured under this Endorsement will as soon as practicable:

- a. give written notice of an "occurrence" or an offense that may result in a claim or "suit" under this insurance to us;
  - b. tender the defense and indemnity of any claim or "suit" to all insurers whom also have insurance available to the Additional Insured; and
  - c. agree to make available any other insurance which the Additional Insured has for a loss we cover under this Coverage Part.
  - d. we have no duty to defend or indemnify an additional insured under this Endorsement until we, or any licensed agent of ours in this state, receive written notice of a "suit" by the Additional Insured.
2. The Limits of Insurance applicable to the Additional Insured are those specified in a written contract or written agreement or the Limits of Insurance stated in the Declarations of this Policy and defined in **SECTION III - LIMITS OF INSURANCE** of this Policy, whichever are less. These limits are inclusive of and not in addition to the Limits of Insurance available under this Policy.

T. **Blanket Waiver of Transfer of Rights of Recovery Against Others to Us (Subrogation)**

Under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, the following is added to Condition 8. **Transfer of Rights of Recovery Against Others to Us:**

If required by a written contract or written agreement, we waive any right of recovery we may have against a person or organization because of payment we make for injury or damage arising out of your ongoing operations or "your work" done under a contract for that person or organization and included in the "products-completed operations hazard" provided that the injury or damage occurs subsequent to the execution of the written contract or written agreement.

U. **Property Damage Extension with Voluntary Payments**

1. The following is added to paragraph 1. **Insuring Agreement** of **SECTION I - COVERAGE A - Bodily Injury and Property Damage Liability:**

At your request we will pay for "loss" to property of others caused by your business operations for which this Policy provides liability insurance. Such payment will be made regardless of fault. The "loss" must occur during the policy period and must take place in the "coverage territory."

2. With respect to the coverage afforded under paragraph 1. above, paragraph 2. **Exclusions** of **SECTION I - COVERAGES A - Bodily Injury and Property Damage Liability** is amended as follows:

Exclusions j.(3), j.(4), j.(5) and j.(6) are deleted.

3. As respects coverage afforded by this coverage, **SECTION III - LIMITS OF INSURANCE** is replaced by the following:

Regardless of the number of insureds, claims made or "suits" brought or persons or organizations making claims or bring "suits":

1. Subject to 2. Below, the most we will pay for one or more "loss" arising out of any one "occurrence" is \$ 1,000.

2. The aggregate amount we will pay for the sum of all "loss" in an annual period is **\$ 5,000**. This aggregate amount is part of and not in addition to the General Aggregate Limit described in paragraph 2. of **SECTION III - LIMITS OF INSURANCE**.

**V. Broadened Personal and Advertising Injury**

1. Unless "Personal and Advertising Injury" is excluded from this Policy, the following is added to **SECTION V - DEFINITIONS** Item **14.**:
  - h. mental injury, mental anguish, humiliation, or shock, if directly resulting from Items **14.a.** through **14.e.**