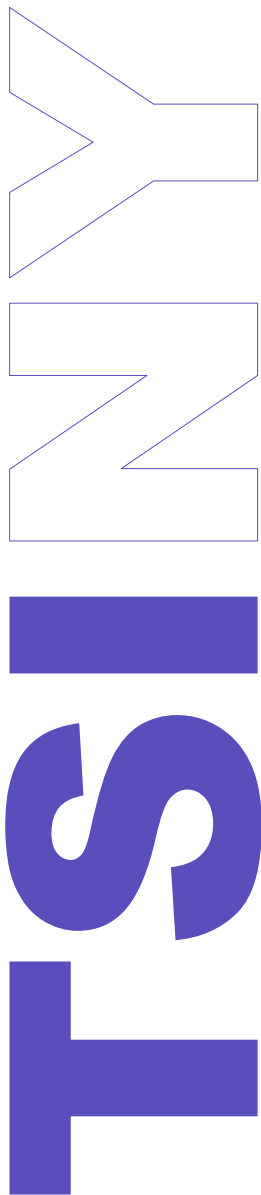


**TRANSITIONAL SERVICES  
FOR NEW YORK, INC.**

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ANNUAL REPORT 2019

*A Not-For-Profit Mental Health Agency*

*We Help People Rediscover Themselves!*

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## A LETTER FROM THE CHIEF EXECUTIVE OFFICER



Dear Friends:

I don't like to mix religion with work, but I was sitting in synagogue recently and the Rabbi asked a question to which I did not know the answer. He asked, "What do you think the leading illness will be in the United States by 2030?" Like many of the people in the congregation, I immediately thought of heart disease or cancer. When those answers were shouted out, he politely acknowledged the congregant's answers and said, "The correct answer is mental illness." I should have known. The Rabbi's next question was, "Why do you think that is?" and I have been pondering that ever since.

I went home to do some research and indeed, Dr. Peter Baldwin, is cited as saying that "Depression is expected to become the single largest healthcare burden by 2030." At first glance, the future of mental health can seem disheartening. Depression is currently the most common mental disorder, with 300 million people affected around the world. The World Health Organization expects that, "by 2030 depression will have become the largest single healthcare burden, costing \$6 trillion globally." Let's put that in perspective...that's roughly equivalent to the total global healthcare spent in 2012!

Being the eternal optimist, I believe that the future of mental health is brighter than when Transitional Services for New York, Inc. began 44 years ago and when I started in the field 38 years ago. We are moving away from antiquated views of mental illness, which blame people for how their brain works. Many now acknowledge that, like any organ, the brain can become ill through no fault of its owner, just as one can develop any other illness and it is not the person's "fault." The stigma still exists, but each day, as there is a bit more erosion of stigma, it means that people are taking a more active role in their own mental health care. Mental health is no longer considered as merely the absence of mental illness. More emphasis is now placed on building psychological skills to help us respond to the inevitable challenges of life.

By your presence and support at our annual gala and our honorees' presence and support, we are able to continue to financially do what we do best. We are proud to be leaders in the mental health field and are constantly looking at new ways to not only help our consumers on a day-to-day basis and provide an extraordinary quality of care but, at the same time, we have spent countless hours educating the community on our services and on ways to gain new skills to care for their mental health. We are proud to be leaders in the field that help many in our community REDISCOVER THEMSELVES and lead a healthier life.

With warm regards,

Larry S. Grubler, Psy.D.  
Chief Executive Officer

**TRANSITIONAL SERVICES FOR NEW YORK, INC.** is a not-for-profit multi-faceted mental health corporation which, in contract with New York City and the State of New York, provides community-based services to individuals with mental disabilities. Transitional Services admitted its first clients for residential services in 1975 and currently serves over 4000 individuals annually.

### MISSION STATEMENT

**TRANSITIONAL SERVICES FOR NEW YORK, INC.'s** human service professionals work with persons with mental illness to help to enrich their lives. We utilize a broad spectrum of client-centered services to support growth and empower individuals to achieve increased levels of independence and self-reliance.

### VISION STATEMENT

**TRANSITIONAL SERVICES FOR NEW YORK, INC.** is working to become a recognized leader in the human services field by providing innovative and effective programs.

### VALUES STATEMENT

**TRANSITIONAL SERVICES FOR NEW YORK, INC.** staff will deliver effective programs with compassion, integrity and professionalism. We expect all staff to put our clients' needs first while respecting ourselves and each other as we provide hope to those who participate in our programs.

In 1975, Transitional Services for New York, Inc. (TSINY) sowed the seeds of our mission within the walls of a decommissioned building



on the grounds of a New York State Psychiatric Center, developing a 10-bed community residence providing individuals with serious mental illness an opportunity to live a life outside the confines of the hospital. For more than four decades, our staff have cultivated this ideal. From this small 10-bed community residence, we have grown into a vibrant behavioral health organization directly touching the lives of thousands of New Yorkers each year. In this past year, our centralized intake department received over 5,000 new referrals for services. Our residential programs housed 728 individuals and families, we provided employment and education supports to 390 people, our Adult Protective Services program supported 872 of New York City's most vulnerable residents by



addressing imminent risks in their lives, our care management program helped 608 individuals build care teams to manage their chronic health and behavioral health conditions, our outpatient programs provided treatment to 874 people, our peer programs reached out to 654 people and we provided crisis services to 701 individuals.

Our work at TSINY is built on a tradition of creating effective opportunities to work alongside individuals with serious mental illness. As they move forward with their own life goals, our staff strive to use proven supports while finding new ways to assist them in planning and traveling this personal path of mental health recovery. We aim to ensure that flexible tools and supports remain openly available to them as they move forward in their lives and their needs naturally change over time. To achieve this culture of support and reliably deliver recovery-based supports to those we partner with on this journey, we are required to continually invest in our organization so we can evolve with the changing landscape of behavioral health services.

One of our most satisfying investments was in our crisis services. In New York State, the crisis response typically involves law enforcement and emergency medical services acting as first responders to behavioral health emergencies by transporting someone to a local emergency department for psychiatric evaluation. They may stay in the emergency department up to 72 hours and are either sent back to their home or admitted to an inpatient unit. This is not the crisis response system we envision, and we



invested in creating not just a single crisis program to assist individuals, but a systemic approach to crisis care. Our Local Emergency Assistance and De-escalation (LEAD) team provided an alternative to law enforcement and emergency medical services as the first responders for behavioral health emergencies. This rapid response mobile crisis team is staffed by licensed mental health professionals

and peer professionals, responded faster than 911 and resulted in emergency department visits for less than 10% of the calls we received. Our Miele's crisis respite program provided an alternative to the emergency department and inpatient hospitalization for people who experienced a behavioral health crisis which they could not manage while remaining in their home. We provide up to a seven-day stay where individuals receive peer support to resolve their current crisis while developing the tools to manage future crises while remaining in their homes. This program also resulted in less than 5% of individuals receiving services needing an inpatient hospital stay. We also worked within the current system to build efficiencies that challenge business as usual. Our Associate Director of Residential Services hosted a weekly call with Long Island Jewish Hospital's emergency department staff to review emergency department visits from individuals attached to our programs. They were able to build better support networks around someone and reduce the number of emergency department visits over time. We put in place online open access scheduling for NYC Health + Hospitals so that their emergency department staff and inpatient staff could immediately schedule convenient intake appointments for patients without delay. We also leveraged our health information technology to pursue an integration project that allows our staff to receive real time emergency department and inpatient admission or discharge alerts within our electronic health record from Regional Health Information Organization (RHIO). This allows our staff to become aware of crises as they are occurring and respond with support immediately.

Housing development has been the cornerstone of the services offered by TSINY. From our first 10-bed community residence, we have expanded to offer 732 units of housing for adults with serious mental illness. This past

year marked an important milestone for the Agency when we opened our first mixed-use housing development. In September 2018, we cut the ribbon for our newest development, The



Delson. This is our second development using the Low-Income Housing Tax Credit program to leverage private capital to develop affordable housing. This award winning 44-unit apartment building provides 33 new affordable housing

units for individuals with serious mental illness and 11 new units of affordable housing for low-income households in Queens. The Delson was named in honor of Dr. Sandy Delson, our long-time Director of Development. Sadly, Dr. Delson died this past year, but the building will remain an enduring reminder of her commitment to the TSINY mission and her ardent advocacy on behalf of all New Yorkers with serious mental illness. The outlook for 2020 is promising as well. We are actively developing two additional mixed-use projects. The first project will provide affordable housing for homeless individuals and the elderly in Queens with construction scheduled to begin in late 2019. The second project will provide affordable housing in a mixed-use building in the Lower Hudson Valley and we are completing our plans for a site in Rockland County.

Foundation	Purpose	Amount	Date
NYC Council (Dromm)	Residential Program	\$5,000	July 2018
NYC Council (Vallone)	Residential Program	\$5,000	August 2018
Queens BP Melinda Katz	General - Empowerment Center	\$10,000	November 2018

## Consolidated Statements of Unrestricted Activities (\$ x 1,000)

Years ended June 30

	2019 Preliminary	2018 As audited	2017 As audited
<b>Revenue</b>			
Fees for services	\$ 8,910	\$ 9,182	\$ 9,320
Government contracts	13,492	12,467	10,863
Client residential fees	2,466	2,459	3,170
Rents	1,075	955	
Developer's fees	2,201	250	
Miscellaneous	1,260	1,560	1,265
	<u>29,404</u>	<u>26,873</u>	<u>24,618</u>
<b>Expenses</b>			
Supportive housing	13,365	12,575	11,512
Community residences	5,014	4,805	4,555
Outpatient services	3,705	3,641	3,775
Case management	2,450	3,183	3,054
Administration	2,588	2,608	2,607
	<u>27,122</u>	<u>26,812</u>	<u>25,503</u>
<i>Income/(loss) before public support</i>	<u>2,282</u>	<u>61</u>	<u>(885)</u>
Public support:			
Special event income	102	150	121
Special event expense	(28)	(38)	(13)
	<u>74</u>	<u>112</u>	<u>108</u>
Grants & contributions	98	157	65
Fundraising expense	(57)	(46)	(61)
	<u>115</u>	<u>223</u>	<u>112</u>
Unrestricted net assets:			
<b>Operating (loss)/income</b>	<b>2,397</b>	<b>284</b>	<b>(773)</b>
Investments	402	389	734
Pension/compensation liability		394	179
Change in prior years' contracts	151	736	(65)
Completed construction	896	359	349
Depreciation & amortization	(1,469)	(1,183)	(1,227)
Beginning of year	14,412	12,686	12,684
Limited partners' share of losses	1,579	747	805
End of year	<u>\$ 18,368</u>	<u>\$ 14,412</u>	<u>\$ 12,686</u>

## Consolidated Balance Sheets (\$ x 1,000)

at June 30

### Assets

Cash & equivalents	\$ 3,746	\$ 3,419	\$ 1,730
Accounts receivable	3,193	4,986	3,367
Prepaid expenses & other assets	131	1,016	1,169
Investments	6,091	5,850	6,191
Cash - replacement reserve	325	317	360
Property & equipment	48,434	39,583	29,852
Security deposits paid	520	517	494
	<u>\$ 62,440</u>	<u>\$ 55,688</u>	<u>\$ 43,163</u>

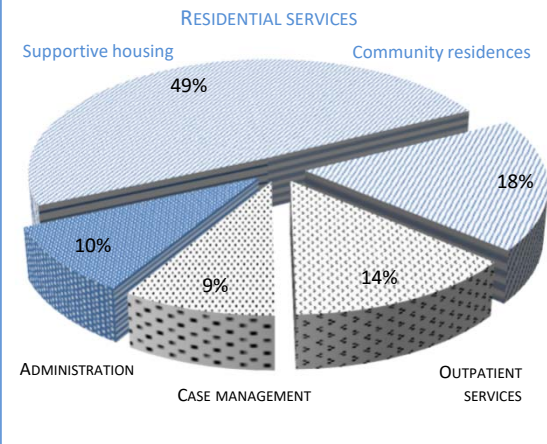
### Liabilities

Payables & accrued expenses	\$ 1,294	\$ 2,625	\$ 652
Accrued compensation	1,278	1,605	1,251
Deferred revenue	3,367	2,895	2,453
Nonrecourse construction financing	22,480	20,079	12,147
Due to government funders	5,019	5,522	5,907
Liability for pension benefits	3,989	3,989	4,346
Security deposits received	12	8	8
Mortgages payable	1,825	2,217	2,379
	<u>\$ 39,264</u>	<u>\$ 38,940</u>	<u>\$ 29,143</u>

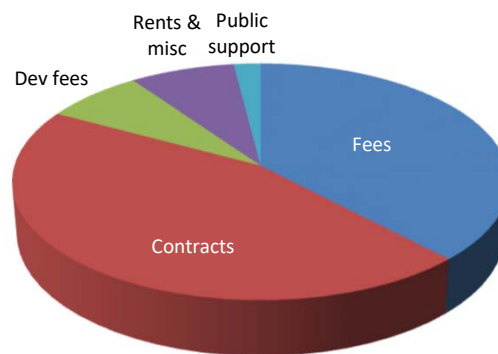
### Net assets

Unrestricted	\$ 16,948	\$ 13,411	\$ 12,686
Board designations	1,420	1,001	
	<u>18,368</u>	<u>14,412</u>	
With donor restrictions	109	101	91
Noncontrolling interest	4,699	2,235	1,243
	<u>\$ 23,176</u>	<u>\$ 16,748</u>	<u>\$ 14,020</u>
	<u>\$ 62,440</u>	<u>\$ 55,688</u>	<u>\$ 43,163</u>

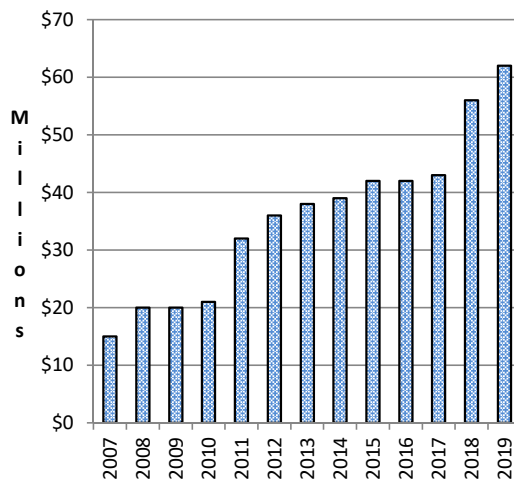
## Where the Money Goes



## Where the Money Comes From



## Growth in Assets



### An Important Note

This does not constitute a presentation of TSINY's financial statements in accordance with generally accepted accounting principles.

Such a complete presentation would include statements of donor restricted activity, noncontrolling activity, of cash flows, of functional expenses and footnotes.