

# **Alcohol & Drug Council**

## **2005 Annual Report**

Alcohol & Drug Council

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## *Who are we?*

The Alcohol & Drug Council is a private not for profit organization which serves individuals and families. We provide alcohol and drug abuse prevention and treatment services. In prevention we work with high school and middle school students in five school districts. Our focus is the prevention of underage drinking and drug use. Our clinical program serves people who are facing alcohol or drug abuse problems. We strive to provide treatment options that are relevant to individual needs. With customized service in mind, we stay informed about new therapies in the field and ensure that our staff receives the necessary training to provide effective treatment.

## *Mission*

Our Mission is to assist and support each individual on the path to a satisfying and successful life.

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## *Message from our Executive Director*



Arpi Hovaguimian

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We recently changed our mission statement to better reflect our identity and purpose. Since we continually strive to prevent and treat alcohol and drug abuse, it is easy to characterize us as behavior managers. However, our work with people goes beyond a change in behavior. We are not simply trying to help people establish and maintain abstinence from alcohol and other drugs. Abstinence is a necessary but insufficient condition for a successful life. The achievement of abstinence is akin to laying the foundation of a house. The construction of a satisfactory and successful life requires a plan of action or blueprint for attainable and well thought out life goals. Without a blueprint, recovery from addiction is unsustainable.

Sustainable recovery from addiction means putting an end to a vicious cycle. It means going beyond behavioral change. To help people end the vicious cycle of addiction, we are turning our attention to treatment outcomes that are hard to measure but indicate success at a deeper level.

Instead of focusing only on important measurable outcomes, such as abstinence from alcohol and other drugs or obtaining a job, we are also looking at qualitative outcomes. These are equally important but hard to measure. For instance, consider the following outcomes that are impossible to quantify or measure but are necessary for a satisfying and successful life: (1) improved intimacy between spouses or between parents and their children; (2) acquired sense of belonging to a community or a sense of fulfillment in a job or career; (3) achieved sense of comfort in life despite its uncertainties. Qualitative outcomes, such as the examples given above, give rise to successful lives. These qualitative outcomes are the driving force behind our mission and our programs.

## *New Programs*

The most exciting addition to our programs is the “Strengthening Families Program.” This is a research based prevention curriculum for parents and their children. We collaborate with the Tompkins County Department of Social Services, Cornell Cooperative Extension, and the New York State Center for Court Innovations to provide workshops that consist of 14 weekly sessions. During each session, the adults are taught primary parenting skills. In a separate room, the children are taught appropriate responses to authority and respect for limits set by parents. The initial round of 14 sessions was open only to people participating in the Tompkins County Family Drug Treatment Court. Future workshops will be open to the general public.

Our treatment programs are evolving based on new research in the field of addiction treatment. Family systems therapies are gaining momentum. Accordingly, our clinic is slowly adopting a systemic view of addiction and implementing new therapies. These therapies view the addicted individual as part of a system that maintains the addiction. Systemic influences on recovery are basically relational influences, which include family, work and other social factors.

We have two new groups that are based on our systemic view of addiction. One group is designed to help individuals explore a multigenerational history of their families. The objective of this exercise is to discover patterns of behavior utilized by the family over several generations to deal with difficulties in life. This helps individuals gain insight into the role of addiction in the family and how they can change the pattern for themselves and their children.

The second program is designed to help men address topics that are not usually addressed in traditional substance abuse therapies. This program offers an opportunity for individuals to explore the impact of addiction on one’s interpretation of masculinity, male sexuality, fatherhood and trauma. The intent is to help individuals realize that others struggle with the same life issues. More importantly, the men learn to find solutions to their problems that are far more adaptive than the use of alcohol or drugs.

## *Financial Report 2005*

<b><u>Revenue</u></b>	<b><u>2005</u></b>	<b><u>2004</u></b>
State Aid	\$282,700	\$222,057
County contracts & aid	\$113,356	\$98,257
United Way	\$25,741	\$22,397
Other contributions & grants	\$26,606	\$48,067
Medicaid reimbursements	\$324,033	\$376,241
Medicare reimbursement	\$270	\$3,809
Third party reimbursements	\$127,691	\$183,548
Self-pay	\$80,965	\$102,813
Other revenue	\$52,903	\$45,834
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Total Revenues	\$1,034,265	\$1,148,214
<b><u>Expenses</u></b>	<b><u>2005</u></b>	<b><u>2004</u></b>
Program services	\$895,589	\$961,447
Management & fundraising	\$146,532	\$162,808
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Total Expenditures	\$1,042,121	\$1,124,255

## Testimonials

### Financial Report 2005

<u>Assets</u>	<u>2005</u>	<u>2004</u>
Cash & cash equivalents	\$167,645	\$181,261
Receivables	\$80,731	\$108,205
Pre-paid	\$11,306	\$11,261
Equipment	\$15,206	\$19,385
Total Assets	\$274,888	\$320,112
<u>Liabilities</u>	<u>2005</u>	<u>2004</u>
Accounts payable	\$16,794	\$6,600
Accrued liability	\$26,749	\$25,200
Deferred revenue	\$10,094	\$43,617
Compensated absences	\$5,964	\$5,069
Medicaid payable	\$104,813	\$121,296
Total liabilities	\$164,414	\$201,782

“I was very scared when I got here. I did not know what to expect. I quickly learned that I was going to be okay because I got warmth and openness from everyone. My counselor was wonderful and she made me feel okay about who I am. Talking with her helped me understand that I am okay. I have a drinking problem but I am okay. The people here, it’s hard to describe how they work their magic. It’s truly magic to me. There is a light shining on this place and on the people who work here. They really care about the people who walk in through these doors looking for help.”

*L.P. former client*

“When I got to this place I was a mess. I had lost my job and was depending on a boyfriend that was beating me up. I moved to Ithaca to be with him and found myself alone with nothing to turn to but alcohol and dope. He was physically, verbally and emotionally abusive but I couldn’t leave him. This place saved my life. My counselor was amazing. She helped me get sober and stay sober. She always had just the right thing to say, just the right nudge to help me move to the next step. My getting sober took a long time. When I gave up on myself, the people in this place helped me get back on track until I finally got it. I hate to imagine where I would be today without the help I got.”

*A.C. former client*

“I feel so grateful and lucky to have a recovering professionals group here. And, I have the greatest counselor. This place continues to be important to my recovery. I know that I would not make it without the help I find here. Through this program I learned that I need to have goals. I also needed to break the goals down to small steps and take action on the steps. There is no doubt in my mind that the counseling sessions helped me become a better father and a better husband. I am now taking steps to make a dream come true. In a few months, I will be opening my own business.”

*B.L. former client*

## *Thank You*

*We are deeply grateful and appreciative to our friends in the community for their support. The following individuals gave generously to our cause:*

Margaret & Barry Adams  
Lucia Armstrong  
Dr. Robert and Renata Ballard, MD  
Joan Bechhofer  
Rose Bethe  
Drs. Sophia & John Bezirganian, MD  
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Cathy Webb  
Dr. Alexander Wood, MD

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