



ANNUAL MANAGEMENT REPORT 2015

The focus of the year was on continued preparation for the significant changes underway in the healthcare service delivery world. 2016 will involve a transition to Medicaid managed care and a subsequent focus on outcomes rather than volume. Our Quality Assurance efforts continued in 2015 with an enhanced focus on Huther Health and Health Home Care Management. These programs, as well as the 822 Chemical Dependence Program, continue to focus on engagement and retention of clients, with an emphasis on outcomes. Huther Health experienced a steady increase in enrolled patients, while the number of individuals enrolled in the health home decreased. The Agency continued to be an active participant in New York State Department of Health work groups to ensure Health Homes are functioning appropriately and succeeding at reducing costs, improving outcomes and increasing patient satisfaction. The Agency actively pursued institution of Care Managers in the criminal justice setting, however approval and funding was delayed at the state level.

The number of self-pay patients remained relatively low, as did those with private insurance. Self-pay patients continue to be seen by the financial case manager at admission and, where indicated, are assisted with the application for benefits process. As a result, bad-debt write-off for the year remained low. The Agency did see an increase in Medicaid recipients, with more and more being covered by managed care plans.

Once again, there was no waiting list for admission to Clinic services at any time during the year. Huther Doyle continued to receive a large percentage of referrals through the County ARES system. Despite this, the overall census remained low versus prior years. Esperanza Latina, ended 2015 with only two FTEs and an average census of 74. East Avenue maintained an average census of 305 which was well below 2014. A bright spot was West, with an average census of 139, up from prior year.

Overall the Agency provided approximately 50,400 units of service, which was 9% below 2014.

As in the past, the majority of our patients were lower-income City of Rochester residents, however, the Heroin epidemic resulted in a marked increase in suburban admissions: **88% of those seen were covered by Medicaid or qualified for some form of public assistance. During the year, approximately 52% of our patients were African-American, 19% Hispanic, 29% Caucasian and <1% Asian or Native American. 22% of patients were 25 or under; 31% were 26 to 35; 42% were 36 to 55; 6% were over 55. 69% of individuals admitted were male; 31% were female. Approximately 38% of patients had less than a high school education; 35% had a high school degree or GED; 27% had some college or a college degree. 19% of the patients were employed at least part-time; 7% were disabled and 20% were mandated to treatment and unable to work. 23% of those admitted were actively seeking employment. About 38% of the patients treated were referred from the Department of Human Services; about 19% were referred out of the criminal justice system; 19% self-referred; 50% of those served were involved with the criminal justice system at the time they were admitted to treatment. Approximately 49% of those treated had a prior mental health treatment episode, which was slightly lower than 2014; 83% of patients admitted had prior treatment episodes. Approximately 25% of individuals admitted had been seen in an emergency room within the preceding six months. About 39% of individuals admitted had a primary diagnosis of cannabis dependence, which was slightly down from the previous year.**

There continued to be a significant increase in the number of individuals diagnosed with opioid dependence – primarily heroin. As a result, there was a significant increase in the number of individuals participating in medication-assisted treatment. Alcohol dependence remained the second most common diagnosis at admission.

Following is an overview of the year, presented by functional unit.

ADMINISTRATION

There was a significant change in Administration during 2015, with a new President/CEO appointed effective October 1st. This individual began on August 24th as a Senior VP/COO, and transitioned to the CEO role on October 1st following the retirement of long-time CEO Robert Lebman following approximately 26 years of service.

The Administrative Cost Center consisted of four full-time staff: President/CEO, Vice President Programs and Services, Vice President Operations/CFO , Vice President Health Services.

All-staff meetings generally occurred on a monthly basis to keep staff informed and provide a forum to raise and discuss issues. During most of 2015, parallel staff meetings occurred at West and East Avenues. A decision was made at the end of the year to combine the meetings, thus allowing staff to receive consistent information at the same time. Staff continued to participate on a number of Agency-wide committees. We refocused our Cultural Competency initiative, and there were a number of trainings and an all-staff session that initiated an intensive and extensive internal review and a process to foster increased inter-Departmental team-building. The Vice President Operations/CFO remained the fiscal Compliance Officer and oversaw the review of Compliance and compliance policies by the Compliance Committee.

CLINICAL SERVICES

The Clinics at East (including Esperanza Latina) and West Avenues focused on quality improvement and expansion in 2015. While client census was down in compared to prior year, the team explored ways in which to increase services and attract referrals. Specifically, clients who are appropriate can receive Medication-Assisted Treatment (MAT) to address alcohol and opiate dependence. The Agency's Medical Director, who is an Addiction Physician, works closely with the Physician's Assistant at East Avenue in order to provide clients with these evidence-based treatment options. During the fourth quarter, the Agency began focusing on its treatment court case management census and how it can increase the services that is provided to the Rochester Problem-Solving Courts. The Agency census fell to the low 20's during 2015, and the goals is to at least triple the number of treatment court cases in 2016.

In response to the heroin epidemic, the Agency began an opiate-specific track for both men and women. Based on the positive response, it is likely that this will continue - and may expand - in 2016.

HEALTH INFORMATION AND DATA MANAGEMENT

The Director of Health Information and Data Management supervises staff in this Department. They continued to fill health information needs, including monitoring compliance with the Agency's Utilization Review Plan. The Unit is responsible for collection and analysis of client data, maintenance of medical records and performance of all utilization review activities. The Department produced monthly, quarterly and annual reports on utilization and clinical outcomes. The Department was active in the continued refinement of our automated record and data system throughout the year. A major focus of the Health Information/Data Management Director during the year was assisting in Quality Improvement expansion and increased record reviews. The Director serves as the agency privacy Officer under HIPAA and Programmatic Compliance Officer and reports to the Vice President Programs and Services.

HEALTH SERVICES

Huther Health has continued to operate as a DOH Article 28 Clinic. As of year end, two part-time licensed Physicians and one full-time licensed Physician's Assistant were providing primary medical care to approximately 1,200 patients. Despite this, the clinic again lost money in 2015. The health clinic will continue to explore adding services that support financial viability. To that end, the Vice President of Health Services, who oversees the department, is actively involved in several DSRIP initiatives.

INTAKE SERVICES

This Department saw minimal change during the year. The Department employs 7 full-time staff positions which are supervised by the Intake Services Director. This Department conducted all assessments and determined appropriateness for admission to program. The Department continued to offer two Entry (orientation) Groups weekly for new patients at East Avenue and one for new patients at West Avenue during the year. Focus during the year included monitoring to ensure a uniform assessment process and protocol across our multiple sites. The Department reports to the Vice President Programs and Services.

INFORMATION TECHNOLOGY

The Agency remained the managing agent for information technology services for RecoveryNet. The Information Technology Director continues to be a primary hardware technology resource for that Collaborative, while the Help Desk Technician provides support for the electronic health record. The Department consists of three FTEs. The IT Director continues to serve as HIPAA Security Officer. The Department was responsible for coordinating a search for a new electronic clinical record for RecoveryNet and recommended that replacement at year-end. The IT Director maintained responsibility for all agency telecommunication activity in addition to management of information technology. This Department reports to the Vice President of Operations.

PATIENT ACCOUNTS DEPARTMENT

The Patient Account Department underwent several changes in 2015, with staff turnover in the department, both at the patients accounts representative and Director levels. Despite the turnover, the department performed well. Billing errors once again were kept to a minimum and accounts receivable remained low. Prompt billing and close coordination with self-pay clients by the financial case managers within the Department helped keep bad debt write off to a minimum. During the year, the Agency continued to provide billing services to Delphi Drug and Alcohol Council. The Department reports to the Vice President of Operations/CFO, who monitors grants and cash-flow.

QUALITY IMPROVEMENT

There were no changes in staffing during the year. The Department consists of one full-time employee. Over the course of the year, she oversaw the administration of the Quality Improvement Plan and the continued restructuring of quality improvement activities across the Agency. Under the Plan, the Utilization Review sub-committee conducted reviews of randomly selected records to ensure required documentation is present and that the patient meets regulatory standards for admission and retention. The Quality Improvement Committee members conducted reviews of randomly selected records to ensure that the documentation meets regulatory requirements. The Committee also oversaw the functioning of the Agency In-service and Safety Committees. This Department reports to the President/CEO.

SUMMARY

2015 was a year of significant change for the Agency, with the President and CECO retiring after 26 years of dedicated service. In addition, the Agency remained heavily involved in multiple initiatives related to Medicaid redesign, Health Home Care Management, and the coming of Managed Care. As 2016 approaches, it is critical that the Agency be poised to take advantages of any viable opportunity that presents itself. This can be challenging in the ever-changing environment that exists today. In the short term, the Agency will focus on rebuilding the census of the 822 programs, while supporting the growth of the health home and increasing the sustainability of the Article 28 Clinic. All will require collaboration and teamwork.

2015 FINANCIALS (Audited):

Total Support and Revenue:	\$5,375,011
Total Expenses:	\$5,358,345
Excess of Support and Revenue over Expenses:	\$ 16,671