



## ANNUAL MANAGEMENT REPORT

2011

The major focus of attention throughout the year was stabilizing the overall patient census and increasing engagement and utilization, implementing the new Medicaid payment system and expanding the comprehensive and focused Quality Improvement and Compliance Program. Management continued planning for Medicaid Redesign and Healthcare Reform, working on strategies that will ensure our ability to continue offering cost-effective, high quality care in the future. The new web site was fully launched and tied to social media outlets.

The formal application for an Article 28 Diagnostic and Treatment Clinic was completed and submitted to the New York State Department of Health. A lease for space on the third floor of the East Avenue Agency site, where the health clinic will be located, was negotiated and signed. Conversations regarding the proposed health clinic were held with area providers, insurers and health planners. There was general agreement that the service will increase access and improve health outcomes for an underserved population, represented by our target audience. An agreement was reached with Rochester General Health System to provide the hospital back-up service for the proposed clinic.

The number of self-pay patients remained relatively low (9%), and significantly below the levels seen before we created financial case managers. Early referral to case management and more intensive ongoing support to patients dealing with Social Services while they were being certified as Medicaid eligible were continued.

All self-pay patients continue to be seen by the financial case manager at admission. Where indicated, they are linked to ongoing case management service. As a result, bad-debt write-off for the year remained relatively low (approximately 1%). Case managers also continued to assist patients with food, clothing and shelter issues and continued to make home visits to patients with poor attendance in an effort to re-engage them in recovery. During the second half of the year, case managers were assigned to a SAMHSA-funded OASAS program to support those with need for wrap-around services to sustain recovery (SOARS).

This was the thirteenth year of offering wrap-around support services (Case Management, Child Care, Daily Living Skills Education, Family Counseling and Vocational Services) at the East Avenue Clinic. Late in the year, vocational counseling was discontinued, as financial resources needed to be realigned to support core-programming. In the fourth quarter, work was begun on exploring alternative ways this Team can be used to better engage, retain and meet the individual needs of patients. A pilot project is planned for implementation early in 2012. The Department of Health continued to provide HIV testing on-site at East Avenue weekly, and medical staff provided testing at Esperanza Latina and West Avenue as needed. Medical staff also continued TB testing for patients and staff during the year.

Once again, there was no waiting list for admission to Clinic services at any time during the year. It remained clear that enforcement of attendance expectations during engagement process facilitates retention within the Clinic. There was a concern throughout the year over the community-wide drop in referrals from the County Department of Human Services. This drop had a significant negative impact upon the Esperanza Latina site.

Clinic management continued to work with staff to ensure the comprehensive curriculum developed late in 2009 was being used in outpatient groups at all clinical sites. The new curriculum for aftercare, developed in 2010, also was implemented during the year. Use of these curricula has helped standardize content across groups and clinic sites and ensure consistency in approach that will enhance positive outcomes. Overall, group utilization continued to remain strong at East Avenue and West Avenue throughout most of the year. Utilization at Esperanza Latin dropped and was below expectation. During the second half of the year, low census appears to have been the result of a continued drop in referrals from Monroe County Social Services. As a result of the training regarding regulatory requirements and increased quality improvement audits, a recertification visit by OASAS resulted in a maximum term license at Esperanza Latina. **During the year, we admitted 1,808 individuals to treatment.** Throughout the year, utilization levels fluctuated between 80% and 90%. **There were more than 70,000 clinical service visits provided during the year.**

As in the past, the majority of our patients were lower-income City of Rochester residents: **77% of those seen were covered by Medicaid or qualified for some form of public assistance. [This represents an 8%**

increase over 2010] During the year, approximately 55% of our patients were African-American, 18% Hispanic, 27% Caucasian and <1% Asian or Native American. 27% of patients were 25 or under; 29% were 26 to 35; 51% were 36 to 55; 3% were over 55. 76% of individuals admitted were male; 24% were female. Approximately 41% of patients had less than a high school education (decrease); 34% had a high school degree (decrease). 27% of the patients were employed at least part-time (increase); 10% were disabled and 9% were mandated to treatment and unable to work. About 61% of the patients treated were referred from the Department of Human Services (significant increase); about 16% were referred out of the criminal justice system (significant decrease), however, 56% of those served were involved with the criminal justice system at the time they were admitted to treatment; about 7% were self-referred. Approximately 38% of those treated had a prior mental health treatment episode, which was a 6% increase over 2010. 83% of patients admitted had prior treatment episodes. About 43% of individuals admitted had a primary diagnosis of cannabis dependence, which almost as high as the previous year. Alcohol dependence was the second most common diagnosis at admission and remained consistent. There was an increase seen in cocaine and heroin dependence, with both increasing over the prior year.

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

## ADMINISTRATION

Administrative staff underwent two changes during the year. The Human Resource Assistant position was increased to full-time and a Help-Desk position, funded by the RecoveryNet Collaborative, was added during the year. This staff provides technical support related to the electronic health record to all partner agencies.

The Administrative Cost Center consists of nine full-time staff: President/CEO, Vice President Programs and Services, Vice President Operations/CFO, Human Resources Director, Human Resources Assistant, Information Technology Director, Help Desk Technician, Quality Improvement Director and IT assistant (4 male; 5 female; 8 Caucasian, one African-American) The IT Director remains the agency HIPAA Security Officer.

All-staff meetings occurred on a monthly basis to keep staff informed and provide a forum to raise and discuss issues. Parallel staff meetings continued at the West and East Avenue clinics. Staff from Esperanza Latina attended monthly meetings at either the East Avenue or West Avenue facility. Staff continued to participate on a number of agency-wide committees. We maintained our Cultural Competency initiative, and there were a number of trainings and an all-staff retreat which focused on this area. The Vice President Operations/CFO remained the fiscal Compliance Officer and oversaw the review of Compliance and development of new policies by the Compliance Committee. An audit by the Office of Medicaid Inspector General (OMIG) resulted in a finding of “no substantial findings” and no required repayment of Medicaid reimbursement from fiscal years 2006, 2007, 2008 and 2009.

## PATIENT ACCOUNTS DEPARTMENT

The Patient Account Department underwent no change during the year and consists of 5 FTE employees (all female; 2 Caucasian, 2 Hispanic, 1 African-American), including the Patient Accounts Director. During the past year, the Unit continued to focus upon timely billing and assisting patients who experience problems with benefits at admission. The Patient Accounts Director also assisted RecoveryNet partners with the transition to an updated electronic billing system throughout the year. 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 signed a contract 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, and once again kept the agency out of its line of credit throughout most of the year.

## ADMINISTRATIVE SERVICES

The Department saw some change during the year in the area of reception staff. The HR Assistant remained available to the Department as emergency back-up for reception. The Unit consists of 9 FTE staff that report to the Director of Administrative Services (5female, 4 male; 5 Hispanic, 4African-American). The major focus of the Department is patient reception; however, several maintenance staff are responsible for facility upkeep. This Department reports to the Vice President Operations/CFO.

## HEALTH INFORMATION & 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 Utilization Review Plan. This Unit saw no turnover during the year, and there continue to be 5 FTE staff positions; 2 of whom are registered health information specialists (RHIT) (5 female:2 Caucasian, 2 African-American, 1 Native American). 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 overseeing and coordinating implementation of the electronic health record in RecoveryNet partner agencies. The Director serves as the agency privacy Officer under HIPAA and Programmatic Compliance Officer and reports to the Vice President Programs and Services.

## MEDICAL

A part-time physician continued to be contracted with on an interim basis, as we searched for a full-time replacement. Late in the year, a second physician was hired to expand medication assisted therapy and plan the implementation of outpatient detoxification services. This Department was responsible for ensuring compliance with licensing standards related to diagnoses and patient health. A grant from the Monroe County Medical Foundation allowed the Department to sustain on-site TB testing for staff and clients. The Department is comprised of 4.5 FTE staff (3 males, 3 females; 2 Hispanic; 3 Caucasian) positions. We continued to provide medical screenings and medical education to all patients. We continued to offer anonymous HIV testing through the State Health Department at East Avenue and through case managers at the other two Clinic sites. We continued to prescribe Buprenorphine as an adjunct treatment and to provide a stabilization service for patients. The Department reports to the President/CEO.

## INTAKE

This Department saw minimal change during the year and employed 8 full-time equivalent staff positions (4 female, 4 male; 3 Hispanic, 2 African-American, 2 Caucasian), 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.

## ENHANCED SERVICES

This Department completed its fourth year as an independent Department. The Department saw one turnover during the year and consists of 7.5 FTE staff (4 Caucasian, 3.5 African-American; 3.5 female, 4 male). There were 3.5 case managers, funded by the agency, as case management currently remains a non-reimbursable service. The vocational position was vacated during the year, and a decision was made not to fill it at this time. The Child Activities Center continued to be well utilized. Because of the services in this Department, patient successful discharge rates continued high, and we believe overall programming was enhanced. Enhanced Service staff continued to provide two 3-week engagement groups throughout the year but was involved in developing an alternative approach to be piloted in 2012. Case managers continued to work with patients in Intake and helped control the increase in self-pay clients by assisting with application for benefits. The Department reports to the Vice President of Programs and Services.

## CLINIC

Staffing was reduced at both the East Avenue and Esperanza sites to be consistent with OASAS guidelines. There were also several turnovers, including the Director of Clinical Services. A licensed clinical social worker (LCSW-R) was hired to oversee all clinical services. The patient census at West Avenue continued to be lower than desired and the number of patients treated at East and Esperanza dropped. Since staffing is determined by a patient/clinician ratio established in regulation, reduction of staff was appropriate. The satellite site at AIDS Care continued during the year, providing a specialized treatment service to this dually-diagnosed population. During the year, utilization of that program continued to fluctuate considerably. Services continued to be available at four sites (including ACHC), with three separate OASAS licenses. The Department consisted of 20

full-time equivalent staff: 6 African-American clinicians, 2 Native-American clinicians, 9 Caucasian clinicians and 3 Hispanic clinicians are part of the team. 18 clinicians were licensed or credentialed; 5 possess advanced degrees. During the past year, as part of our effort to continuously upgrade the knowledge base and skill level of counselors, we have continued to provide internal in-service training. Staff received follow-up training in Motivational Enhancement Therapy and Cognitive Behavioral Change Therapy. As part of CQI, we have maintained involvement of clinical staff in a variety of Agency committees: UR, Safety, In-service and Cultural Competence. We also ran a full-day Cultural Awareness retreat for all staff. The Department reports to the Vice President of Programs and Services.

Most patients reported multiple substances being used. About 20% of patients reported having visited an emergency room in the 6 months prior to admission than in 2010. **As in the past, the vast majority of those treated had prior treatment episodes (83%, which was a 10% increase over 2010). Only 2% of those treated were veterans. 59% of patients discharged had completed some or all of their treatment goals (no change from prior year). At the time of discharge, over 59% of patients had been chemical free for at least 30 days; 62% had discontinued use of their primary drug of choice. Patient retention remained high, with 60% of those admitted remaining in treatment at least 6 months, which is probably related to the fact that patients continued to be seen in individual as well as group sessions during the year. The patient population served by the agency continues to be one of the most disadvantaged and poorly resourced in the state treatment system.**

## INFORMATION TECHNOLOGY

A HEAL-17 New York Department of Health grant through the Anthony Jordan Health Center continued through the year. The Agency remained the fiscal 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 employees: 2 male, 1 female; 1 African-American, 2 Caucasian. An additional position of Data Base Administrator will be added in 2012. The IT Director continues to serve as HIPAA Security Officer. He maintained responsibility for all agency telecommunication activity in addition to management of information technology. This Department reports to the Vice President of Operations.

## QUALITY IMPROVEMENT

There were no changes in staffing during the year; the Department consists of one full-time employee (female, Caucasian). 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

In 2011, the agency focus was stabilization, quality improvement and compliance. The Quality Improvement Plan was fully implemented, with increased medical record reviews and more focused staff development efforts. A Compliance Committee was appointed and charged with ongoing monitoring of compliance and assessment of risks. Client care continued to improve with the continued emphasis on Motivational Enhancement and Cognitive Behavioral Change therapies and continued staff training. We believe the agency remains positioned for future growth and stability, despite significant threats stemming from national and state fiscal crises. There will be continued quality assurance and utilization review oversight in 2012, and management will closely monitor census and utilization to ensure cost containment and fiscally responsible operation of all programs. Plans will move ahead to open the primary care practice and expand medication assisted therapy at all sites. There will be increased focus on identifying and planning to overcome external risks in the coming year. Assuming approval from the State Department of Health is forthcoming, management will also focus on successfully launching the primary care clinic and beginning to integrate behavioral and physical health services to improve outcomes and reduce disparities in disease management across populations.

## **BUDGET – 2011**

### **REVENUES**

<b>Fees</b>	<b>\$3,815,095 ( 87%)</b>
<b>Grants</b>	<b>243,138 ( 6%)</b>
<b>Donations</b>	<b>29,841 ( 1%)</b>
<b>Miscellaneous</b>	<b>306,359 ( 6%)</b>

**\$4,394,433\***

### **EXPENSES**

<b>Personnel/Contract</b>	<b>\$3,670,208 (84%)</b>
<b>OTPS</b>	<b>262,214 ( 6%)</b>
<b>Occupancy</b>	<b>453,369 (10%)</b>
<b>Miscellaneous</b>	<b>8,642 ( 0%)</b>

**\$4,394,433\***

**\*Unaudited figures**