

# 2020 ORGANIZATIONAL HIGHLIGHTS



“ROCK BOTTOM BECAME THE SOLID FOUNDATION ON WHICH I REBUILT  
MY LIFE”  
- JK ROWLING

# 2020 Was The Year Of The Covid Pandemic

On March 5, 2020, Governor Lawrence J. Hogan, Jr., declared a state of emergency due to disease (“COVID-19”) caused by the novel coronavirus. COVID-19 is a severe respiratory disease, resulting in illness or death, caused by person-to-person spread.

On March 12, 2020, the Maryland Department of Health issued guidance to temporarily expand Medicaid telehealth regulations to permit the home as an originating site. Pursuant to the Governor’s Executive Order and in recognition of the fact that certain Medicaid participants’ are still unable to access needed services, the Medicaid Program relaxed certain requirements around the use of telephones to provide clinical services. Providers who are not able to meet in-person with a participant should make every effort to use the following technology, in order of priority:



*"I am not alone..."*

*1. Traditional telehealth technology which meets all formal requirements is strongly preferred. (These services remain unaffected by the measures in this guidance).*

*2. If Medicaid participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit the use of notebook computers, smartphones, or audio-only phones.*

*3. If Medicaid participants cannot access cell-phone based video technology, audio-only telephone calls will be permitted.*

On March 16, 2020, the White House provided guidance that social gatherings should not exceed 10 people. However, if groups are held, they should be smaller than 10 people in order to be carried out in compliance with the CDC guidelines that include social distancing of six feet. Individuals providing outpatient services may provide the service via telehealth. Group services can only be provided by tele-video communications and not by telephone. What this meant for the Wells House was that IOP and 3.1 group services could be provided by telehealth but not by voice only telephone. Individual services were provided by either telehealth or voice only telephone.

BHA provided guidance that social distancing should be practiced in the 3.1 Residential Treatment programs and in transitional housing. This required us to rethink how services would be delivered. The Wells House was able to pivot and began offering group services via zoom and a tablet in each facility’s living area. Individual sessions were conducted via telephone or zoom, depending on the patient’s needs. There was a voluntary reduction in beds in order to create quarantine spaces for patients who might contract COVID 19 and needed a safe space to recover. Patient movements within the community were restricted and patients were not permitted to take passes home to be with family in an effort to reduce spread in our congregate living facilities.

# 2020 Was The Year Of The Covid Pandemic

The duration of the crisis has become a psychological stressor for our staff and patients. The increased has a lack of connectedness that has made it difficult to create therapeutic alliance with patients availability of telehealth has the potential to lower barriers to access care and research shows it is effective. However, our clinical staff has voiced concerns that facilitating groups and individuals via telehealth.

Patients have struggled with the restriction of movement. The inability to connect with their family and loved ones has been difficult. The inability to attend 12 step meetings in the community has created significant barriers in establishing long term recovery. Despite all of these challenges, staff and patients have adapted and treatment has continued.

During the pandemic, substance use continued to be a major public health concern that affects every level of society. Increase in alcohol and marijuana occurred in 2020 in some part due to social isolation. For the past 45 years, Wells House has worked to expand and improve substance use treatment services for men and women suffering with a substance use disorder. Aside from the reality of a global pandemic, 2020 has been no different. We continue to prioritize and target performance improvements as guided by our strategic plan and patient, staff and stakeholder satisfaction data.

## Patient Testimonial:

"I came here on September 29th, 2020. I was released directly from jail. I also took drug court. I knew I needed help, not only wanted it. So, I chose two programs that I thought I could receive the most from if I worked the programs to the best of my ability. I was not mistaken when I made those choices. Since I had my intake, I have had some good days, and bad days. While enrolled in this program, I have been able to accomplish things that I only thought was possible, but never knew it was. I was able to have 1 full year clean and sober. I am beyond grateful for that. There was a time where it was hard for an hour to go by before I used again. I have been able to obtain a therapist and a trauma specialist. With the help of drug court I was accepted into Villa Maria and was able to have a therapist that I enjoy and I can actually talk to. And my trauma specialist is amazing. She has helped me understand things that I've always been struggling to understand. Another thing that I am grateful for was the fact that I've been able to work through some major problems that normally would have made me go and use again. My brother died of an OD within two months of me being here. I was able to stay here and work on myself for the better. And I battled a huge war with self-sabotage and depression recently. I lost my job. I put up a facade. I will say I am not perfect at recovery, but it's about progress. I understand that medication is in my future, sooner rather than later, and I accept that and am grateful for that. I want to be ready for if anything happens again, along with coping skills and tools, medication will help. I was able to regain employment after my depressive episode. I think this goes to show how liked I can be and how in such a short time I am proven to do what I need to do to turn things around for myself. "

- D, Age 26



# Our Mission, Our Vision, Our Values

Consistent with the mission and vision of Wells House, the agency is committed to establishing, maintaining, monitoring and evaluating informal and formal processes designed to improve our service delivery to patients and their families. The ultimate goal is to impact and improve our business functions and service delivery system to patients and the community.

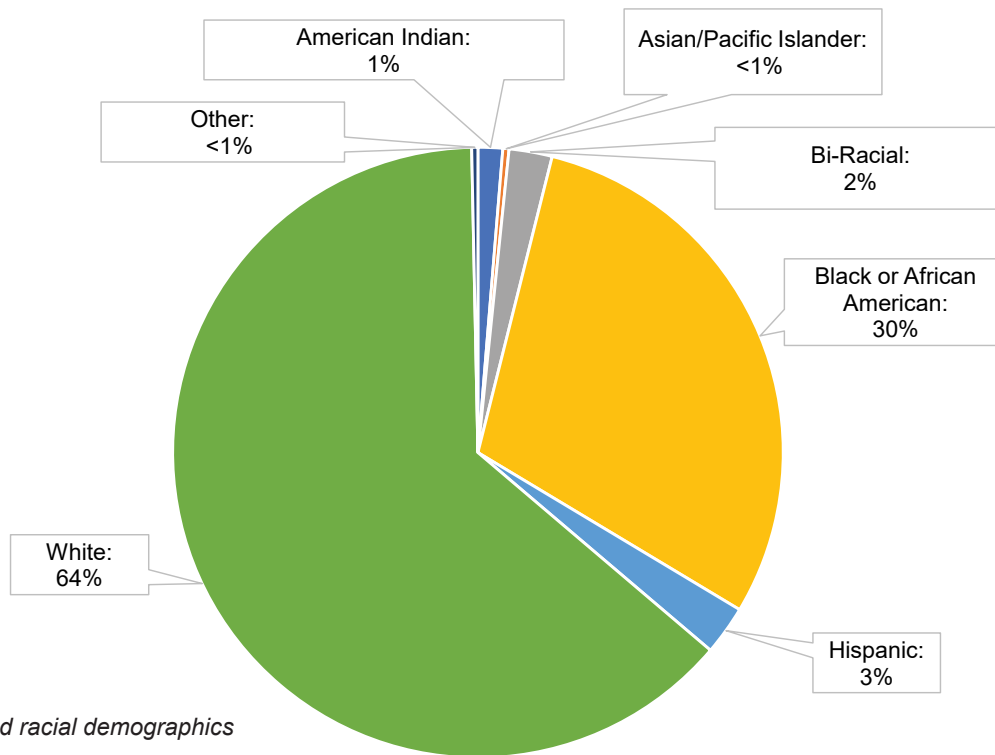
Wells House has developed standardized methods for collecting and tracking data and generating reports. These reports are generated on a periodic basis on a consistent scheduled and are used to improve performance. For example, the CQI teams meet regularly in Hagerstown and Frederick to discuss incidents, critical incidents and grievances. Satisfaction surveys from patients stakeholders and employees are analyzed and information from these survey's guide our performance improvement activities.

OUR MISSION	OUR VISION	OUR VALUES
<p>We are committed to improving the quality of life of individuals, families and communities by providing effective, compassionate, respectful, and culturally competent substance use disorder services.</p> <p>We aspire to provide a setting where individuals receive care that will empower them to develop hope and healing in a supportive, recovery focused environment while fostering independence and self-sufficiency.</p> 	<p>The vision of Wells House is to become recognized as a leader in the treatment of substance use disorders. Wells House will be at the forefront in its commitment to:</p> <ul style="list-style-type: none"> <li>● Promote activities which enhance the recovery of individuals with substance use disorders and thereby improve the health status of the community at large</li> <li>● Develop and implementing dynamic and unique strategies for the prevention, education, and treatment of substance use disorders</li> <li>● Collaborate with the human service community to deliver and continually improve comprehensive, accessible, quality and cost-effective treatment and education services, with particular consideration for those without recovery capital and those who are disenfranchised because of their disease</li> </ul>	<p><b>ACCOUNTABILITY</b> <b>EXCELLENCE</b> <b>MUTUAL RESPECT</b> <b>RESPONSIBILITY</b> <b>RESPECTFUL</b> <b>EMPOWERER</b> <b>INDEPENDENCE</b> <b>SUPPORTIVE</b></p> <p><b>HEALING</b> <b>INTEGRITY</b></p> <p><b>VALUES</b></p> 

# Demographics: 2020 Summary

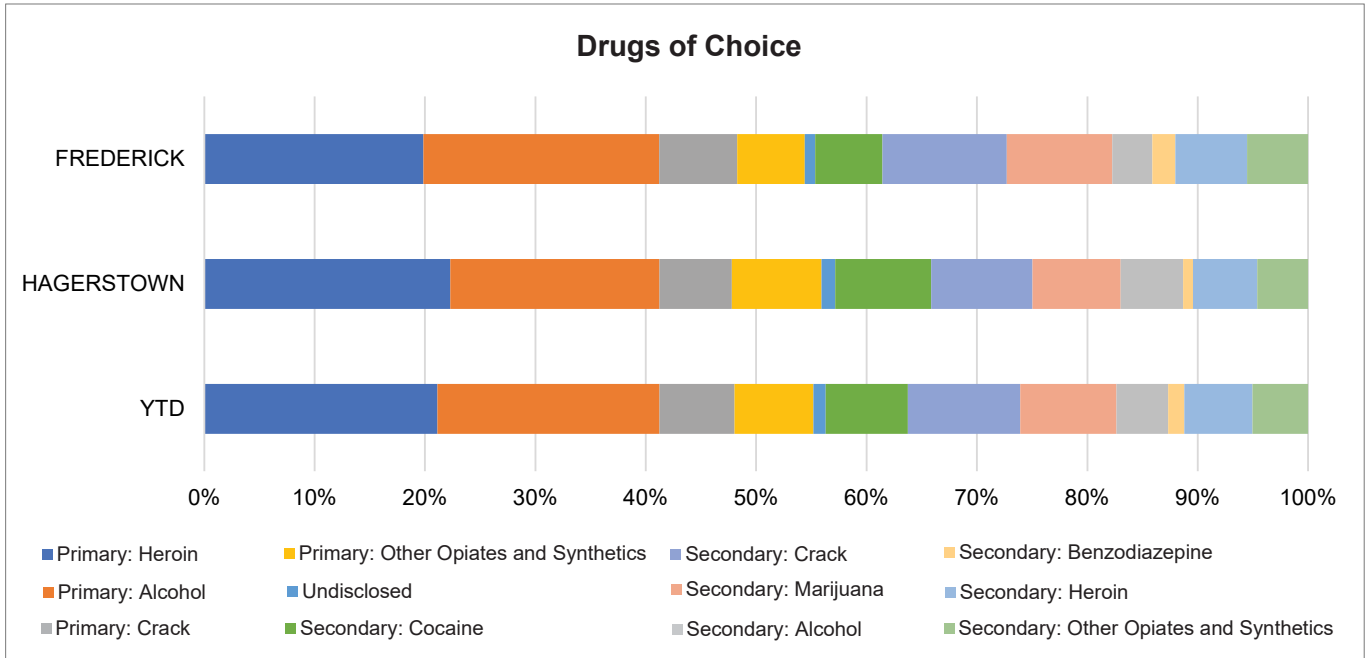
The following are demographic statistics on the clients that have been served by our agency during calendar year 2020 in both our Hagerstown and Frederick locations.

2020 Summary	YTD		Hagerstown		Frederick	
Total Admissions:	613		323		290	
Total Discharges:	479		222		257	
Average Age						
18-21:	4	.65%	1	.31%	3	1.03%
22-39:	339	55.30%	182	56.35%	157	54.14%
40 & UP:	270	44.05%	140	43.34%	130	44.83%
Tobacco Usage:						
Yes:	534	87.11%	282	87.31%	252	86.90%
No:	79	12.89%	41	12.69%	38	13.10%
On Suboxone/Methadone:						
Yes:	195	31.81%	105	32.51%	90	31.03%
No:	418	68.19%	218	67.49%	200	68.97%
1st Treatment Attempt:	113	18.43%	54	16.72%	59	20.34%
Co-Occurring Disorders:	510	83.20%	248	76.78%	262	90.34%
Chronic Health Problems:	357	58.24%	187	57.89%	170	58.62%



Total combined racial demographics

# Wells House Patient Data



## Patient In Treatment Data (PITs):

A series of questions are asked of patients while in treatment at 30, 60, 90 and 120 days. We want to highlight 2 of the question asked.

Hagerstown & Frederick - All Locations		468 Patients							
Time Frame	30 days		60 days		90 days		120 days		
<b>How many times have you used alcohol or drugs?</b>									
Abstained	214	86.99%	169	88.48%	144	82.76%	101	84.17%	
1 to 3 times	31	12.60%	22	11.52%	30	17.24%	19	15.83%	
4 to 6 times	1	0.41%	0	0.00%	0	0.00%	0	0.00%	
7 plus times	0	0.00%	0	0.00%	0	0.00%	0	0.00%	
Other:	0	0.00%	0	0.00%	0	0.00%	0	0.00%	
<b>What is your current employment status?</b>									
Unemployed	135	54.88%	82	42.93%	72	41.38%	44	36.67%	
Full Time	71	28.86%	62	32.46%	57	32.76%	40	33.33%	
Part Time	26	10.57%	33	17.28%	25	14.37%	20	16.67%	
Disabled	10	4.07%	9	4.71%	14	8.05%	14	11.67%	
Other:	4	1.63%	5	2.62%	6	3.45%	2	1.67%	

87% of patients had abstained from drugs and alcohol during their first 30 days, by day 90, there were still 82% of patients that had abstained from using substances.

81% of patients reported being unemployed in their first 30 days of treatment, by 90 days, only 35% were unemployed.

# POST Treatment Data:

Post Treatment - Phone Questionnaire - Patient Discharges Jan 20' - December 20' (Feb 20' - Jan 21' Calls)

Total Discharged Patients Called		1854							
Total Contacted Hagerstown & Frederick		193							
Time Frame	1 month		3 months		6 months		1 Year		
Discharged Patients Contacted	63	32.64%	53	27.46%	44	22.80%	33	17.10%	
<b>Q5: During the past month, how often did you drink alcohol or use drugs?</b>									
Not at all	54	85.71%	46	86.79%	41	93.18%	30	90.91%	
A little bit	4	6.35%	5	9.43%	1	2.27%	3	9.09%	
Somewhat	3	4.76%	1	1.89%	1	2.27%	0	0.00%	
Quite a bit	2	3.17%	0	0.00%	1	2.27%	0	0.00%	
Very much	0	0.00%	1	1.89%	0	0.00%	0	0.00%	
Other:	0	0.00%	0	0.00%	0	0.00%	0	0.00%	
<b>Recovery and Functioning:</b>									
<b>Q1: I am hopeful about the future.</b>									
Not at all	0	0.00%	0	0.00%	0	0.00%	0	0.00%	
A little bit	5	7.94%	3	5.66%	6	13.64%	2	6.06%	
Somewhat	14	22.22%	17	32.08%	4	9.09%	5	15.15%	
Quite a bit	23	36.51%	12	22.64%	12	27.27%	8	24.24%	
Very much	21	33.33%	21	39.62%	22	50.00%	18	54.55%	
Other:	0	0.00%	0	0.00%	0	0.00%	0	0.00%	
<b>Q4: Overall, how satisfied are you with your recovery?</b>									
Not at all	0	0.00%	1	1.89%	0	0.00%	0	0.00%	
A little bit	4	6.35%	1	1.89%	2	4.55%	1	3.03%	
Somewhat	1	1.59%	2	3.77%	4	9.09%	4	12.12%	
Quite a bit	16	25.40%	11	20.75%	12	27.27%	10	30.30%	
Very much	42	66.67%	38	71.70%	26	59.09%	18	54.55%	
Other:	0	0.00%	0	0.00%	0	0.00%	0	0.00%	



# Service Access Performance Data:

Wells House measures access to care because it impacts patients receiving comprehensive care that will reduce health impacts and saves lives.

Service Access Calendar Year 2020	TOTAL	% of Total
<b>Total Number of Applications for Admission:</b>	1564	
<b>Total Number of Applications Approved for Admission</b> <i>% of those admitted from those who applied</i>	570	36.45%
<b>Total Number of Applications Denied Admission:</b> <i>% of those denied from those applied both locations</i>	196	12.53%
<b>Total Number Not Admitted for Other Reasons:</b> <i>% of those not admitted for other reasons from those applied at both locations</i>	795	50.83%
<b>Average Time from First Contact to Admission</b> <i>Days (Total Average of Both Sites)</i>	22.5	
<b>Average Time from Date Prescreen has been received to Interview Completion</b> <i>Days (Total Average of Both Sites)</i>	5.4	

\*Patients not admitted for other reasons could be the patient chose to another tx program, return home or were administratively discharged from the facility they were coming from or they left against medical advice from the prior level of care.

**NEED DATA OR A GRAPH**



# Wells House Patient Satisfaction:

## Summary Snapshot of results for Hagerstown Patients

Summer (August) 2020

Total Respondents: 83

Total Patients: 110

Categories	Satisfied	Somewhat Satisfied	Dissatisfied
<i>Services (helpful, accessible)</i>	81.9% <b>+4.3%</b>	10.8% <b>-6.7%</b>	7.2% <b>+2.3%</b>
<i>Staff (knowledgeable, culturally competent, helpful)</i>	82.5% <b>+2.1%</b>	12.5% <b>-1.6%</b>	4.9% <b>-0.7%</b>
<i>Quality of Life Improvement</i>	77.4% <b>-3.3%</b>	18.5% <b>+3.8%</b>	4.1% <b>-0.5%</b>

\*\*Highlighted changes in percentage are the change from the last patient satisfaction survey completed in February 2020.

- Negative means a decrease in % from last survey
- Positive means in increase in % from last survey

## Summary Snapshot of results for Frederick Patients

Summer (August) 2020

Total Respondents: 54

Total Patients: 130 (Including OP)

Categories	Satisfied	Somewhat Satisfied	Dissatisfied
<i>Services (helpful, accessible)</i>	83.9% <b>+10.1%</b>	13.5% <b>-4.8%</b>	2.6% <b>-5.3%</b>
<i>Staff (knowledgeable, culturally competent, helpful)</i>	87.8% <b>+10.3%</b>	10.2% <b>-7.3%</b>	2% <b>-3%</b>
<i>Quality of Life Improvement</i>	87.5% <b>+11.8%</b>	11.4% <b>-12.2%</b>	1.1% <b>+0.4%</b>

\*\*Highlighted changes in percentage are the change from the last patient satisfaction survey completed in February 2020.

- Negative means a decrease in % from last survey
- Positive means in increase in % from last survey

# Performance Improvement Projects:

**Area for Improvement:** *Supervision*

**Description of Problem:** Employee Satisfaction surveys have indicated dissatisfaction with supervisors. Strengthening supervision within the Wells House is an effective and efficient intervention. Supervisors who are more stable as a group in terms of turnover, have significant influence over practice patterns and quality of service and impact significantly on the work lives of the staff members who report to them.

**Goal:** Strengthen supervisor competencies and shape supervision practices around 4 core functions; Quality of Service, Administration, Education, and Support

**Members of PI Team:**

Amie Kotz, Clinical Director

Christina Trenton, COO

Gerry McCarney, Clinical Supervisor

Daryl Manzo, Clinical Supervisor

**Discussion:** The internal expertise is not strong enough to tackle this improvement without help. It was determined that a consultant could be helpful in providing training to the model of supervision. The consultant should help us to establish supervision standards, define the supervisory roles and establish clarity around responsibilities. If implemented and adhered to it would move our culture away from the clinical and administrative supervision to a clearer, more defined role and authority for supervisors.

**Plan:** Identify, contract and engage services of consultant  
 Conduct training for Supervisors  
 Create Staff Supervision Implementation Plan

**Pilot:** Begin implementing the staff supervision action plan in September of 2020.

Action Item	Detail
Create Expectations for Clinical Supervision	
	<b>(1)Approval of all Services</b>
	<i>Thoroughly review content of services</i>
	<i>Treatment plan missing content, thoroughness-Approve with Note section</i>
	<i>Individual and Group Notes missing content, thoroughness-Approve with note</i>

# Performance Improvement Projects:

	<i>Review that date and time is correct, services is correct to location and program, service and billing location is correct, all standard elements are completed</i>
	<i>All services are approved the day they are submitted</i>
	<i>Services submitted after 4pm are to be approved by 10am the next day, if Friday, by 10am Monday</i>
	<i>if this timeframe does not occur, supervisor is to be emailed with an explanation for why it did not occur</i>
	<b>(2) Responsible for the Retention of patients in care</b>
	<i>No more than 2 administrative or clinical discharges a week</i>
	<i>If a clinical need for more d/c's , thorough case review and clinical interventions presented to Clinical director before discharge decision is made</i>
	<i>Responsible for contacting all patients who comment they want to self d/c and schedule brief meeting to discuss-create intervention with patient in an effort to retain patient in care.</i>
	<i>Hold Clinicians responsible to call all patients who have left care the very next business day to discuss reason for leaving tx. Counselor is to provide patient explanation to Clinical Supervisor</i>
	<i>Clinical Supervisor is to make every effort to communicate and problem solve systemic programmatic issues raised by patients who have left</i>
	<b>(3)Observation of Clinical Staff</b>
	<i>Performance Evaluations may not be completed until a minimum of 3 observations have been completed for each clinician within that Quarter. Minimum observation time is 1 hour.</i>
	<b>(4) Adhere to Individual Supervision Agenda</b>
	<b>(5) Adhere to Group Supervision Model</b>
	<b>(6) Follow the chain of Command</b>
	<b>(7) 3.1 and Clirical Mtgs staff before COB the same day as the mtg</b>
	<i>When cases are presented there are clear next steps, action items presented to all staff via email for that patient. Minutes are sent in the body of an email to all</i>

# Performance Improvement Projects:

	<b>(8) Accountability for Clinician Schedules</b>
	<i>All counselor schedules are reviewed by COB on Friday to ensure the following weeks calendar is full and complete</i>
Meet with Clinical Supervisors to review expectations, changes being made, model to follow	Update Job Descriptions to include new expectations
Clinical Supervisors to Present to Clinical Staff changes being made, model to follow and expectations the Clinical Supervisors will be held to	
Residential Supervisors to Present to Residential Staff , including Therapeutic Incentive Peers the changes being made, model to follow	
Pre-admission and Intake Supervisor to Present to staff changes being made, model to follow	
Facilities Maintenance Supervisor to Present to staff changes being made, model to follow	
COO to present to direct reports changes being made, model to follow	
Create a case presentation template that includes all important elements for a thorough case presentation	
Begin implementing case presentation template in all case reviews	
Begin implementing case presentation in all residential staff meetings	<i>Create concrete action plans for how residential staff are to handle problematic, concerning patients</i>
Create clear expectations for the role of Lead counselor	<i>Amie to create new job descriptions and receive feedback from clinical supervisors and lead counselors. Amie to hold meeting to review, clarify and identify date for implementation.</i>

# Performance Improvement Projects:

Create expectations for the role of clinical staff as it relates to residential staff and patient management	<i>Create processes to support this</i>
Scott Quality Documentation, Medical Necessity Criteria	<i>Obtain Proposal</i>
	<i>Schedule timeframe for work</i>
	<i>Create action plan as a result of findings</i>

**Outcome:** Improvement in Supervisory structure has occurred. Specific agendas were implemented for each supervisory group, both clinical and residential. A case presentation template was created to ensure that all case presentations include the salient and important information that will help the team to create an action plan. Lead Counselors have a much clearer job description that will allow them to assist with direct observations of services, lightening the burden on Clinical Supervisors.

**Recommendation:** Ensure that Supervisors continue to adhere to the model put in place.

**Area for Improvement:** Compliance and Medical Necessity Clinical Documentation Improvement

**Description of Problem:** It has been identified that clinical documentation compliance is not occurring as thoroughly as possible. Medical Necessity Criteria and clarity regarding interventions provided are not as strong as they could be.

**Goal:** Improve clinical documentation, re-evaluate structure of notes, and increase efficiencies

**Members of PI Team:**

Amie Kotz, Clinical Director

Daryl Manzo, Clinical Supervisor

Gerry McCarney, Clinical Supervisor

Kristen Jones, Counselor

CeCe Chambers, Counselor

**Discussion:**

There have been concerns re: the thoroughness of chart reviews and whether or not Wells House clinical team is adequately documenting patient medical necessity criteria.

# Performance Improvement Projects:

The PI team also discussed the existing clinical documentation to brainstorm ways to streamline or make things easier for clinicians and supervisors. The observation was that there are too many places to put in notes: Individual, Note to Individual, Quick note. Staff identified the need for guidance for what should go in a quick note-create a template and examples for each scenario. Can individual and group notes be structured with an outline or a checklist of items discussed during the session? Can Quick note be in the service list? Can a Telemed note be created as a service or a tox-screen note? Drug court update note? Quick note-Service or built into the individual session note, checklist: Housing, tox screen, Telemed, health service, case management, etc.

**Plan:** Comprehensive chart reviews will take place with Clinical Supervisors and Lead Counselors. The chart reviews will include initial assessments, treatment plan and progress notes that are discussed in detail within an overarching construct of medical necessity and quality of care. Engaging the services of a consultant to help structure the process to be supportive in nature while also provide concrete, tangible steps for staff to follow so as to help meet third party payer requirements.

**Pilot:** New documentation requirements for Clinical impression and Clinical Progress Notes

**Outcome:** Standardize all medical necessity documentation in patient files.

**Area for Improvement:** Reorganization of pre-admission activities and department

**Description of Problem:** There is not a centralized department for all pre-admission and initial patient intake activities

**Goal:** Centralize all activities with one supervisor who can monitor and improve efficiency

## **Members of PI Team:**

Amie Kotz, Clinical Director

Christina Trenton, COO

**Discussion:** The PI team met to discuss all possible ways a reorganization could occur. The team mapped out strengths and weaknesses as well as inefficiencies. It was determined that the Clinical Director is overloaded and one way to minimize this is to have 3 direct reports to the Clinical Director be supervised by a new manager who could more closely oversee all preadmission and intake activities. Decisions needed to be made regarding the location of the new department and what tasks and responsibilities could be centralized with this department.

## Performance Improvement Projects:

**Plan:** The PI team identified the internal candidate best suited to be moved into a supervisory role over the new department's activities. This individual was interviewed and selected for the position. Once this occurred, all direct reports were informed of the new supervisor. The new supervisor will continue to report to the Clinical Director.

**Pilot:** The new department and supervisor will be piloted for 6 months. A review will take place in December 2020 of whether or not the department and its leadership will remain.

**Outcome:** The pre-admission activities will be closely monitored for effectiveness and efficiency.

**Recommendation:** At the end of the pilot period, if successful, the department and its leadership will remain.

