

2021: Another Challenging Year

It was another uniquely challenging year. The rising rates of substance use and overdoses signify the need for continued services for the communities we serve. The use of harm reduction techniques are vital in light of increasing prevalence of drugs adulterated or laced with fentanyl. In March of 2021 there were rising concerns about mental health, increases in overdose and a surge in overdose deaths. We are heartened to see strides made in how communities think about and discuss mental illness and substance use disorders. Behavioral Health is a critical component of living a full and healthy life, behavioral healthcare is essential healthcare for everyone.



"Mental Illness and Substance Use Disorder"

Wells House Awarded CARF Accreditation



Wells House was awarded Three-Year CARF Accreditation. CARF is the Commission on Accreditation of Rehabilitation Facilities. It is an independent, nonprofit accreditor of health and human service providers. CARF assists providers in improving the quality of their services by applying sets of quality standards during a consultative on-site survey. A three-year accreditation is the best possible outcome! The surveyors identified the areas of strength below. We are very proud of our staff for all of their hard work.

Areas of Strength

CARF found that Wells House, Inc. demonstrated the following strengths:

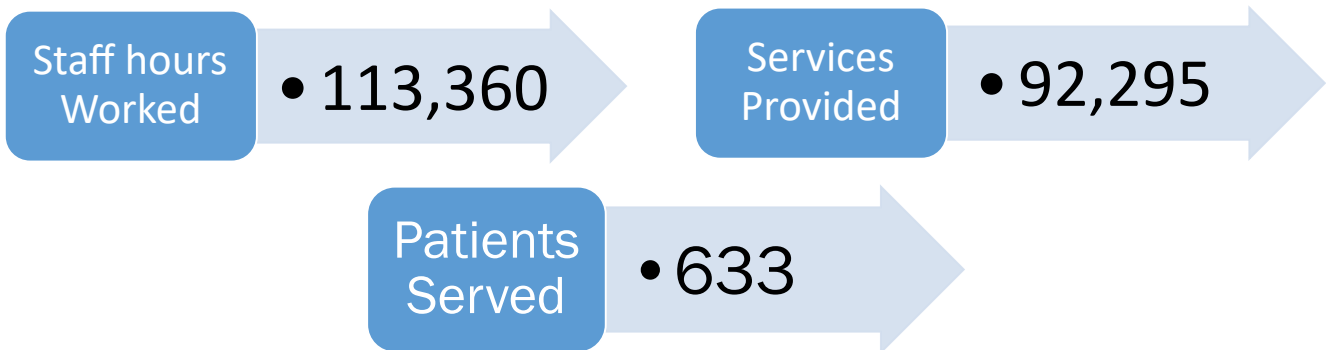
- Leadership is responsive and supportive of the needs of the staff members. They accept feedback and evaluate the responses from the staff satisfaction surveys. In doing this, they are able to meet the needs of the staff members. There is evidence of the care and concern that leadership holds for the team members. The leadership created a paid-time-off donation bank to respond to an immediate staff need. This is just one example of the leadership looking for ways to support the workforce.
- Services are provided by a cadre of caring, competent, and committed staff members who take pride in their work and the many accomplishments of the patients served. The enthusiasm and skills of the staff members in the programs contribute much to the development and provision of high-quality programming, for which the patients served are truly appreciative.
- The staff members are welcoming, and it is apparent that they are dedicated to the success of the organization. Staff members demonstrate creativity for ensuring that the needs of patients are met within the organization and, through the utilization of community resources, with sensitivity to cultural diversity and individual preferences. This team of professionals truly model passionate and compassionate care for patients and one another. Teamwork, mutual respect, and cooperation are evident throughout the organization.

- The commitment and professionalism of staff members are great indicators of consistency for service delivery. It is clear that they listen to each individual patient to discover the person's interests and needs and assist the patient to live at the highest level of functioning possible. These qualities assist personnel in focusing on producing positive outcomes for the patients served.
- Wells House is an organization committed to improving the quality of life of persons served, families, and communities by providing effective, compassionate, respectful, and culturally competent substance use disorder services. Staff members at all levels are committed to the mission statement.
- The philosophy for performance improvement exhibited within each core program serves as a primary driving mechanism for enhancements of care for the patients served.
- The organization actively uses its performance improvement process to evaluate data and to respond to all areas of need. There is significant evidence to demonstrate how the process includes review of the strategic plan, technology plan, cultural competency and diversity plan, health and safety, risk management plan, workforce development, patient rights, and critical incidents. The meetings yield action items to resolve any areas of concern identified. The most impressive aspect of this process is the attendance of staff members wanting to make things better for the patients served and for the organization.
- Safety of the patients is on the forefront of all activities involving patients and staff members. There is much thought and care put into everything that is done, with safety always being the priority. The organization uses safety drills as an opportunity to continually teach patients and staff members how to stay safe in the event of an emergency. NARCAN® kits and first aid, including eye wash stations, are readily available for immediate use. Having NARCAN kits readily available to trained patients and staff members adds to an environment where patients can feel safe and focus on their treatment.
- The organization developed the admissions department to respond to program needs. By establishing this admissions process, the organization can better plan and communicate availability to stakeholders. Stakeholders find the referral process simple and easily accessible.
- The Wells House electronic health record allows for a comprehensive and transparent system for efficient and effective qualitative services across all disciplines.
- Stakeholders rely on the organization for the quality of care provided to patients. They are appreciative of the growth over the years and report that the organization connects patients with care coordination for case management. The organization wants the patients to succeed, and this is evident to the stakeholders.
- The patients express a high level of satisfaction with the program and the staff members for finding resources for meeting their needs and enhancing their lives. The patients appreciate the emphasis by personnel to meet their needs. There appears to be an open and trusting relationship established with the staff members.
- Wells House identified a need for food distribution in the local community several years ago. As a result, the organization has become a food distribution center in Hagerstown and is responsible for daily distribution of food to over 200 individuals. The organization dedicated a box truck and a large capacity refrigerator/freezer to fulfill this daily responsibility. The organization partners with local businesses to collect food. Not only is the organization able to feed patients and alumni, it also is able to reach many others in the community.



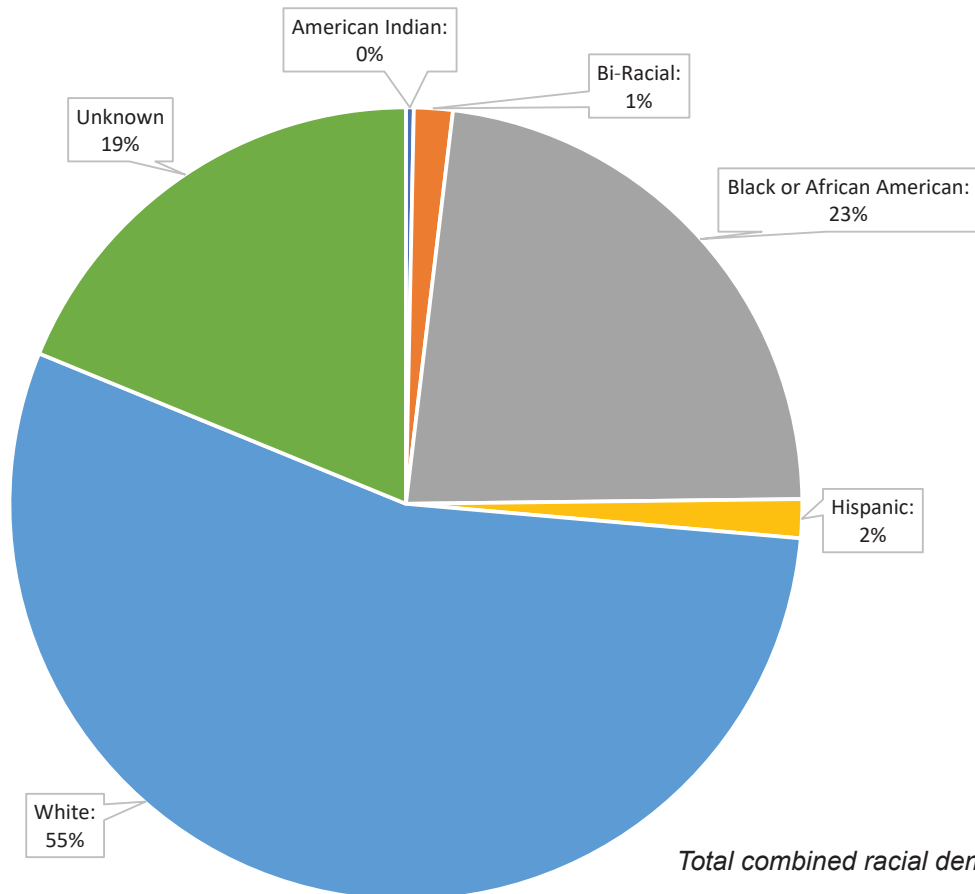
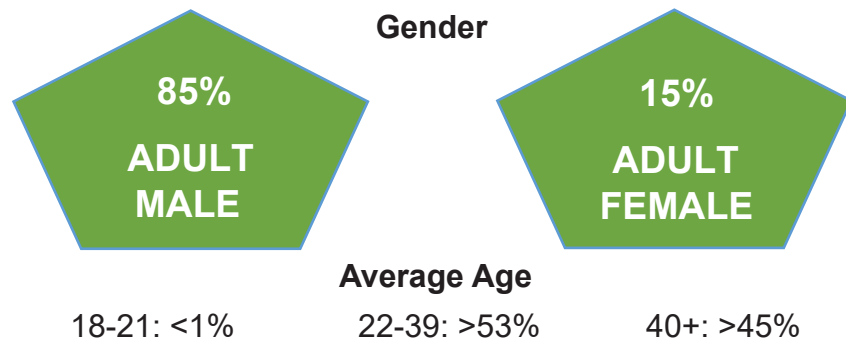
Service Access Performance Data:

Service Access Calendar Year 2021	HAGERSTOWN	% of Total	FREDERICK	% of Total	TOTAL	% of Total	
Total Number of Applications for Admission:	736	45.40%	885	54.60%	1621		
Total Number of Applications Approved for Admission	285	52.10%	262	47.90%	547	33.74%	% of those admitted from those who applied
Total Number of Applications Denied Admission:	80	32.13%	169	67.87%	249	15.36%	% of those denied from those applied both locations
Total Number Not Admitted for Other Reasons:	371	44.97%	454	55.03%	825	50.89%	% of those not admitted for other reasons from those applied at both locations
Average Time from First Contact to Admission	15	81.08%	22	118.92%	18.5		Days (Total Average of Both Sites)
Average Time from Date Prescreen has been received to Interview Completion	6	100.00%	6	100.00%	6		Days (Total Average of Both Sites)



Patient Demographics:

The following are demographic statistics on the patients that have been served by our agency during calendar year 2021 in both our Hagerstown and Frederick locations.

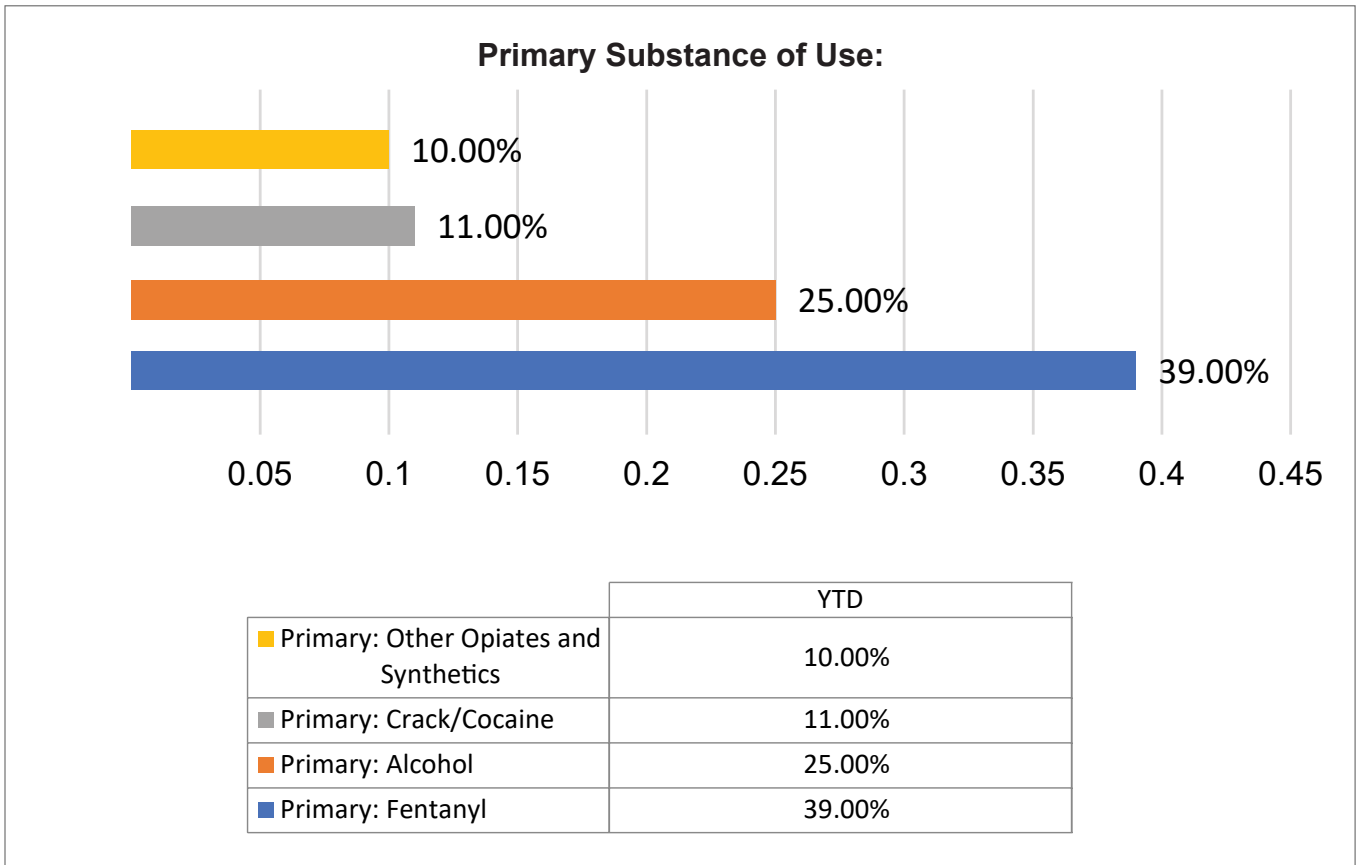


■ American Indian: ■ Bi-Racial: ■ Black or African American: ■ Hispanic: ■ White: ■ Unknown

Wells House Patient Data

2021 Summary

Patients who enter treatment for the first time: =10% Patients with Co-Occurring Disorders: =82%



Patient In Treatment data (PITs):

Below are some questions asked while a patient is in treatment. These questions are asked at 30 days, 60, 90, and 120 days.

- ❖ 91% 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 120 days only 22% were unemployed
- ❖ Only 37% of patients in their first 30 days of treatment were satisfied with their recovery, by 150 days, 73% of patients felt satisfied with their recovery

Wells House Patient Satisfaction:

Summary Snapshot of results for Hagerstown Patients

Summer (August) 2021

Total Respondents: 89

Total Patients: 95

Categories	Agree	Neutral	Disagree
<i>Services (helpful, accessible)</i>	82.1% +1%	13.3% -2.1%	5.5% -2.1%
<i>Staff (knowledgeable, culturally competent, helpful)</i>	81.5% -5.5%	11.7% -0.7%	5% +4.4%
<i>Quality of Life Improvement</i>	83.4% -1.4%	14.5% +/-0%	2.2% -1.9%

**Highlighted changes in percentage are the change from the last patient satisfaction survey completed in August 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) 2021

Total Respondents: 96

Total Patients: 100

Categories	Agree	Neutral	Disagree
<i>Services (helpful, accessible)</i>	82.1% -3.1%	13.3% +2.7%	5.5% +1.3%
<i>Staff (knowledgeable, culturally competent, helpful)</i>	81.5% -9.5%	12.4% +5.6%	5% +2.7%
<i>Quality of Life Improvement</i>	83.4% -9.6%	14.5% +9.2%	2.2% +0.6%

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Performance Improvement Projects:

Performance Improvement Activity and Report 2021

Area for Improvement: *Improve patient house meetings*

Description of Problem: Patient feedback was provided that suggested that weekly house meetings were not promoting positivity and recovery in the housing environment.

Goal: Create a detailed outline of positive and recovery related tasks that can occur during weekly house meetings.

Discussion: The team discussed the feedback that the weekly house meeting has become a time to address housing issues and patient to patient complaints. The team determined that the patients were not leaving the meeting with a positive outlook on recovery. The group decided that the meetings needed to have more structure focused on recovery based activities and discussions as well as creating a space for positive interactions between staff and patients. The team also discussed the pros and cons of making the house meeting an hour and a half, rather than an hour. It was also discussed that these meetings would last 1.5 hours. The plan listed below were all of the ideas brainstormed to create structure and a positive focus.

Plan: The PI team worked together collaboratively and implemented the following structure for the meetings:

- Welcome patients and ask if they have anything they would like to add to the agenda
- Read recovery literature and have an open discussion
- Each patient will identify and set two short term goals for themselves
- Reflect on the short term goals that were set the prior week
- Each patient will share one positive act that was witnessed over the past week
- Recovery worksheets and activities (crossword puzzles, word searches, recovery jeopardy, etc.)
- Staff will award the two best kept rooms of the week
- Staff and patients will recognize anyone that will be completing the program the upcoming week
- Review housing issues and concerns
- Review the upcoming weeks chore sheet
- Discuss patient agenda items
- Review monthly emergency drills
- Always end the meeting on a positive note

Pilot: The house meeting improvements were implemented at the Wells House in May of 2021. The implemented items include a more structured house meeting to promote more positive and recovery based outlook.

Outcome: Patients have responded well to the structure changes. Patients are engaging in the recovery readings and discussions, setting personal weekly goals, encouraging and lifting up their peers that are struggling. The overall outcome of the implementations is that patients are more willing to participate in recovery based activities as well as promote a healthier and positive atmosphere in the house.

Recommendation: The PI team will continue to monitor the house meeting and make changes and improvements when needed.

Area for Improvement: *Align patient admission processes in both locations*

Description of Problem: There have been a number of discrepancies found in the admission processes at the Hagerstown and Frederick locations. While a structured admissions department was developed in 2020, Wells House is now in the process of aligning the specific admission tasks and processes between these two locations.

Goal: Create a workgroup to analyze and plan for alignment of admission practices.

Discussion: The workgroup explored shifting the admission intake in Frederick from the physical location of Olson House to 427 E. Patrick. This would free up the Lead DCP at Olson to attend to residential tasks rather than intake tasks. The workgroup created the following plan

- Male patients dropped off at Olson House
- Female patients dropped off at Administrative building
- Sarah, Patient Services Administrator will begin the intake process by completing the following:
 - Identify a staff person or trusted peer to accompany (for males only) the patient to the Clinical Building at the designated time
 - Assign SAMIS number to patient
 - Activate patient's profile in Credible
 - Take patient's picture and enter into Credible
 - Search patient's property
 - Obtain a UA
 - Enter medication into Credible
 - Obtain 3.1 authorization, unless there are multiple intakes in a day, when 3.1 authorizations will be spread out for others to complete
- Sarah arranges for patients to be transported/accompanied back to 3.1 office or 2.1 transitional house
- Start date is July 6th
- Jennie and Charlene have been trained on their part of the process. Will has confirmed that they have the necessary Credible access.
- Signature pad and other equipment has been ordered for Sarah.

Plan: Week 1- Lead DCP at Olson will train Patient Services Coordinator on intake process. All referral sources were notified that a new location for female patient drop off will occur.

Pilot: After reviewed and approved by the Senior Management team, the workgroup set a timeline for implementation in two weeks. During the first week, The Lead DCP at Olson was able to sit in with the Patient Services Administrator and train her on the intake admission process. By the end of the week, she was doing them completely on her own.

Outcome: The admissions team created an alignment of tasks in the Frederick location. The Director of Admissions will continue to monitor the flow and balance of this new process and how it impacts the overall flow of the admissions department.

Recommendation: The admissions department will continue to consider ways to streamline other tasks that are completed at both locations.

Area for Improvement: *Clinical Practice Compliance and Training Manual*

Description of Problem: Community agencies must establish compliance plans which ensure compliance through the promotion of early detection and the reporting of problems before they become an enforcement concern. To be successful, staff must view it as a living document, consistent with their clinical practice. Otherwise, compliance plans are typically viewed as “add-ons” or just another administrative responsibility where most often clinical staff will fail to meet the required standards.

Goals:

1. Through a combination of training coupled with a compliance focus and the creation of a training manual, Wells House will integrate compliance into the day to day clinical practice of staff.
2. Establish clinical expectations to ensure treatment plans and documentation meet required standards, including framing of medical necessity
3. Create a compliance and training manual for clinical staff.

Discussion: Training of clinicians has been an area identified in which there are inconsistencies. The Lead Counselor roles were formalized last year, however, we continue to experience feedback in staff satisfaction surveys that clinical training is not as robust as it could be. Wells House has many levels of care and there are unique expectations for clinician’s operating in a residential environment. A compliance training manual can provide a valuable tool for thoroughly and consistently training new counselors. It can also provide a resources for trained clinicians to reference during the course of their work.

Plan: The PI Team worked with a consultant to formulate ideas about how to pull together information that describes what you need to know to work at Wells House as a clinician. The discussion also centered on how do new clinicians know what we do and how we do it?

The elements below are the items identified in a compliance manual. This will be a training tool to use with new clinicians but also when training new Clinical Supervisors.

- Basic Medicaid documentation requirements to be outlined
- Outline scope of practice for levels of certification and licensure
- Compliance plan will include information re: record reviews
- Individual sampling of notes, treatment plans, it will outline how the Clinical Supervisors, Clinical Director, COO report and monitor compliance
- Outline golden thread
- Assessment: presenting problem, data gathering, mental status, analysis
- Here is how you complete a treatment plan

- What needs to be in a progress note
 - How to describe patient progress
 - How does the patient understand progress towards their goals?
- What unbillable services are to be documented in a patient's record
- How do you facilitate an IOP group, 3.1 group, OP group?
- What are the group objectives...counselors know group topics based on curriculum but not the objectives themselves.
- If I am running a group and no one says anything, this is what you should do
- Ways to engage patients into the group process
- How to document individualized understanding of goals of group, individuals, services
- How do you know what the patient learned today-use of index cards at the end of group.
- Tell me the progress you have made over the past week
- Did the Individual's participation indicate that they had benefited from your services? Ask them – what did they get out of the service? How do they think it helped them? Write down what you were able to observe and check with the Individual to see if they agree. How does the Individual think they progressed with mastering a skill or with completing agreed upon tasks? How comfortable are they now with performing a skill or the steps they learned on their own? How has their understanding changed about how to manage their disease, how to obtain or maintain recovery?
- Do they think your discussion about their current treatment needs was helpful? How?

"Individual states confidence in managing cravings is increasing." Verbalizes less time spent thinking about drinking/getting high, increased time spent in pro-social, healthy activities that include attending zoom NA meetings, journaling about cravings has increased from once a week to 4 days a week, developed a check in time each day with a sober peer to help with accountability for down time which leads to boredom and is a relapse trigger. "Individual agrees that he can move forward with plans to obtain employment as a result of being able to better manage cravings while in an employment setting.

Pilot: Once the manual has been created, the clinical supervisor will begin using with existing clinicians and part of the competency based training provided to new clinical staff.

Outcome: Will continue to monitor as it has not yet been developed or used in training.

Recommendation: None yet, will implement in the coming months.

Area for Improvement: *Patient Centered Treatment Plans*

Description of Problem: Treatment plans are stagnant and not behaviorally driven. Treatment plan goals and objectives are often times not measurable. During treatment plan reviews, there seems to be little change noted by the clinician.

Goal:

Develop Medical Necessity Statements to accompany treatment plans and provide a more thorough treatment planning training to aid counselors in identifying problem areas that relate to the history of the patient's presenting illness.

Members of PI Team:

Amie Kotz, Clinical Director
Daryl Manzo, Clinical Supervisor
Gerry McCarney, Clinical Supervisor
Kristen Jones, Lead Addiction Counselor

Discussion:

Wells House has identified the need to improve treatment plans to focus on behaviorally driven goals and objectives. Medical necessity statements were developed to capture the primary diagnosis, problems/concerns subsequent to the primary diagnosis and assist the counselor in identifying patient strengths, needs and limitations.

Plan:

The Clinical Director, Clinical Supervisors and Lead Counselor worked with a consultant to create the medical necessity form. All counselors were trained by the Clinical Director and Clinical Supervisors on the use of the form and information to be captured in each section and how it can be used to drive the development of the treatment plan. A thorough treatment planning training will be conducted by the consultant within the next few months.

Pilot: The Medical Necessity form is live and currently being used. When first developed there were some formatting changes that were needed when built into the EHR, those changes have been made and counselors are using it. Supervisors are spot checking and when there are deficits, they are going over the forms with clinicians to assist and train them on case conceptualization. Definitions and examples for treatment plan elements have been created. These were created to assist clinicians in developing a patient centered plan that is based on the clinical assessment, the statement of medical necessity, and the identified needs/wants of the patient. This will also help to guide clinicians in knowing how to provide treatment services, both individual and group, that are directly linked to the patient centered plans to better assist patients in meeting identified goals.

Outcome: The outcome will be monitored over the next several months to see if the goal of improving patient centered treatment plans is achieved.

Recommendation: The Clinical team will continue to focus on improvements in treatment planning.

Area for Improvement: *Implement contingency management as a best practice*

Description of Problem:

Wells House has not utilized the evidence based practice of contingency management.

Goals:

Implement patient incentives and track post implementation patient retention.

Members of PI Team:

Christina Trenton, Chief Operating Officer
Amie Kotz, Clinical Director
Tim Williams, Director of Residential Services

Discussion:

Patient incentives were implemented in 2020, however as part of an ongoing analysis of patient retention a plan was developed to determine the impact that patient incentives have on patient retention across all residential levels of care, including those in transitional housing.

Plan:

Wells House will analyze and track retention data in 2020 and 2021 and benchmark it against 2019. data. If Wells House sees an increase in patient retention from the month the incentives were implemented it may be hypothesized that incentives had an impact on patient retention.

Pilot: The incentive program was implemented at Wells House in April 2020. The program includes AA/NA literature, gift cards, increased outings outside of the residential environment, later curfews, increased television time during the evenings and on weekends, etc. for those patients who are following housing rules, meeting treatment expectations and/or going above and beyond while attending the treatment program.

Outcome: Patients have responded well to the incentive program. Patients report feeling more motivated to engage in treatment and meet housing expectations while in the program. Several patients expressed concern in the last month regarding their chances of their name being selected out of the fish bowl (tickets for patient are entered into the fish bowl weekly for housing compliance, treatment attendance and engagement, self- help group meeting attendance, etc.) for \$25 gift card and choice of AA/NA literature. This was reviewed by the CQI team and the decision was made to continue as is and re-evaluate in three months.

Recommendation: Based on patient response and the data analysis, Wells House may choose to budget funds each year to continue offering incentives as part of a contingent management plan within Level 3.1, 2.1 and Level 1 programs.



Wells House Inspiration

**This poem was inspired by his path to wellness
and recovery through entering treatment.**

Rehab, oh Rehab dear God at last,
I was running around not seeing my past,
It's only by God's will that I'm even here,
So listen to me, I'll make it quite clear.
If you are doing this for Mother, Father, or Son;
That's not why we're doing it.
That's not how it's done.
We do it for ourselves,
That's the way it should be.
The most selfless thing I have ever done was care about me.
Rehab, oh Rehab dear god at last
I have found a new way, I have found a new path.
The way to my future is to accept the past.
My journey to recovery is dependant on me,
And when we all leave here, for me that's too soon
There will be dealers and drugs, and friends that are fools.
So if you remember what you learned from this place
You have the tools to move forward
and walk in God's grace.