2023 ORGANIZATIONAL HIGHLIGHTS

“Me struggling to find my authentic self-living sober”

I used to be a prisoner of my addiction.
A slave to a substance that gave me no satisfaction.
I thought I had no choice, no hope, no way out.
I lived in a cycle of pain, fear, and doubt.

But then I realized that I had the power to change
That I could break free from my chains and rearrange
My life, my habits, my thoughts, and my feelings
That I could heal my wounds and start the process of healing

I decided to take the first step and ask for help.
To admit that I had a problem and that I needed to deal with myself.
I found a support group, a therapist, and a sponsor.
I learned new skills, tools, and strategies to cope and recover.

I faced my triggers, my cravings, and my emotions.
I resisted the temptations, the urges, and the compulsions.
I replaced my negative behaviors with positive ones.
I embraced my strengths, passions, and interests.

I made amends with the people I had hurt and wronged.
I forgave myself and others for the past and moved on
I rebuilt my relationships, my self-esteem, and my identity.
I restored my health, my happiness, and my dignity.

I celebrated my achievements, my milestones, and my progress.
I appreciated the rewards, the joys, and the opportunities.
I maintained my sobriety, my stability, and my growth.
I nurtured my faith, my hope, and my gratitude.

I am no longer a prisoner of my addiction.
I am a survivor, a fighter, and a winner.
I have a choice, a hope, and a way out.
I live in a cycle of peace, love, and trust.

-Sam

Highlights of organizational changes in 2023

- Continue to build our mental health program with a plan to shift from a group practice to an OMHC in February 2024
- Created a new partnership with Antietam Family Health. A nurse practitioner is on site several days a week to provide medical services to patients.
- Continue to focus on recruitment and retention
- Began a peer mentoring program, stable patients become mentors to new patients, helping them to navigate the program structure and expectations
- RFMA Day of Caring-Almost 200 volunteers committed hours to painting, landscaping, and other improvements to 5 Frederick locations
- Began renovations on Patrick House in anticipation of moving our women from the house on Market Street

Blog

The definition of change is the act or process of transforming, shifting, or becoming different in nature. Change is the ultimate goal in recovery, but our mindsets and addictive behaviors tend to resist it even when we experience significant consequences. Getting on a different path is not easy but there can be no true recovery without meaningful change. What do patients need to build and sustain recovery? They need social capital, relationships with a social network that require commitment and obligation. They need personal capital that includes skills, values, education, hopes, empowerment. Patients need to define what happiness is to them and how they will take responsibility for their life. Patients need emotional support and they need community capital, access to local resources such as housing, employment, and transportation. At Wells House, our staff are committed to helping patients move through the stages of change and engage in action.

What are some of the pitfalls to change?

- Lack of openness for change
- Lack of confidence to change
- Satisfaction with current behavior
- Defense mechanisms-denial,! minimization, rationalization
- Overconfidence-thinking that I can! change at any time
- Reluctance
- Demoralization
- Procrastination
- Deep doubt
- Ambivalence
- Stuck on not knowing where to start! and therefor not starting at all
- Fear of Failure
- Counting only on willpower
- Poor or unrealistic planning
- Taking on too much too fast
- Reluctance to ask for help
- Being too confident too quickly
- Not prepared to make recovery a priority
- Failing to revise the plan if its not working
- Lack of focus on health needs such as! eating, sleeping, and exercise
- Complacency over time
- Forgetting past consequences
- Not prepared for times of distress
- Idealizing the past
- Return to triggering people, places, things,!or situations
- Not making change a priority

Wish List Items

Personal Toiletries
- Doedorant
- Shampoo
- Conditioner
- Soabar/liquid
- Toothpaste
- Toothbrush
- Lotion
- Disposable Razors
- Shaving cream
- Combs/Brushes

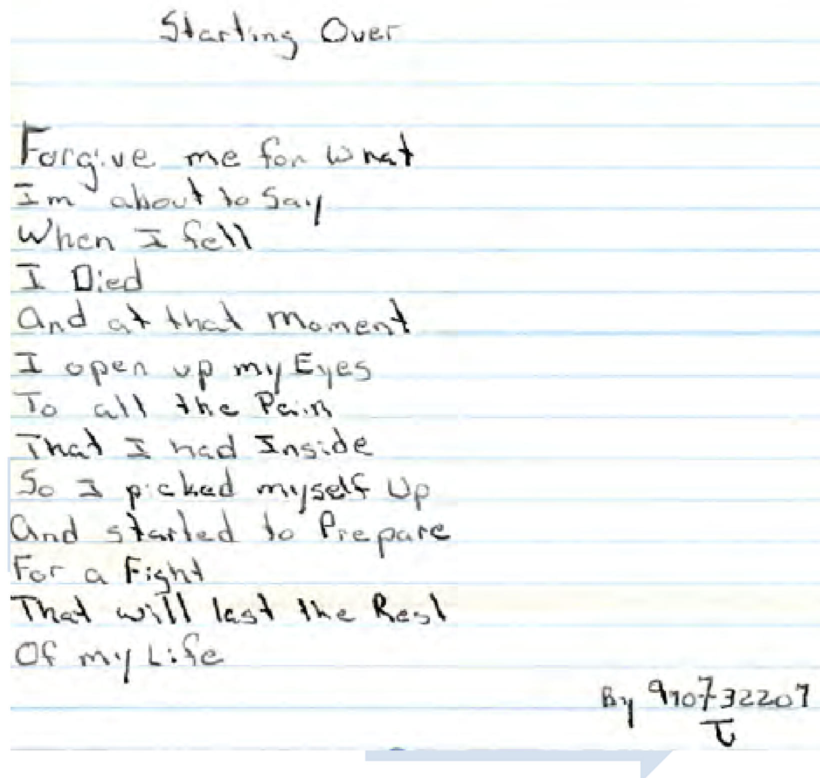
Clothing Items - Men and Women
- Winter Coats/Jackets (M, L, XL, 2XL, and 3XL)
- Winter Scarves
- Winter Gloves
- Winter Hats
- Boxers (S, M, L, XL, XXL)
- Socks
- Tennis Shoes
- Work Boots
- Winter Boots

Bedding and Bath
- Blankets
- Pillows
- Pillowcases
- 3-piece Bed sheet sets (Twin)
- Towels
- Washcloths

Kitchen
- Ground coffee,
- large size containers
- Cereal (bulk size)
- Cereal/Soup Bowls
- Cups
- Coffee Cups
- Kitchen Knives
- Plates
- Silverware
- Dish Towels
- Dishes

Patient Other needs
- Back packs (can be gently used)
- Pens
- Spiral Notebooks or Composition
- Books
- Calendars
- Day Planners

Craft Supplies
- Poster Board
- Glue Sticks
- Scissors
- Colored Pencils
- Adult Coloring Books
- Markers
- Ribbon & String
- Popsicle sticks


Starting Over

Forgive me for what
I'm about to Say
When I fell
I Died
And at that moment
I open up my Eyes
To all the Pain
That I had Inside
So I picked myself Up
And started to Prepare
For a Fight
That will last the Rest
Of my Life

By 9107322 07
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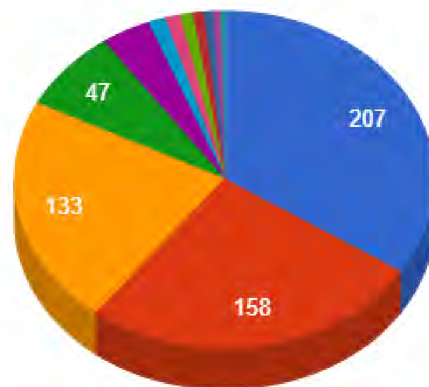
Demographics: 2023 Summary

	Overall	Hag	Fred
Total Admissions:	**604**	**314**	**290**
Total Discharges:	**494**	**248**	**246**
Primary Substance of Use:			
Alcohol:	**207** (34.27%)	**91** (28.98%)	**116** (40%)
Cocaine:	**158** (26.16%)	**84** (26.75%)	**74** (25.52%)
Opiates - Heroin/Fentanyl:	**133** (22.02%)	**77** (24.52%)	**56** (9.31%)
Other Opiates and Synthetics:	**47** (7.78%)	**37** (11.78%)	**10** (3.45%)
Amphetamines:	**23** (3.81%)	**12** (3.82%)	**11** (3.79%)
PCP:	**8** (1.32%)	**3** (1.21%)	**5** (1.72%)
Benzodiazepines:	**7** (1.16%)	**1** (0.32%)	**6** (2.07%)
Marijuana:	**6** (0.99%)	**0** (0.00%)	**6** (2.07%)
Other Stimulants:	**5** (0.83%)	**5** (1.59%)	**0** (0.00%)
Hallucinogens:	**4** (0.66%)	**2** (0.64%)	**2** (0.69%)
MDMA:	**4** (0.66%)	**2** (0.64%)	**2** (0.69%)
Synthetic Cannabinoids:	**2** (0.33%)	**0** (0.00%)	**2** (0.69%)
Gender:			
Male:	**527** (87.25)	**314** (100%)	**213** (73.45%)
Female:	**77** (12.75%)	**0** (0.00%)	**77** (26.55%)



Service Access Data

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

Service Access Measures - Intake Data 2023	HAGERSTOWN		FREDERICK		TOTAL	
Total Number of Applications for Admission:	762	46.01% of Total Applicants	894	53.99% of Total Applicants	1656	
Total Number of Applications Approved for Admission:	286	37.53% of Hagerstown Applicants	267	29.86% of Frederick Applicants	553	33.39% of Total Applicants
Total Number of Applications Denied Admission:	130	17.06% of Hagerstown Applicants	183	20.47% of Frederick Applicants	313	18.91% of Total Applicants
Total Number Not Admitted for Other Reasons:	346	45.41% of Hagerstown Applicants	444	49.67% of Frederick Applicants	790	47.70% of Total Applicants
Average Time from First Contact to Admission:	19	(Days)	23	(Days)	21	(Days, Average of Both Locations)
Average Time from Date Prescreen has been received to Interview Completion:	5	(Days)	5	(Days)	5	(Days, Average of Both Locations)

Service Access Measures - Yearly Comparison	2023 TOTAL		2022 TOTAL		2021 TOTAL		2020 TOTAL	
Total Number of Applications for Admission:	1656		1648		1621		1564	
Total Number of Applications Approved for Admission:	553	33.39% of Total Applicants	558	33.84% of Total Applicants	547	33.74% of Total Applicants	570	36.45% of Total Applicants
Total Number of Applications Denied Admission:	313	18.91% of Total Applicants	307	18.62% of Total Applicants	249	15.36% of Total Applicants	196	12.53% of Total Applicants
Total Number Not Admitted for Other Reasons:	790	47.70% of Total Applicants	784	47.54% of Total Applicants	825	50.89% of Total Applicants	795	50.83% of Total Applicants
Average Time from First Contact to Admission:	21	(Days, Average of Both Locations)	20	(Days, Average of Both Locations)	18.5	(Days, Average of Both Locations)	22.5	(Days, Average of Both Locations)
Average Time from Date Prescreen has been received to Interview Completion:	5	(Days, Average of Both Locations)	6.5	(Days, Average of Both Locations)	6	(Days, Average of Both Locations)	5.4	(Days, Average of Both Locations)

Performance Improvement Projects

Area of Improvement: Patient Retention

Description of Problem: Increased patient discharges leading to reduced patient retention. A review of November data revealed 24 discharges, 12 of which were self-discharges, patients stayed 2 days to 2 weeks., 25% were treatment completions and 21% were administrative discharges.

Goal: 1) Examine program factors that contribute to patient retention, 2) Create action around things that contribute positively to patient retention and things that contribute negatively to patient retention, 3) Increase patient retention

Members of PI Team:
Melinda Morgan, Clinical Director
Daryl Manzo, Clinical Supervisor
Libby Palumbo, Clinical Supervisor
Annie Kiley, Lead Counselor
April Jarboe, Clinical Administrator
Michael Herrell, Addiction Counselor
Alison Jackson, Addiction Counselor
Sarah Gregory, Intake Coordinator
Alexis Peacock, Director of Intake and Administration
Amber Bonner, Lead Direct Care Provider
Gretchen Woodward, Lead Direct Care Provider
Brandon Burrow, Lead Direct Care Provider
Christina Trenton Nee, Chief Operating Officer

Plan: Obtain staff feedback and observations as to the factors contributing to high patient turnover.

- **During the holidays, discharges rise. Suggest pushing back the holiday preparation groups and materials to November. Doing this in December is too late.**
- **More planned activities in housing over the holidays, door decorating is a hit with the ladies.**
- **Do more planned activities as a group in the house over the course of the year.**
- **How can we do more things to build patient community? Meals as a family? Yoga, Thai Chi?**
- **Bring 12 step meetings into the houses-Barrier becomes who takes the lead in facilitating speakers, making flyers, recruiting patients to attend?**
- **Facilitate more past patients or alumni to attend clinical groups to share their stories-provide a vision of hope for the future.**
  - Could 2 people from each location be assigned and in charge of H&I meetings?
- **Enhance the sense of community by having more guest speakers from the community come to groups.**
- **Discussion of the House meetings revealed that changing the Deep Clean to Fridays has shortened the meeting to just the agenda, community and cohesion building activities are no longer being done, everyone is focused on getting the cleaning done. It was suggested that Deep Cleans be moved back to Saturday am so that Friday House meetings could become more meaningful again. House meetings should be an hour long.**
- **Another suggestion was for a counselor to join the house meeting. The House meeting could be where housing issues are discussed, as it is, many of these issues are discussed in the 3.1 meeting which could be used to focus on more clinical concerns.**
  - Could DCP's document house meeting in patient chart and count as a 3.1 service hour. Could a House Mtg service be created in Credible? This would also act as a make-up for 3.1 hours, rather than having the burden on the counselor to track down and provide assignments to patients who are short their 5 hours for the week. Check to see if the note can be set up as a "group" note.
- **Need to help TIPs and DCPs feel empowered, creative, supportive in their role-need for continued development of empathy.**
- **Need for training for all staff in dealing with resistance and building awareness of professionalism. This is stressful work and sometimes staff struggle with not letting patient resistance create frustration and non-productive conversations.**
- **Increase focus on Trauma and grief and loss in the curriculum.**
- **Libby described the model of collaborative communication and teamwork that has been implemented at Baltimore and N. Locust Street. Could this model be implemented at Gale and Olson House. Two x's a week Lead DCP's and Counselors meet in a "huddle" to discuss patient challenges, improvements, action steps. An email goes out to all housing and clinical staff with the patient updates. This proactive model helps to eliminate always acting in crisis mode.**

Pilot:

1. Start holiday preparation groups at the beginning of November-Clinical Supervisors to mark their calendar with reminder.
2. Need to plan more activities in housing-Can a small group be formed to work on this?
3. Assign or recruit 2 staff for each location to take on the facilitation of 12 step meetings in each 3.1 house.
4. Can guest speakers be added to the agenda for Clinical staffing once a month to discuss and plan for?
5. Discuss with Tim and Will moving the Deep Clean
6. Set a date for implementing Friday house meeting attendance by counselors.
   a. Create Service in Credible
   b. Train Leads to document service
7. Training to address TIPs and DCP empowerment and empathy
8. Training to be developed to address dealing with resistance, professionalism-Annie and Christy working on.
9. Daryl, Annie, Mike, Brandon, Amber work on implementing team model at Gale House and Olson House to increase teamwork and communication between counselors and housing staff.

Outcome: Holiday preparation groups started as planned and an activity calendar was devised and published monthly. In-house 12 step meetings commenced. Deep clean was moved, then moved back at the request of the patients and staff. Counselors began attending house meetings a few times a month and training occurred to address TIP empowerment and empathy as well as counselor training on resistance and professionalism. The team model began at 3.1 houses and is in the beginning stages of creating normative operations.

Recommendation: All changes are only beginning to take hold. Persistence will be needed to keep the changes in place and allow them to hopefully create the type of outcomes that will hopefully affect patient retention in the long term.

Area for Improvement: *Need for increased collaboration between members of the leadership team across programs and counties.*

Description of Problem: Members of the supervision and management teams across programs and counties had highly varied levels of relationships and there was no dialogue about collective desires regarding program direction and goals amongst the leadership team.

Goal: 1) Create a leadership team meeting once per month to build relationships amongst the leadership team members. 2) Establish collective vision and direction amongst the team. 3) Tackle agency level issues as a collective body.

Members of PI Team: Melinda Morgan, Clinical Director
Libby Palumbo, Clinical Supervisor, Hagerstown
Daryl Manzo, Clinical Supervisor, Frederick
Tim Williams, Residential Director
Jesse Gregory, Facilities Coordinator
Alexis Peacock, Director of Intake and Administration
Will Ulrich, Residential Supervisor
Annie Kiley, Lead Counselor
Chris Martin, Lead Counselor
Bernard Mills, Patient Services Coordinator

Plan: 1) Gain staff buy in through explaining concept individually. 2) Schedule initial session in person with all participants present. 3) Devise loose agenda with goals of beginning teambuilding, developing an ongoing agenda, assessing strengths and struggles of organization. 4) Conduct first session. 5) Proceed at frequency of at least once per month with agreed upon agenda. 6) Evaluate meeting effectiveness through qualitative team discussion and ensure team vision and direction are aligned with meeting content and follow ups.

Pilot: 1) Individual team members were approached and buy in was achieved. 2) Team members met for first meeting in Hagerstown and the team devised and confirmed agenda for meeting. 3) Team engaged in team building exercise and completed thorough agency strengths and struggles assessment. 4) Team determined that initial focus would be placed on addressing staff personalization of patient behavioral struggles, low transitions to the OP program, and patient retention issues. 5) Subsequent meetings focused on these issues in addition to team building, promoting staff engagement, programmatic information sharing, and brainstorming ideas for program improvement and collaboration.

Outcome: The leadership team has been meeting monthly with the exception of some canceled meetings due to multiple team member absences. An agenda has been followed and team members have been collaborating on tackling the areas the team identified as needing to be targeted for work across the agency. Clinically specific issues have been pulled to the clinical leadership team. A few issues have been able to be handled, such as coordination and collaboration on training needs and resolution of issues between teams. However the biggest outcome appears to be the increased communication and relationship building that has resulted from bringing the leaders together on a regular basis.

Recommendation: Continue pressing forward with monthly meetings of the leadership team. Focus on collaboration related to preparation for the upcoming CARF survey to promote teamwork. Have leaders set 1-2 goals for their teams over the next year, share progress, and open the floor for feedback. Conduct a leadership oriented training for the group over the next year to promote growth of the team individually and as a group.

Area for Improvement: *All clinical leaders across counties did not have a structured time and setting to promote clinical excellence by collaborating, sharing collective ideas, and giving one another feedback.*

Description of Problem: Clinical director, clinical supervisors, and lead counselors were finding that the "Lead Counselor Meeting" was not fully meeting needs, and the Director of Intake and Administration and Clinical Administrator were not included in the discussions. A need for a more comprehensive team meeting to include all these parties and address the health of all the clinical teams (from admission to discharge) at agency level was identified.

Goal: 1) Create a clinical leadership team meeting once per month to facilitate brainstorming and action planning on both a macro and micro levels. 2) Improve collaboration between admission and clinical teams starting at leadership level. 3) Tackle agency level issues at the clinical level to promote service excellence.

Members of PI Team: Melinda Morgan, Clinical Director
Libby Palumbo, Clinical Supervisor, Hagerstown
Daryl Manzo, Clinical Supervisor, Frederick
Alexis Peacock, Director of Intake and Administration
Annie Kiley, Lead Counselor
Chris Martin, Lead Counselor
April Jarboe, Clinical Administrator

Plan: 1) Gain staff buy in through explaining concept individually. 2) Schedule initial session on Teams. 3) Brainstorm agenda in initial session to gather information on what all parties feel would be beneficial to discuss to get the most out of the meeting. 4) Proceed at frequency of at least once per month with agreed upon agenda. 5) Evaluate team effectiveness at six month intervals through qualitative team discussion and data review and course correct if needed to realign purpose with meeting content and follow ups.

Pilot: 1) Individual team members were approached and buy in was achieved. 2) A Teams meeting was held to discuss the team needs and ideas were addressed regarding an effective agenda. 3) Agenda was devised with full team input.

Outcome: The clinical leadership team has been meeting monthly over Teams with the exception of a few cancellations due to illness or absence of multiple members. An agenda was developed and revamped when it was determined that it was too lengthy and tedious to get through. Training needs have been addressed more thoroughly. Deadlines/follow up are found to be needed to ensure that issues don't sit for too long or get left undone due to day to day issues taking over team members' calendars.

Recommendation: Continue meeting monthly with the revamped agenda. Proceed with evaluation of effectiveness and data review with the team to determine if meeting purpose aligns with needs of the teams and meeting content. Continue promoting collaboration across counties as well as accountability for follow up on items that are identified for action in the meeting.

Area for Improvement: *High patient turnover in initial few weeks of patient experience.*

Description of Problem: In reviewing data, it was discovered that patients were leaving care within the first few weeks of admission. In town hall meetings, the suggestion was made that a "buddy system" might be beneficial to integrate patients into care and help them feel more welcome, and thus, more likely to stay through the initial few weeks.

Goal: 1) Create an agency-wide mentoring program to integrate new patients into the program. 2) Utilize the mentoring program to better welcome patients into the Wells House atmosphere and promote a feeling of acceptance for new patients. 3) Improve patient retention.

Members of PI Team:
Melinda Morgan, Clinical Director
Libby Palumbo, Clinical Supervisor, Hagerstown
Daryl Manzo, Clinical Supervisor, Frederick
Tim Williams, Residential Director
Will Ulrich, Residential Supervisor
Gretchen Woodward, Lead DCP
Cameron Kutney, House Manager
Steve McDonald, Lead DCP
Geraldine Frampton, DCP
Robin Jones, Counselor
Wes McCulley, Counselor
Brandon Burrow, Lead DCP
Amber Bonner, Lead DCP
Brittany Fogle, Lead DCP

Plan: 1) Announce initiative and gather names of those interested in participating in a workgroup. 2) Organize meeting on Teams to gather participants. 3) Utilize meeting time to brainstorm ideas on what mentoring program should look like And Improving the Quality of Lifen in addition to what patient min terms of structure and functio entor requirements and functions should be. 4) Create program outline and mentor role description. 5) Announce and implement program. 6) Assess program issues ongoing and measure effectiveness both qualitatively and quantitatively. 7) Re-evaluate and adjust program as needed to address issues.

Pilot: 1) Gathered team of interested participants and conducted one in person and one Teams planning/ brainstorming meeting to create program outline and mentor expectations. 2) Created and finalized program outline and mentor expectations documents. 3) Determined appropriate startup was to begin with one house- implemented at Gale House by choosing three mentors and assigning them mentees.

Outcome: The mentoring program was started at Gale House with successful startup implementation. At this point, the Residential Director felt confident to expand to the other 3.1 houses, which proved to be too quick a pace. The mentoring programs at the other houses then felt disorganized and were not going well. At that point, a meeting was held to get a status on each 3.1 house provide more structure to the program at each location as well as a more systematic and collaborative approach for approving mentors.

Recommendation: Continue following up with the 3.1 houses to ensure that the mentoring programs are operating smoothly and with a clear system that works for the patients and staff. Once this is the case for at least 3 months, meet with the 2.1 house managers to discuss how to modify the program for the 2.1 houses and begin a planned implementation in an incremental fashion. Monitor all mentoring programs ongoing. Gather qualitative and quantitative data to determine if program is successful in improving patient experience.