

2024 ORGANIZATIONAL HIGHLIGHTS



The Problem

Did You Know?

The earlier substance use disorder is detected and treated, the shorter the time to reach full, sustained remission and recovery.

Addiction is a chronic brain disorder: drugs and alcohol change some of the interactions of the brain's circuitry.

Addiction is not a moral failing

Disproportionate numbers of people involved with alcohol and other drugs face an increased risk of death through suicide, homicide, accident, and illness.

Addiction is a Public Health Crisis

TOTAL NUMBER OF UNINTENTIONAL DRUG- AND ALCOHOL-RELATED INTOXICATION DEATHS BY PLACE OF OCCURRENCE, MARYLAND, 2011-2023 AND YTD 2024 THROUGH MARCH.^{1,2,3}

JURISDICTION	TOTAL INTOXICATION DEATHS													
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024 YTD
MARYLAND	671	799	858	1,041	1,259	2,089	2,282	2,406	2,379	2,799	2,800	2,576	2,513	461
ALLEGANY	12	14	15	12	22	59	38	39	28	52	45	39	48	9
ANNE ARUNDEL	79	83	78	101	112	195	214	241	208	251	230	184	175	27
BALTIMORE CITY	167	225	246	305	393	694	761	888	914	1,028	1,079	989	1,045	206
BALTIMORE COUNTY	107	119	144	170	220	336	367	388	350	394	390	336	286	59
CALVERT	12	12	6	17	20	28	32	28	31	25	25	18	19	4
CAROLINE	11	4	2	7	3	10	11	7	12	17	10	12	16	2
CARROLL	8	29	24	38	40	47	55	72	56	46	59	54	40	4
CECIL	28	25	26	29	32	30	59	59	62	92	87	86	59	9
CHARLES	11	13	9	21	22	45	37	27	31	53	35	55	41	5
DORCHESTER	2	5	5	0	1	6	12	7	11	17	22	18	19	3
FREDERICK	30	26	37	42	40	88	78	78	64	64	53	68	48	8
GARRETT	2	0	6	2	5	1	8	3	9	8	6	7	10	0
HARFORD	38	39	36	43	50	84	101	101	87	84	96	95	74	10
HOWARD	21	24	29	21	26	46	51	41	37	57	38	54	37	8
KENT	2	0	4	6	3	6	5	2	10	6	10	3	5	0
MONTGOMERY	44	48	52	65	70	102	116	89	105	139	142	109	138	20
PRINCE GEORGE'S	42	56	59	63	70	129	167	127	146	203	225	210	217	40
QUEEN ANNE'S	5	2	8	10	4	8	8	17	13	14	15	9	10	0
SOMERSET	3	3	4	3	6	8	4	8	10	16	10	13	18	1
ST MARY'S	8	12	10	9	17	15	34	31	33	33	41	34	33	8
TALBOT	1	5	7	4	5	10	11	10	14	17	13	13	9	2
WASHINGTON	21	27	28	40	64	66	59	91	88	110	103	114	93	16
WICOMICO	11	21	17	20	18	48	35	36	41	47	47	38	50	13
WORCESTER	6	7	8	13	16	28	19	16	19	26	19	18	23	7

¹ Includes deaths that were the result of recent ingestion or exposure to alcohol or another type of drug, including heroin, cocaine, prescription opioids, benzodiazepines, and other prescribed and unprescribed drugs.

² Includes only deaths for which the manner of death was classified as accidental or undetermined.

³ Data for 2023 and 2024 are preliminary as of 06/10/2024 and are subject to change until finalized by the Vital Statistics Administration.

Behavioral Health Workforce - Did you know?

Behavioral health professionals prevent, diagnose, and treat mental health and substance use disorders, as well as life stressors and crises.



State of the Behavioral Health Workforce 2024 - Highlights:

- Substantial shortages of addiction counselors, marriage and family therapists, mental health counselors, psychologists, psychiatric physician assistants/associates, psychiatrists, and school counselors are projected in 2037.
- As of August 2024, more than one third (122 million) of the U.S. population lives in a Mental Health Professional Shortage Area (Mental Health HPSA).
- Rural counties are more likely than urban counties to lack behavioral health providers. Residents of rural counties are also more likely to receive behavioral health services from primary care providers.
- The majority of the behavioral health workforce identifies as female and non-Hispanic White and may not be representative of the communities they serve.
- The lack of uniformity in behavioral health providers' scope of practice, reimbursement challenges, and increased burnout hinder the accessibility of the behavioral health workforce.
- Expanding integrated care, leveraging health support workers, and using telebehavioral health may help alleviate behavioral health workforce shortage and maldistribution.



Our Why

Mission

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.

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.

Vision

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:

- Promote activities which enhance the recovery of individuals with substance use disorders and thereby improve the health status of the community at large;
- Develop and implement dynamic and unique strategies for the prevention, education, and treatment of substance use disorders;
- Collaborate with the human service community at large 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.

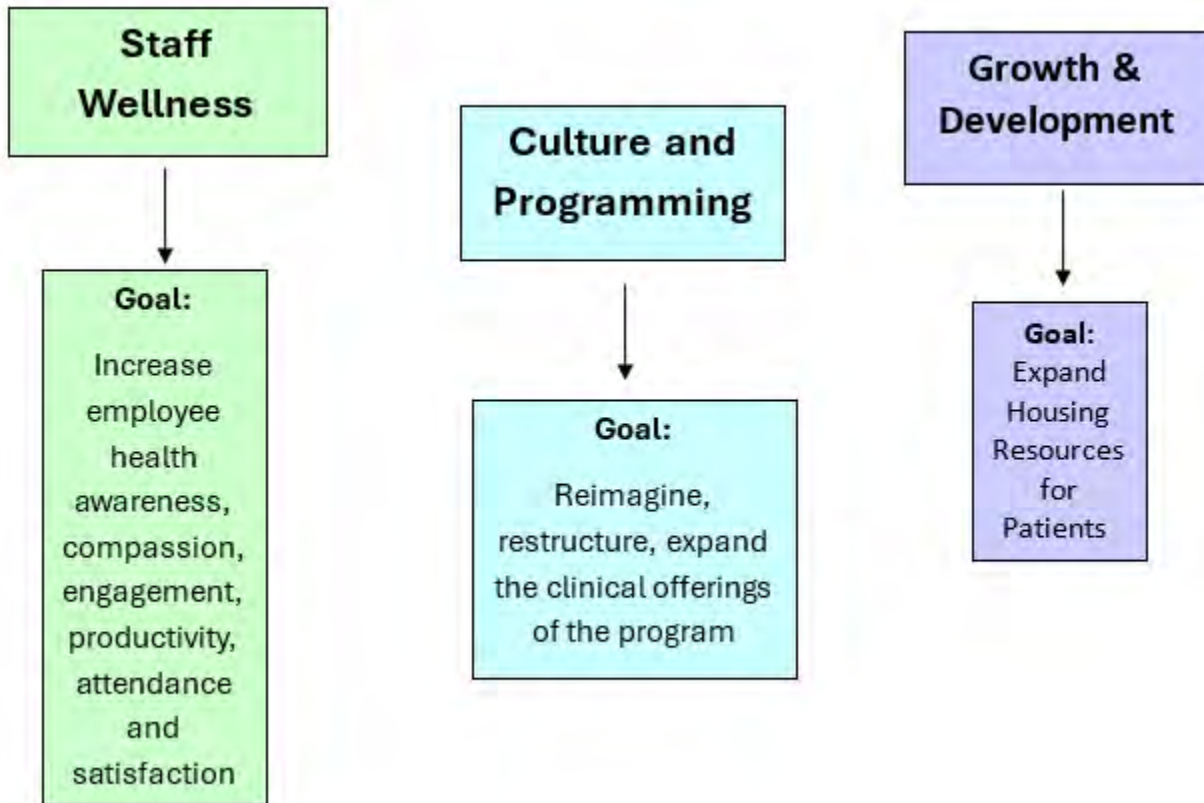
Fundamental Values

- Commitment/responsibility
- Accountability
- Mutual Respect
- Excellence
- Integrity



Strategic Goals & Objectives

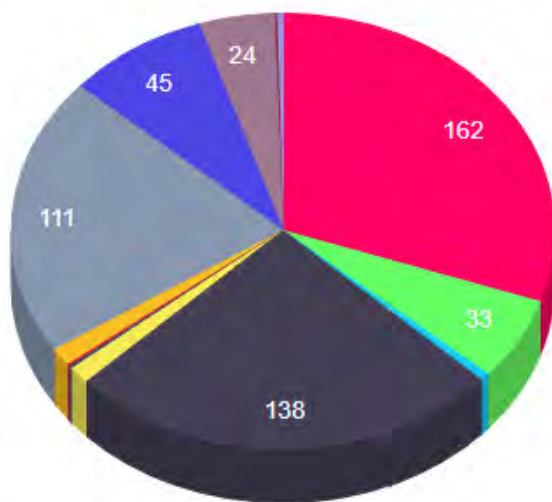
Based on the identified strengths, weaknesses, opportunities, and threats, the Wells House Strategic Planning committee established the following strategic direction to guide their efforts over the next 3-5 years.



Meet People where they
ARE
but don't leave them there

Impact by the #'s

	Overall		Hag		Fred	
Total Admissions:	535		276		259	
Total Discharges:	554		300		254	
Gender:						
Male:	453	84.67%	276	100.00%	177	68.34%
Female:	82	15.33%	0	0.00%	82	31.66%
Primary Substance of Use:						
Primary: Alcohol	162	30.28%	88	31.88%	74	26.81%
Primary: Amphetamines	33	6.17%	21	7.61%	12	4.35%
Primary: Benzodiazepines	3	0.56%	1	0.36%	2	0.72%
Primary: Cocaine	138	25.79%	71	25.72%	67	24.28%
Primary: Hallucinogens-LSD, PCP, Mushrooms, Ketamine	7	1.31%	5	1.81%	2	0.72%
Primary: Inhalants	1	0.19%	0	0.00%	1	0.36%
Primary: Kratom	1	0.19%	1	0.36%	0	0.00%
Primary: Marijuana-THC	7	1.31%	3	1.09%	4	1.45%
Primary: Opiates - Fentanyl	111	20.75%	47	17.03%	64	23.19%
Primary: Opiates - Heroin	45	8.41%	22	7.97%	23	8.33%
Primary: Opiates - Other	24	4.49%	16	5.80%	8	2.90%
Primary: Synthetic Cannabinoids-K2, Spice	1	0.19%	0	0.00%	1	0.36%
Primary: Synthetic Psychoactives-MDMA, Ecstasy, Molly	2	0.37%	1	0.36%	1	0.36%



BARC-10 - Focused Data Points - PITS - 2024

BARC 10 - Focused Data Points - PITS	1 - Strongly Disagree		2 - Disagree		3 - Somewhat Disagree		4 - Somewhat Agree		5 - Agree		6 - Strongly Agree	
There are more important things to me in life than using substances:	1	0.04%	6	0.23%	6	0.23%	41	1.55%	355	13.39%	2243	84.58%
In general I am happy with my life:	21	0.79%	59	2.22%	123	4.64%	558	21.04%	979	36.92%	912	34.39%
I have enough energy to complete the tasks I set for myself:	6	0.23%	49	1.85%	112	4.22%	402	15.16%	1043	39.33%	1040	39.22%
I am proud of the community I live in and feel a part of it:	7	0.23%	39	1.47%	107	4.03%	516	19.46%	962	36.27%	1021	38.50%
I get lots of support from friends:	48	1.81%	80	3.02%	116	4.37%	385	14.52%	878	33.11%	1145	43.17%
I regard my life as challenging & fulfilling without the need for using drugs or alcohol:	4	0.15%	27	1.02%	64	2.41%	244	9.20%	804	30.32%	1509	56.90%
My living space has helped to drive my recovery journey:	12	0.45%	24	0.90%	67	2.53%	289	10.90%	888	33.48%	1372	51.73%
I am making good progress on my recovery journey:	2	0.08%	8	0.30%	42	1.58%	207	7.81%	822	31.00%	1571	59.24%
# Patient Services October - December 2024:	2652											

Total Score for BARC-10 (25-46):	25	26	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
# of Services with the above Total Score (25-46):	1	1	2	1	2	2	2	3	2	9	6	14	10	13	18	15	18	25	38	38	49
Total Score for BARC-10 (47-60):	47	48	49	50	51	52	53	54	55	56	57	58	59	60							
# of Services with the above Total Score (47-60):	77	78	104	129	146	161	174	185	193	211	192	179	200	354							
Scoring: Total Scores can range from 10-60. Scores of 47 or higher that are sustained over time indicate higher chances for long-term remission from SUD.															47+: 2383 Services		46 & Under: 269 services				
															89.86%		10.14%				



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 2024	HAGERSTOWN		FREDERICK		TOTAL	
Total Number of Applications for Admission:	778	52.4% of Total Applicants	707	47.6% of Total Applicants	1485	
Total Number of Applications Approved for Admission:	283	36.4% of Hagerstown Applicants	235	33.2% of Frederick Applicants	518	34.9% of Total Applicants
Total Number of Applications Denied Admission:	136	17.5% of Hagerstown Applicants	149	21.1% of Frederick Applicants	285	19.2% of Total Applicants
Total Number Not Admitted for Other Reasons:	359	46.1% of Hagerstown Applicants	323	45.7% of Frederick Applicants	682	45.9% of Total Applicants
Average Time from First Contact to Admission:	17.9	(Days)	26.3	(Days)	22.1	(Days, Average of Both Locations)
Average Time from Date Prescreen has been received to Interview Completion:	5.7	(Days)	5	(Days)	5.35	(Days, Average of Both Locations)



Patient Satisfaction Survey

Hagerstown Patient Satisfaction Survey Summary Snapshot of Results June 2024

Categories	Agree (SA, A)	Neutral	Disagree (D, SD)
Services (helpful, accessible)	91.87%	7.11%	1.02%
Staff (knowledgeable, culturally competent, helpful)	92.78%	6.28%	0.94%
Quality of Life Improvement	90.4%	8.69%	0.91%

Frederick Patient Satisfaction Survey Summary Snapshot of Results June 2024

Categories	Agree (SA, A)	Neutral	Disagree (D, SD)
Services (helpful, accessible)	82.11%	12.1%	5.79%
Staff (knowledgeable, culturally competent, helpful)	84.7%	10.77%	4.53%
Quality of Life Improvement	85%	10.79%	4.21%



Highlights of organizational changes in 2024

- Administrative and Clinical staff in Hagerstown moved into the new building on Frederick Street.
- We have expanded IOP services for women, adding 20 additional slots at our Frederick location.
- We have been anxiously awaiting our approval to operate as an Outpatient Mental Health Clinic that will allow us to provide more services to our patients and their families.
- This year we have continued to strengthen our partnership with Antietam Family Health. A new nurse practitioner is seeing patients for their psychiatric medication needs.
- We revamped our patient advocate service, expanding to include more staff and peers who are now known as Care and Concern advocates. Care and Concern Advocates at Wells House are trained individuals across the organization who can be an informal listening ear for patients when an issue is bothering them. These issues may be personal in nature or issues related to their care. No matter what the issue, patients may be ambivalent about what to do and they might just need to talk to someone. Care and Concern Advocates are a short-term, informal resource to offer non-judgmental problem solving or, in some cases, just a safe place to express emotions and ambivalence. Each Care and Concern Advocate has been trained in how to respond to patient issues and concerns, how to recognize issues that require an immediate or emergency response, how to redirect issues to counselors or supervisors if issues are brought repeatedly to their attention, and how to engage in ongoing self-care and supervision to ensure their own well-being is addressed.

GROWTH

One Day At a Time

