



CONSUMER COMMENTS ABOUT CQT

“Seeing you [CQT] makes me smile.”

“I thank you [CQT] for coming out. My visitors can’t always meet with me for long.”

“It’s important that you all [CQT] come because you can help people.”

2017 Annual Report

July 1, 2016 to June 30, 2017

MISSION STATEMENT

The Consumer Quality Team of Maryland (CQT) empowers individuals who receive services as partners with providers, policy makers and family members, to improve care in the public mental health system and ensure services meet the expressed needs of consumers.

PURPOSE

The goal of CQT is to help individual consumers by reporting consumers’ comments, requests and suggestions to the staff and systems that can address them. This process facilitates the rapid resolution of reported concerns and problems, many times on the same day as the CQT site visit.

FROM THE CQT EXECUTIVE DIRECTOR

...to everything there is a season.

I'm sitting down to write this letter with mixed emotions. This will be my last letter as the Executive Director of CQT; due to health reasons, I am retiring. We started the program as a pilot in 2007, visiting psychiatric rehab programs in three jurisdictions of Maryland. With 4 staff members, we made 22 site visits and interviewed 200 consumers. Last year, with a team of 15 staff members, we made multiple visits to 80 sites, where we conducted 395 visits, interviewing 1,798 consumers. We've come a long way.

Over the years, we've also undertaken a number of special projects. A few of those projects included:

- Interviewing and tracking the consumers in their community placements, when Upper Shore Hospital closed, to help keep them connected with services.

- Working with the Behavioral Health Administration on an initiative to get some long term patients out of Spring Grove Hospital and into community placements

- Working with the Transformation grant project on initiatives to create job placement programs and college mental health training curriculum for direct care staff

- Working with the Behavioral Health Administration to survey consumers in hospitals to determine their preferences about housing in single-sex units

- Working with the Behavioral Health Administration to determine if consumers in the community were being housed in their preferred type of housing (residential treatment, group housing, individual apartment housing, etc.)

CQT will continue to grow and change in the coming year. They will be working with Behavioral Health System Baltimore and a number of partners on a grant to bring services to people who have had difficulty with treatment. Additionally, they will be seeking opportunities to expand the program into new areas.

Throughout the years, I have been fortunate enough to be able to say, "I love my job." I have the privilege of talking to people on a regular basis who have overcome incredible odds. They inspire me. My colleagues are hard-working, kind and caring. They motivate me. The network of people who I have met through this job are dedicated, loving, funny, and genuine. They bring me joy. This is not an easy position to leave! The rea-

CQT STAFF

Joanne Creaney Meekins, *Executive Director*

Steve Stahley, *Deputy Director*

Kathleen (Kate) Wyer, *Deputy Director*

Hye Mi Ahn, *Interviewer*

Chuck Buckler, *Interviewer*

Karuna David, *Interviewer*

Morgan Halstead, *Interviewer*

Cintra Harbold, *Interviewer*

Deborah Hardy, *Interviewer*

Brian Korzec, *Interviewer*

Dave Pittenger, *Interviewer*

Jean Smial, *Interviewer*

Susan Tager, *Interviewer*

Angela Vaughn-Lee, *Interviewer*

Stephanie Parks, *Interviewer*

Erica Wise, *Interviewer*

CONTACT INFORMATION

Consumer Quality Team of Maryland

1301 York Road, Suite 505

Lutherville, MD 21093

Phone: 443-901-1560

Fax: 443-901-0039

Visit our website for more information on CQT's purpose, current activities, and findings.

www.cqtm.org

FY 2017 FINANCIALS

Revenue

Federal	\$391,025
State	224,151
<u>Youth</u>	<u>264,960</u>

Total Revenue **\$880,136**

Expenses

Personnel	\$738,176
Advertising	593
Equipment	11,124
Postage	250
Telephone	11,488
Supplies	3,836
Insurance	2,148
Legal/Accounting/Audit	4,900
Rent	60,680
Travel/Meetings	23,566
Printing	3,527
Training	3,509
<u>Purchase of Services</u>	<u>16,349</u>

Total Expenses **\$880,136**

son I can move on, however, is the incredible CQT team. The new Director is Kate Wyer. I can feel good about turning the job over to Kate, because she has already demonstrated that she is very smart and versatile! Kate started as a part time interviewer in 2008. She wasn't in that position very long before her talents were recognized and she was promoted to the full time Program Assistant. The next opening was Program Manager and Kate stepped into those shoes. The program grew and we needed a Deputy Director; again, Kate was the person for the job. In each position, Kate learned the job, made improvements and made the whole program function better. She is a pleasure to work with, so I know CQT will not only go on, but will go on to bigger and better things. Happily, I'm not going away completely; I will be working part time with the Mental Health Association of Maryland, and cheering the team on!

How do I say thank you to everyone for the past eleven years? Words aren't adequate, but they are all I have. Let me start by thanking the BHA for the funding and support. We couldn't have done this without you. Thanks to all the consumers who shared their stories and trusted us to give voice to their thoughts and concerns. Thanks to the providers, who gave us access to the programs and responded to the feedback. Thanks to the CSAs and CEOs who got our reports and shared the kudos while taking action to address concerns. Thanks to my colleagues at the Mental Health Association for the myriad of things you do that allow CQT to do our work. Thanks to my colleagues at CQT for everything you do to make our program successful. No one knows just how hard you work, because you make it look easy. I'm going to miss so many things, but especially the laughter. Thank you.

Joanne Meekins
CQT EXECUTIVE DIRECTOR

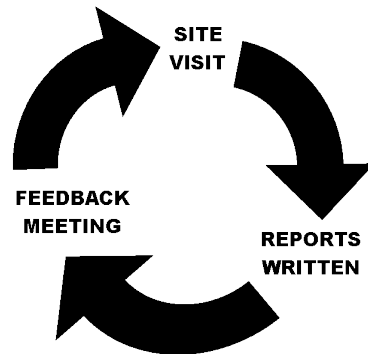
CQT PROCESS

CQT makes site visits to public mental health facilities in Maryland. During our visit, consumers volunteer for confidential, qualitative interviews to share their thoughts, suggestions and level of satisfaction with the program or services they receive, as well as any specific needs or quality of life concerns. Individual consumers may give permission for their name to be shared with facility staff in order to have a request or concern addressed. CQT concludes the site visit with a verbal report of general comments to program staff as well as the names of individuals with specific requests.

After the visit, CQT provides a written *Site Visit Report* of consumers' comments in their own words. No consumer names or identifying information are included in the written report. The report is given to the program director and the funding agency for that program.

CQT meets monthly with representatives from the funding agencies, provider associations and the Mental Hygiene Administration to discuss *Site Visit Reports* for visits made to PRPs. CQT meets regularly with the senior management of each inpatient facility to discuss site visits made to those units. Concerns brought up by consumers during site visits are addressed, referred or resolved at the table, and each agency provides CQT with a written report documenting any actions undertaken to resolve consumer concerns. Each site is visited 3-6 times each year, ensuring that concerns from previous visits have been addressed.

These *Feedback Meetings* with local and state administrators also provide an opportunity for the attendees to hear consumers' general concerns, praise and suggestions about different programs and initiatives throughout the state.



INPATIENT COMMENTS

General Inpatient Comments

If I get upset, I can ask to talk to a staff person. If they're busy, they will make time. If they're not busy, they will talk anytime.

The groups are very structured, and group leaders are very good. They take questions, and I learn a lot from that.

They're trying to get you out of the hospital, keep you busy; keep you healthy. Discipline is a must, behaving yourself. It's quiet in here. I need my quiet time.

The food is sometimes good; it's sometimes too little. We're eating like gerbils. I think I've talked to someone before about it, a long time ago.

My treatment plan is going okay. I accomplished something today that took me ten to twelve years to do. I talked to someone different than me and didn't judge them.

Staff brings their baggage from home. They're not helpful; they stick together and don't give a break to anyone.

I went to discharge group this morning. They explained about how to handle court; things like pleading insanity or NCR.

I've been deemed as not having a mental illness, but it's a nightmare to get out of here. My lawyer says it's illegal for them to hold me. They keep saying it's a scheduling issue. Why am I still here?

My team is honest with me and has been helping me get out of here.

I think they do the best they can with the resources they have.

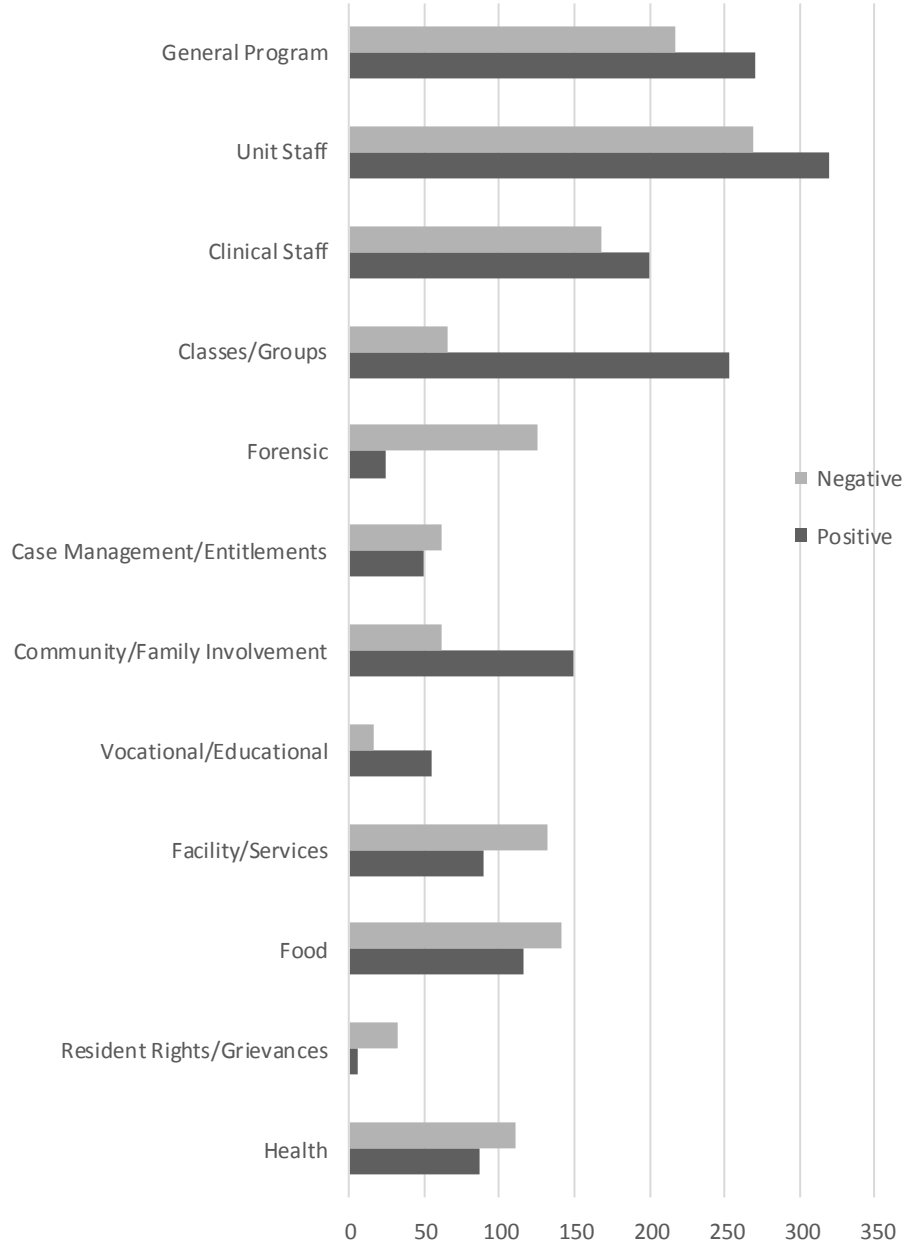
I attend groups; they're helping quite well. Right now I go to current events, health club, and yoga once a week.

Nobody was helping with my case; I had a public defender who was against me. They sent me here for evaluation. I missed a court order to see a psychiatrist so now I'm here.

The staff does a really good job. They keep me safe so I don't harm myself or others. It helps to have them around me all the time.

I can talk to my social worker somewhat. I talked to her about my voting;

Inpatient Consumer Comments



FY 2017 ACCOMPLISHMENTS

From July 1, 2016- June 30th, 2017, CQT conducted:

- **395 Site visits** (92 youth, 190 PRP, 113 inpatient)
- **1782 Interviews** (505 youth, 852 PRP, 425 inpatient)
- **8 Consumer feedback presentations**
- **24 Feedback meetings:** 11 CSA feedback meetings, 13 inpatient CEO feedback meetings
- **165 training hours**
- **4 BHA Youth and Adolescent feedback meetings**
- **2 Youth CEO feedback meetings**

FY 2017 FINDINGS

The focus of the CQT program is to ensure that the public mental health system is delivering the services needed by **individual consumers**. CQT only interviews those consumers who volunteer to speak with us. Interviews are not done as a random sample, and the analysis of consumer comments does not constitute scientifically valid findings. This information cannot and should not be used to evaluate individual programs. However, the types of comments, requests, suggestions and concerns heard by CQT across multiple areas throughout Maryland do give some information about current trends in our public mental health system.

2017 marked the third year of the CQT youth and family project. This year has been a turbulent time. With the closing of several RTCs and the loss of 130 beds, CQT spoke to several youth affected by these changes. Despite the turbulent climate of this fiscal year, many youth felt they were helped by the residential treatment system. Over the course of the year, we heard many personal, heartwarming stories from youth. Many youth shared their experiences transitioning out of the residential treatment system. Youth spoke of being an active participant in their discharge planning and feeling ready to reintegrate into the community. Youth also commended staff on their hard work and willingness to listen. Many youth spoke of past struggles with anger and aggression, relating how residential treatment had helped them to overcome these challenges. Mental health staff and services were also mentioned positively; youth were grateful for the help of their therapists and psychiatrists.

In the adult world, we found both challenges and stories of recovery. Some adults in PRPs were concerned about the availability of groups for higher functioning consumers. Staff turnover was also a concern. Many adults shared their stories of recovery with CQT, expressing pride in their journey and gratitude for the program's role in their recovery. Many staff were mentioned positively, both in general and by name. Consumers expressed appreciation for outings and community integration, sharing that these activities are helpful in reintegrating into the community. CQT recognized and interviewed some adults who had transitioned from the hospital. CQT was elated to see these consumers progressing.

PRP Comments

General PRP Comments

When I came here a few years ago, staff welcomed and supported me. They've always been here when I needed them, given me moral support, and helped me fight impulse anger.

A typical day here is filled with laughter. It's the greatest feeling I've ever had, being sober and clean.

Staff is doing a great job. They're respectful. Sometimes, they can't meet all of my expectations.

There is a structured group at 11:00. Everyone is mandated to attend. The topics aren't challenging to me. The topics are dealing with money and normal living; they're not challenging to me. A lot of people here aren't educated; I've got a degree.

The staff here are the best. They keep me coming back. They communicate well and give us important information on wellness. When I came here I was doing drugs and not taking my meds. Now it's the reverse.

If someone does something wrong, staff says something. I dwell on negative things sometimes. It helps when staff points it out.

Being here has helped me. The projects and talking about things has helped me to come out of my shell. I used to be antisocial.

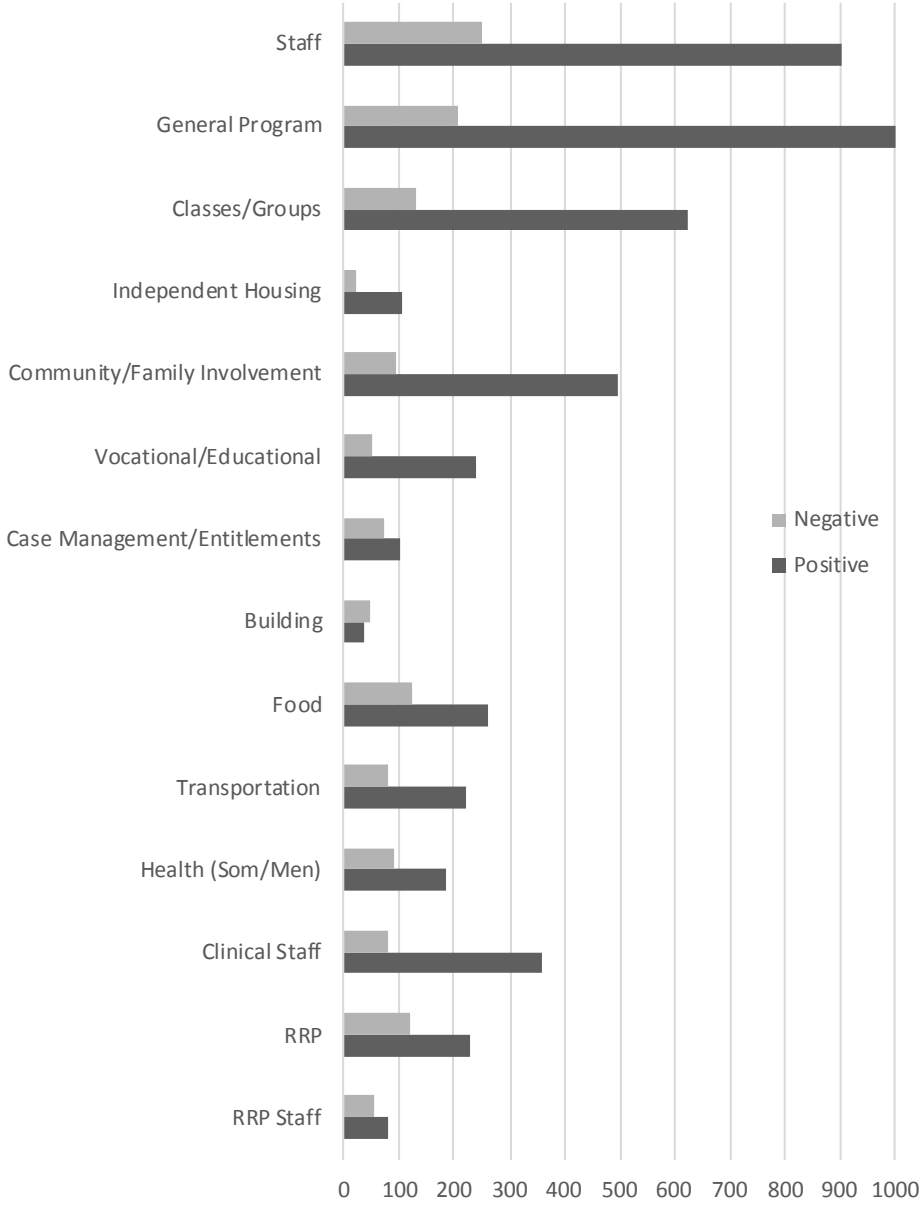
It's frustrating how this program is like a revolving door for staff; it's not fair to clients. My perception is that staff works here to get degrees instead of work with clients

Being here is better than being on the streets. We've all made mistakes; nobody is perfect.

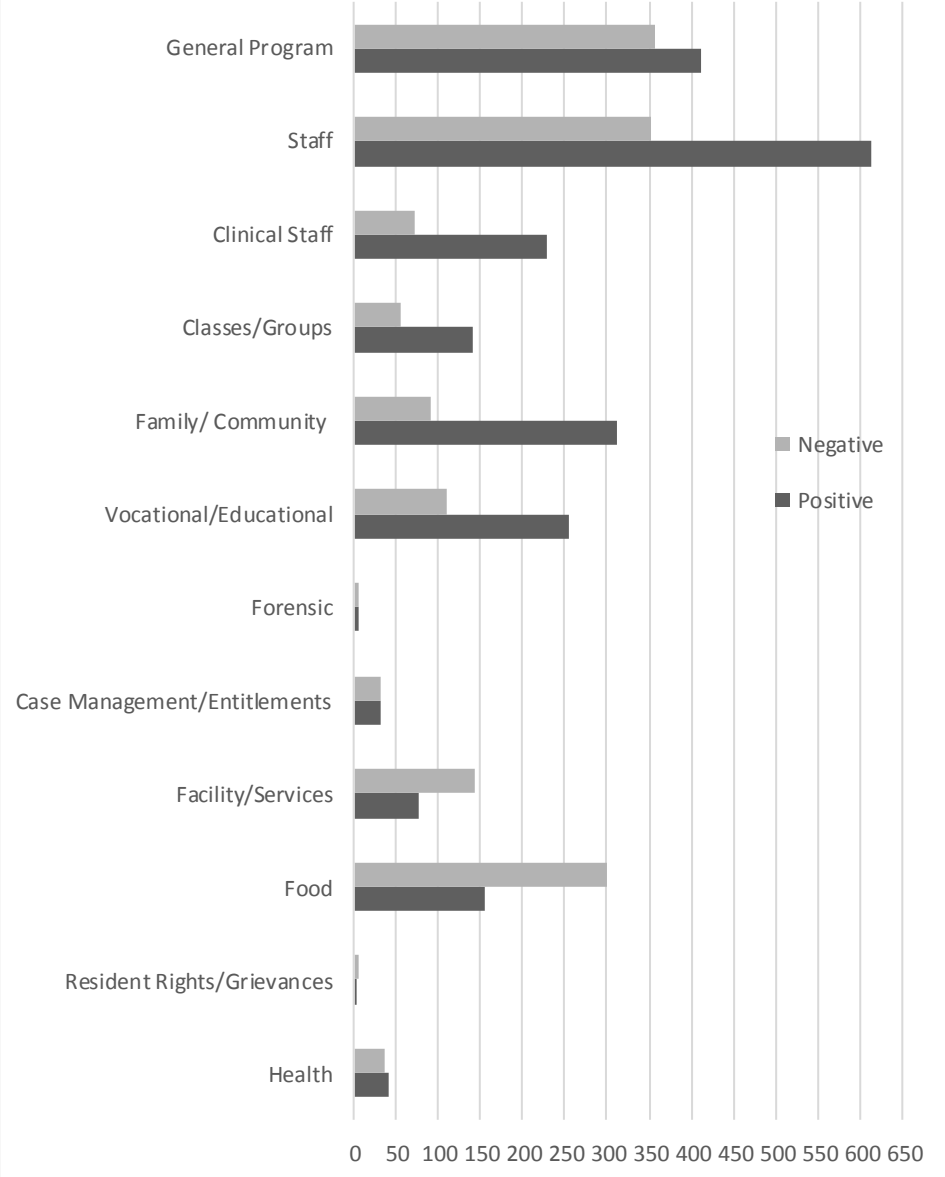
My case manager is wonderful; she's great. She doesn't put you down, and she listens to you—things like that mean a lot. They're there for you. They work with us. Sometimes clients or staff may be negative, but we're human.

I like the talking groups the most—groups we can share our experiences with because you can get help or support from others.

PRP Consumer Comments



Youth Consumer Comments



YOUTH COMMENTS

General Youth Comments

It's going good. I've made progress. I'm more open to suggestions. When I first came here, I was really frustrated and felt nobody liked me, and then I learned more about people and was more open to listening and getting better.

The program teaches you how to control your anger. Anger and acting out are kids' main problems.

It's good here—it's helping me to deal with my problems—it is helping me to manage my anger and radically accept what I can't change in the real world. I can expose things here that I can't get out in the real world. There are people here like me.

The food is alright. They need more food. They serve the same stuff every week. Mix it up.

I talk to my family every day and visit them every other weekend; it's going good.

My room gets too cold, but the bed is comfortable and I get enough blankets to stay warm.

In group we talk about our feelings and talk about our week. I don't have a favorite group.

I like all my teachers. I'm learning new things every day.

When I first got here, I was so angry—yelling, cursing, kicking trees, and running from staff. I learned my lesson by getting put on day plans and not being able to interact with my peers and staff.

The rules bother me; there's a lot of isolation. When you get back from school, you have to spend an hour in your room. If you're on consequence, you can't do activities and have to go to bed early.

I like that they involve everyone in groups. Everyone is involved and has a good time.

They make you go to school here, and from that I realized I actually like school.

It's been nice even though it's a tough adjustment from home. Staff has made it easier by listening and helping out. They're pretty much all good. For me, their help in learning the routine was good.

Mental Health Services:

I can talk to my doctor and therapist. You think you can't trust them at first, but they earn your trust.

My therapist is nice; she's fair. My psychiatrist is nice and fair too.

I'm getting far in treatment. Family therapy is helping. My therapist is sometimes annoying but helpful. She helps with my treatment work and everything.

Treatment helps us when we get mad. They say *calm down, it's not worth it, or it's not a good choice*.

I'm not as angry. I don't keep things in anymore; I let feelings go. I actually like therapy. I talk to other therapists too. There have been a few times that my therapist wasn't here, and I asked Ms. Devin, another therapist, to talk to me.

Discharge:

When I'm back in the community I'll need: community service, drug classes, and my parole officer. I think those things will help me. I feel ready.

I have a discharge paper with everything I need to do. I need to do it for four months straight. I should be here until the end of summer.

I'm getting home visits now. I'll be home for three days because of the holiday. I discharge next Tuesday. I'll go to my grandparent, then my foster parent. There will be a key ceremony when I discharge. I get to keep the key, but it doesn't open anything.

Why do they keep raising kids' hopes? They say you'll leave Friday. On Thursday, they will say you can't. You have to do meetings.

I feel like I have the help I need to get out of here. I don't know when I'm getting out, but they help me by reminding me of things. It helps me keep it together.