



COMMENTS ABOUT CQT

“We got a debate team. I brought it up to last time you [CQT] were here. I’m waiting for the meetings to start. We’ve already gone over what a debate team does. There’s four or five of us on the team.”

- a Youth in an RTC

“I’m glad you [CQT] came to see me.”

-Inpatient consumer

“The members of the CQT team who came out for this past visit did such a great job with our clients and with relaying everything, as well as even identifying a safety/symptom related concern. I’m not sure if you ever have the opportunity to share feedback, but this past visit was really well handled by the young ladies who came out to see us.”

-PRP manager

“Thank you for helping us to better understand our parent’s needs. This was very helpful for us to review as a team.”

- Clinician at an RTC

“Thanks for the update... you guys are great assets and we appreciate your work!”

-BHA representative

2018 Annual Report

July 1, 2017 to June 30, 2018

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 DIRECTOR

I began working for The Consumer Quality Team of Maryland as a part-time interviewer in the summer of 2008. I stepped into a number of roles with increasing responsibility, and this year marked the first for me as director. It was an eventful and productive year, focused on evaluating current procedures to see if they were still meeting the needs of all stakeholders. In FY 2018, we performed the most site visits to date and talked to the greatest number of consumers in CQT's history.

During the late summer months of FY 2018, I, along with the deputy director and program coordinator, met representatives from all twenty-four jurisdictions in their own offices. We asked the CSAs/LBHAs to provide us with their feedback on our current feedback meetings—what worked for them? What didn't? We overwhelmingly heard support for the work our program does and were commended for bringing to light issues consumers had not reported elsewhere. Nineteen out of the twenty-four jurisdictions asked that we transition to a quarterly format when meeting, and suggested that highlighting both positive and negative trends would be beneficial. With the support of BHA, we were able to make these changes. CQT now provides county, regional and state-level trends during its quarterly feedback meetings.

The Youth and Family Program of CQT also benefited from the in-person meetings held with the CSAs/LBHAs. After discussing the work CQT does in Residential Treatment Centers and RICAs, several Child and Adolescent Coordinators asked to be more actively involved in our program. We were invited to attend the coordinators' meeting at BHA to give an overview of what the youth were reporting. The coordinators also began to review all the youth site visit reports. CQT received praise for the rapport the interviewers establish with the youth, and our role was again affirmed as a beneficial, effective and necessary one.

Our program was evaluated by Schooner Strategies at the close of FY 2017. As a result of this evaluation, CQT implemented procedures that increased our efficiency. An immediate and positive outcome of the increased efficiency was the ability to make inroads to add the Wellness and Recovery Centers to our deliverables. We visited each center once in FY 2018 and ninety-percent of what the interviewers heard in the centers was positive.

Our plans for FY 2019 include HIPAA-compliant laptop/tablets that will allow our interviewers greater flexibility and quicker turnaround completing reports. We will also be working with an epidemiologist/CEO

CQT STAFF

Kate Wyer, *Director*
Steve Stahley, *Deputy Director*
Hye Mi Ahn, *Program Coordinator*
Chuck Buckler, *Interviewer*
Cintra Harbold, *Interviewer*
Deborah Hardy, *Interviewer*
Kevin Hughes, *Interviewer*
Brian Korzec, *Interviewer*
Dave Pittenger, *Interviewer*
Jean Smial, *Interviewer*
Susan Tager, *Interviewer*
Angela Vaughn-Lee, *Family Outreach Coordinator*
Stephanie Parks, *Interviewer*
Erica Wise, *Youth Program Coordinator*

CONTACT INFORMATION

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

www.cqtm.org

FY 2018 FINANCIALS

Revenue

Federal	\$357,975
State	\$224,151
Youth	\$264,960
OCC	\$40,045

Total Revenue **\$887,131**

Expenses

Personnel	\$694,741
Advertising	180
Equipment	24,632
Postage	327
Telephone	13,103
Supplies	3,882
Insurance	-
Legal/Accounting/Audit	10,684
Rent	49,954
Travel/Meetings	23,774
Printing	2,636
Training	3,621
<u>Purchase of Services</u>	<u>59,596</u>

Total Expenses **\$887,131**

to develop a metric that respects our consumer-focused, qualitative interviewing, while adding meaningful quantitative data. CQT continues to refine our feedback loops across the programs. We are also continuing our partnership with BHSB to interview consumers enrolled in the Outpatient Civil Commitment program.

I have immense gratitude for the support of The Mental Health Association of Maryland and BHA. I am also grateful for the openness of the people we interview and the hard work of my empathetic and dedicated staff. I look forward to the coming year of continued growth.

—Kate Wyer, Director

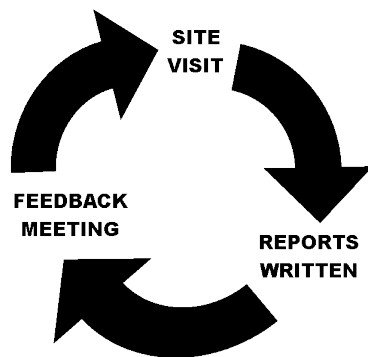
CQT PROCESS

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 specific 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 Behavioral Health 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.



YOUTH QUOTES

“It’s a treatment center. They basically teach you how to control your anger, to de-escalate you. If you let them help you, you’ll be okay.”

“It used to feel like staff was a group of random adults. Now staff feels like family. They have close bonds with us.”

“I have improved in school. I couldn’t concentrate, but here they guide me so I do better. The smaller classes and the teacher breaking down the instructions help too.”

“Staff are most enjoyable. They make time for you, direct you to things, and play with us.”

“Staff, clinicians, and the school have been really supportive, but my mindset before wouldn’t let me see it. I had to make the choice to get my life together. When I made the choice, they welcomed me with open arms.”

“School is good. It’s more helpful than my old school.”

“Staff thinks they’re better than everyone. They’ll say, ‘At least I’m not locked up.’”

“Sometimes unit staff threaten and antagonize. They talk loud and overreact. If you say something back, they say you’re disrespectful and write you up; but they were disrespectful to me.”

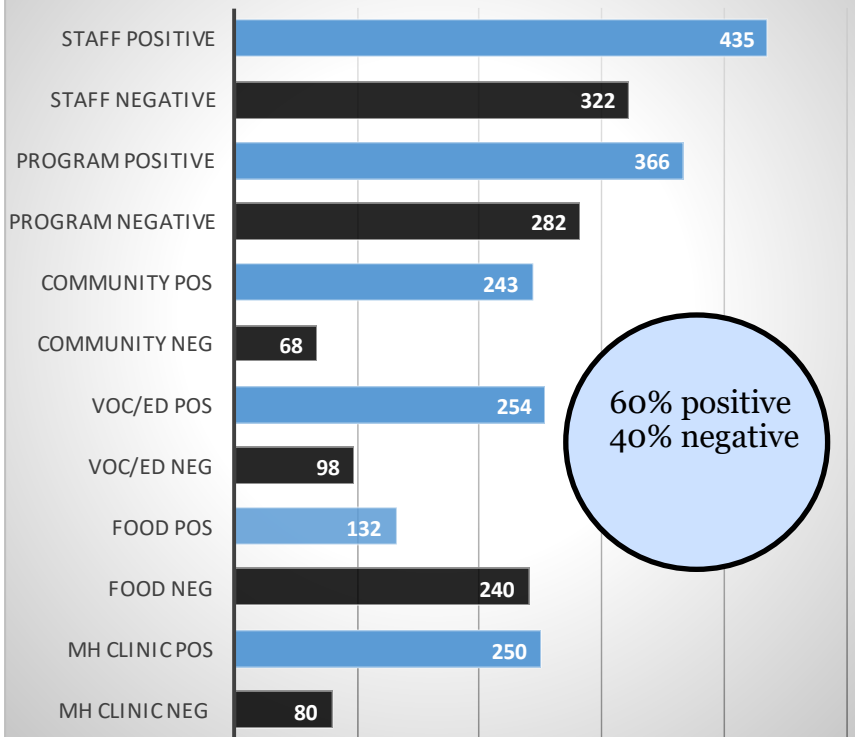
“The food is disgusting. It tastes bad, horrible. The milk is expired. I can tell by the date and it tastes bad. It’s a week after the sell-by date.”

“Nothing is helpful on the unit.”

YOUTH

95 Visits | 359 interviews | 35 safety concerns
92 individual concerns/requests addressed

Most frequently mentioned categories: Youth



FY 2018 ACCOMPLISHMENTS

From July 1, 2017- June 30th, 2018, CQT conducted:

- 421 Site visits:**
 - 182 PRP
 - 121 Inpatient
 - 95 Youth
 - 23 Wellness and Recovery Centers
- 1,710 Interviews:**
 - 834 PRP
 - 378 Inpatient
 - 371 Youth
 - 127 Wellness and Recovery Centers
- 7 Consumer Feedback Presentations**
- 19 Adult Program Feedback Meetings:**
 - 5 CSA/LBHA feedback meetings
 - 14 inpatient CEO feedback meetings
- 10 Youth Program Feedback Meetings:**
 - 3 BHA Youth and Adolescent Feedback Meetings
 - 3 Youth CEO Feedback meetings
 - 4 Child and Adolescent Coordinator Feedback Meetings
- 138.25 training hours**

FY 2018 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 reveal some current trends in our public behavioral health system.

Overall, the feedback that consumers volunteered was **70% positive**. **Programming, groups and staff** were mentioned during interviews most frequently, as well as most positively. Individual staff were called out by name for the hard work and life-changing care they provide. Men's groups, women's groups, mental health education and anger management groups, as well as substance use recovery groups, were frequently mentioned as providing beneficial information. Programs were seen as safe places to socialize and find community in recovery.

Consumers in PRPs and Wellness and Recovery Centers reported the most satisfaction with services. Those in hospitals or youth facilities also shared more positive experiences than negative, but they voiced frustrations too. Issues navigating the courts were prevalent for adults. Lack of physical activity or time outside was mentioned, as well as the barriers to providing those services. Difficulties communicating with either staff and/or treatment teams came up. For youth in treatment, issues around bullying remain. Youth also remain dissatisfied with the quality and quantity of the food provided.

In the following pages, consumer quotes will be used to illustrate these positive and negative areas, as well illustrate CQT's model of providing real-time feedback.

INPATIENT QUOTES

"Things are not too well. Everything I think they can do, they don't do. They don't do nothing for me here."

"I'm here a couple of years and doing better since coming here."

"You can ask some staff. Some are more approachable; some act like they don't have patience or time. I wait until a staff person I feel comfortable with comes on the unit; sometimes I wait for a shift change."

"The treatment team has been really helpful—the psychiatrist and the social worker. Some have been busy and I've had to wait my turn, but when they're with me they give their all."

"I count my blessings for being here. There are not many hospitals like this in Maryland."

"Staff here is only concerned about their paychecks."

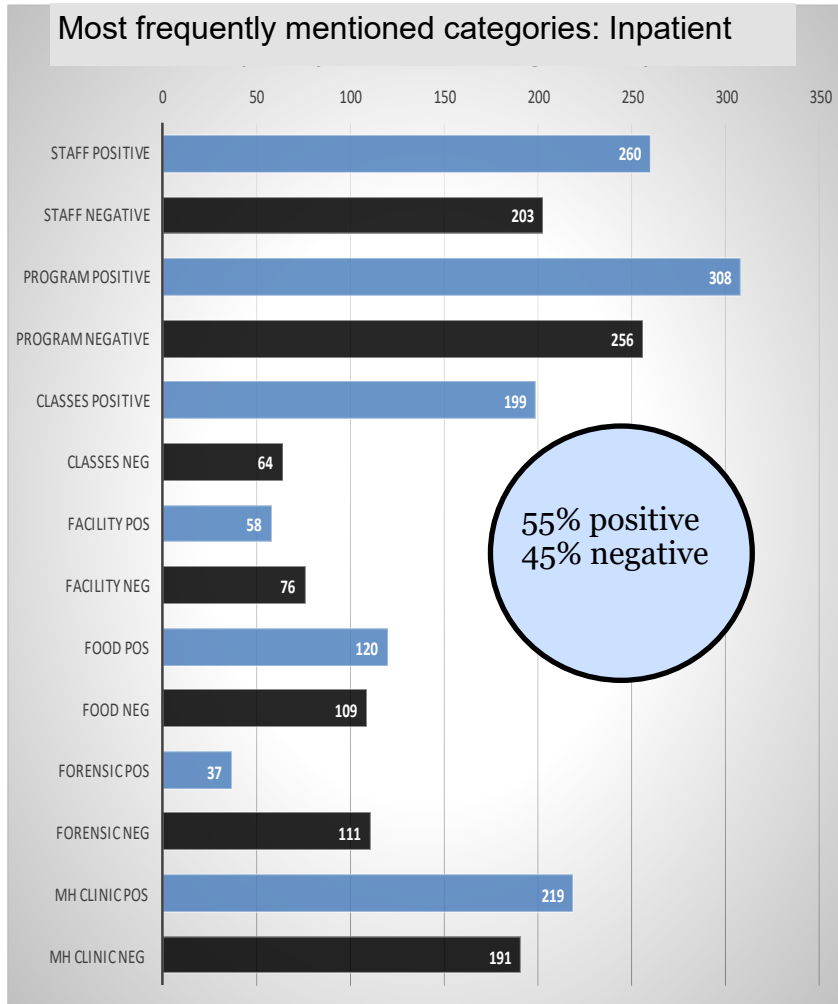
"Staff are pretty good. If there's a situation you need help with, they'll help you."

"Dr. H.—I love to talk about him; there are nothing but good words about him on the cottage. He does a good job. Dr. H. is good and believes I'm not mentally ill. I don't leave my room now... I would like to talk to him. I can't get a word in because they are always talking about psych medication. I hope you get a chance to meet him."

"Staff are overworked and underpaid. They all assist in their own way."

"My psychiatrist forced me to get an injection in my butt when I was sitting quietly minding my own business. It was the first week I was here."

198 individual concerns/requests addressed



The CQT process in action

A team of CQT interviewers heard the following concern in FY 18:

“I live in an assisted living house. There are seventeen people living there at this time...There are six people, males and females, sleeping in the attic. I am one of the six. The attic was redone and there are beds. The attic door is locked from the outside at night. I have to use a pot to relieve myself and am responsible for emptying the pot each morning. What if a fire breaks out? I am seeking other housing even if this means getting a hotel room.”

The interviewers **immediately** reported this out to program staff, who were alarmed. They had not heard this concern before, and stated that the assisted living house is not connected with their program. Staff stated they would share this concern in the debriefing meeting tomorrow and follow up with the consumer right away.

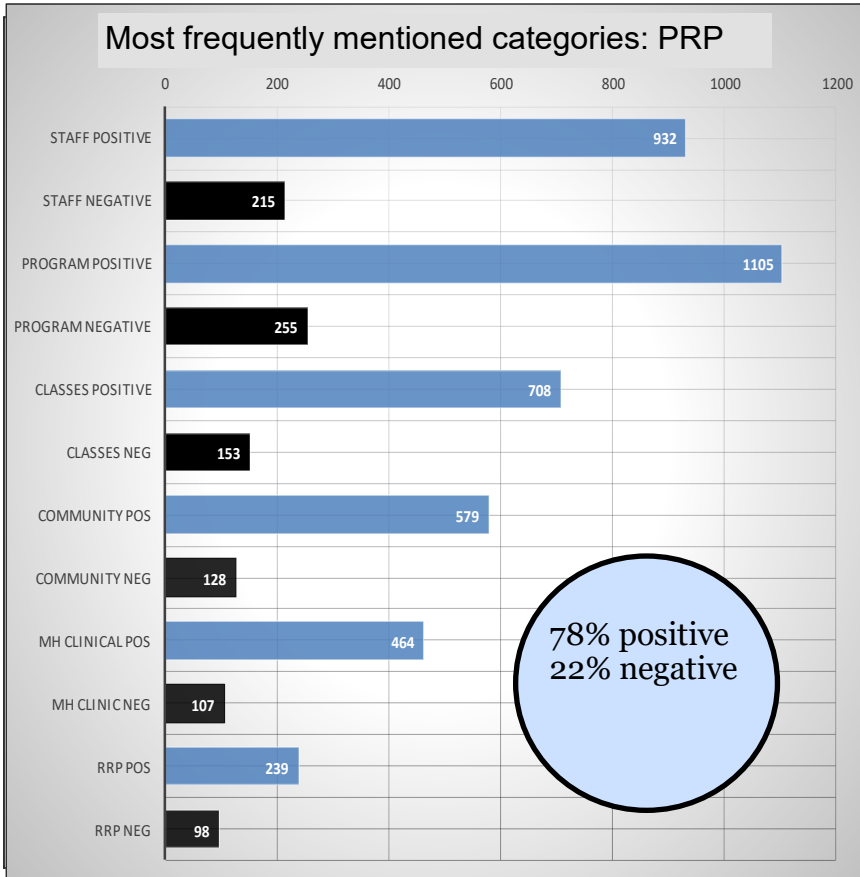
The same day, per CQT’s protocol, the CQT interviewers placed a call to the jurisdiction’s CSA/LBHA and the representative was informed. This individual stated they would look into the allegation and close the feedback loop.

The CSA/LBHA and the program staff collaborated to investigate the claim. They discovered circumstances that warranted moving the consumer to another house. They found the consumer safer housing within the program’s RRP.

When interviewed later, after being relocated to their new housing, the consumer reported being much happier and safer.

PRP

182 visits | 834 interviews | 34 safety concerns
185 individual concerns/requests addressed



“Staff is great. If they get any better, I don’t know what I’d do! I love them to death.”

“[Staff name] is a good director. He’s very humble; he’s not pushy or forceful. One time I was asking him a question pertaining to a transportation issue. The rules are the rules; I realize I have to comply until I leave here. He didn’t make me feel intimidated. I didn’t want to comply with the rule. He walks around and smiles. Other directors are control freaks and push their authority; he is fair.”

“The staff is excellent. Anything that I need the staff has the answers. I live with my parent. My parent is tough. The staff helps me with my parent.”

“[This program] has given me more faith in humanity. It’s hard to have faith in yourself when you’re sick. This place makes you feel loved, respected, and needed, which is important.”

“I love being here. It gets me out of the house. I live with family. My health went down and I lost my job, so the program gives me something to do. This is like family to me. I love it here. The people are nice. They have a lot of good things going on all at once. I think a lot of people could benefit from the program. When I leave, I am ready to take on the world!”

“It’s going good, real good. I really enjoy the Monday, Wednesday, Friday PRP. I really enjoy it because I can focus on positive things, and I have an opportunity to get out of the house. They teach you how to manage your illness and give you tips for taking care of yourself.”

“It’s going alright. The last time four of you [CQT team members] were here and I expressed my concerns. A couple of concerns got fixed; like the food, the floor, and cleaning the bathroom. [The CEO] talked to everybody about the feedback. Everything I reported last time in November got fixed.”

“I don’t think staff realizes clients have feelings. Staff corrects clients in front of other clients in a condescending way so no one wants to talk; it happens in groups and in front of other clients. The majority of clients are older than staff. Staff is inexperienced.”

“I hate it here so much. There’s been improvement, but I don’t like being around all these people. I don’t like when they go off with tempers. I don’t like when they touch my stuff.”

“I’m going to be all right. I’m going to group. The groups teach you about emotions, thoughts, exercises, healthy eating, storytelling, spirituality, and assertiveness. I got commended for being an advocate. I did fifteen groups in two weeks.”

INPATIENT

121 visits | 378 interviews | 55 safety concerns