



# 2019

## Annual Report

July 1, 2018 to June 30, 2019

### **MISSION STATEMENT**

The Consumer Quality Team of Maryland (CQT) empowers individuals who receive behavioral services as partners with providers, policy makers and family members, to improve care in the public behavioral 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. It also recognizes positive aspects of the behavioral health system.

## FROM THE CQT DIRECTOR

FY 2019 was another groundbreaking year for CQT. We exceeded our own record, performed the most site visits to date and talked to the greatest number of consumers in CQT's history.


There was a dramatic increase this year in the number of people asking for assistance in communicating their needs directly to staff, especially around housing and entitlements. These numbers are reflected on CQT's accomplishments page.

Perhaps as a result of larger cultural movements, there was also an over two-fold increase in safety concerns. The largest trend in these concerns was roommate relations and/or peer-on-peer violence, followed by increased mentions of suicidal ideation or trauma histories. CQT was able to connect these safety concerns immediately with staff on the unit or program to ensure the person's needs were met. The issues were also discussed with CEOs and Clinical Directors, as well as the Local Behavioral Health Authorities (LBHAs). Overall, the feedback loops proved to be powerful ways to address individual needs, as well as bring attention to systemic trends.

Epidemiologist Thomas Wilson, PhD, DrPH, from Trajectory Healthcare, collaborated with CQT to develop a metric that honored our qualitative interviewing, while adding quantitative data. He listened to CQT perform many mock-interviews and then observed two site visits in-person. His research supported using a "hybrid" model of structured and unstructured questions when interviewing behavioral health consumers. We piloted the metric on twelve site visits in Baltimore City. The inter-rater reliability showed positive agreement between interviewer and notetaker when using the metric to score the consumer's feedback.

Our plans for FY 2020 include expansion to residential and inpatient Substance Use Disorder treatment providers in Baltimore City. This pilot will require the hiring of three additional staff, provider meet-and-greets, and first site visits in early 2020. CQT is looking forward to integrating its model to serve people with mental health and substance use lived experiences.

We will continue our focus on providing trauma-informed care to the staff and as an organization. CQT was witness to the cultural shift the Me Too movement heralded, and we continue to strive to ensure our interviews are safe spaces for everyone.



FY 2020 will continue our partnership with Behavioral Health System Baltimore (BHSB) to interview consumers enrolled in the Out-patient Civil Commitment program.

I am thankful for the support of the Mental Health Association of Maryland, Maryland's Behavioral Health Administration, and the dedicated LBHAs, CEOs and program staff who receive the consumers' feedback with grace and diligence. I hold gratitude in my heart for my careful, compassionate staff .

—Kate Wyer, Director

# FY 2019 ACCOMPLISHMENTS

From July 1, 2018- June 30, 2019, CQT conducted:

- **429 Site visits:**
  - 184 PRP
  - 123 Inpatient
  - 85 Youth
  - 37 Wellness and Recovery Centers
  
- **1,710 Interviews:**
  - 839 PRP
  - 396 Inpatient
  - 214 Youth
  - 324 Wellness and Recovery Centers
  
- **Reported 789 individual requests with name (FY 18 had 486)**
  
- **Reported 329 safety concerns (FY 18 had 129)**
  
- **19 Adult Program Feedback Meetings:**
  - 4 CSA/LBHA feedback meetings
  - 15 Inpatient CEO feedback meetings
  
- **15 Youth Program Feedback Meetings:**
  - 4 Youth CEO feedback meetings
  - 5 Child and Adolescent Coordinator feedback meetings
  - 5 RTC Coalition feedback meetings
  - 1 BHA Youth Feedback meeting
  
- **3 Consumer Feedback Presentations**

## FY 2019 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 65% positive. Programming and staff were mentioned during interviews most frequently and positively in Wellness and Recovery, PRPs and youth facilities. Consumers expressed gratitude for the programs, the community access, and the sense of fellowship they feel with their peers. Clinical services were also praised and individual doctors and therapists were named for helping people move towards recovery.

Consumers in PRPs and Wellness and Recovery Centers reported the most satisfaction with services. Those in youth facilities also shared more positive experiences than negative, but they voiced displeasures too. Youth in treatment expressed concerns over perceived bullying. There was also dissatisfaction with the rules in the facilities, and in some cases, the uneven application of those rules.

For the first time since CQT began tracking trends, the adults in inpatient facilities reported slightly more dissatisfaction than satisfaction with services. Reports of staff disrespecting consumers were widespread. Requests for more training for staff, as well as concerns about the frequent under-staffing on units were voiced. Consumers reported more fights among themselves.

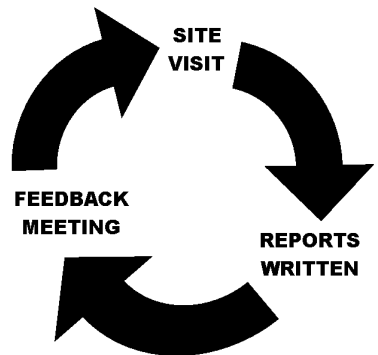
# CQT PROCESS

CQT makes site visits to public mental health facilities in Maryland. During our visits, 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 names 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 quarterly with representatives from the funding agencies, provider associations and the Behavioral Health Administration to discuss *Site Visit Reports* for visits made to. 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.



In the following data review, consumer quotes will be used to illustrate positive and negative areas in a representative sample that mirrors what categories came up the most. **The data and quotes are unfiltered and unvalidated snapshots.**

## Wellness and Recovery Centers

37 visits | 214 interviews | 24 safety concerns  
44 individual concerns/requests addressed

“I like it. I get to be around positive people. It helps me because it gives me something to do and a chance to meet new people.”

“This program is a tremendous asset to the community. People can be led to the water, and they can drink.”

“When CQT came last time, I had issues about arguing and fighting. We haven’t had those issues lately.”

“If I live to 105, I will never be able to repay these people. I mean it from the bottom of my heart. I am very grateful.”

“It’s kinda funny. At the board of directors meeting every quarter, the report mentions what the CQT team has discussed. My supervisor showed me the report. I was in total agreement. I was surprised—encouraged. I agree that the director is a great person to work with and for.”

“I like everything—the community, the people...just being with them.”

“I had to pay for my own bus tickets—one way is \$1.50 to where I was going. But now I’m broke and don’t have a \$1.50 to get back if I don’t find housing today. The program doesn’t have the money to give me.”

“The food is delicious—really! We have a really good team of cooks.”

“My family didn’t want anything to do with me. When I was released, I was on my own. I had no one to turn to.”

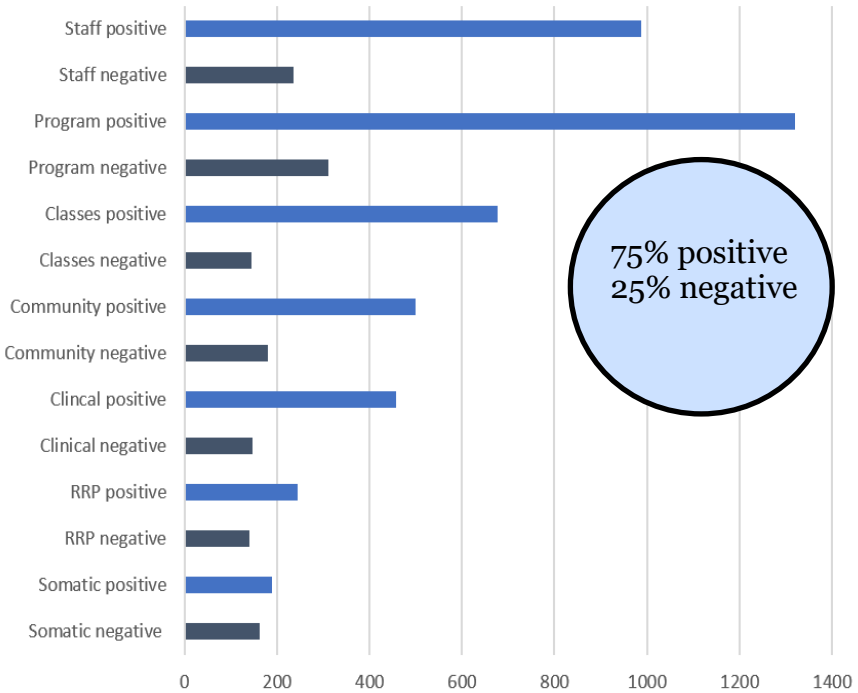
**83% positive**

**17% negative**

# PRP

184 visits | 839 interviews | 134 safety concerns  
319 individual concerns/requests addressed

Most frequently mentioned categories: PRP



\*The graph and quotes represent raw, unverified, qualitative data from a self-selecting population. The quotes are proportional to the positive and negative ratios of what CQT heard from consumers.



## PRP QUOTES:

“I’m glad there’s a place like this for people with mental illness. I’ve been battling mental illness all my life. I hardly ever miss coming here.”

“It’s okay for the most part. I have a lot of problems with personal things. Since my spouse passed, it’s been downhill. I’m glad I come here; I like coming here. I’d be sitting at home and wouldn’t be as functional. I think stuff to death—a lot of woulda, coulda, shoulda. It was hard to care about stuff.”

“I’ve been alcohol free eight years. I’ve come a long way. I had to give up alcohol when I came here—the program helped me. I’m now a different person. I don’t know where I’d be without [this program].”

“I’ve been here for nine months—it is okay. It’s just so-so—not really good. I’m not sure what could make this better. We need to do something—like more activities. We mostly sit and they are lecturing, or we walk around the block. I come here every Monday, Wednesday, and Friday.”

“The staff is wonderful. Some of the staff here are new and some have been working here for a long time. Someone worked here for seventeen years and then resigned.”

“I won’t talk to [a staff member], because when I had a problem with my food stamps, she told me it wasn’t her problem.”

“Classes are good. I like the class on anxiety and depression. It helps with my mental illness.”

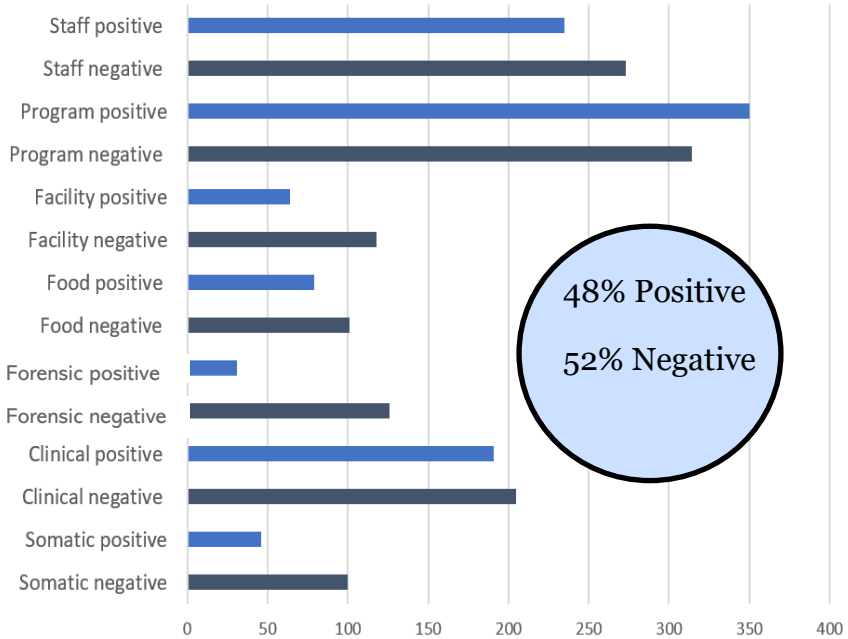
“The counselors help us with knowing how to talk. When they asked me questions, I didn’t know how to answer; I was closed down. Now I can express myself.”

“I had an abscess in my tooth. The dentist pulled out the infection, and then they had to take out all my teeth.”

# INPATIENT

123 visits | 396 interviews | 130 safety concerns  
320 individual concerns/requests addressed

Most frequently mentioned categories: Inpatient



\*The graph and quotes represent raw, unverified, qualitative data from a self-selecting population. The quotes are proportional to the positive and negative ratios of what CQT heard from consumers.

## INPATIENT QUOTES

“It’s real good here. We get to go outside, play basketball, walk around, and go to the gym. We take showers two times every day, and we get protection in our cases.”

“We sit in chairs most of the day. It’s not good for physical or mental health.”

“I have been rehabilitated. How much more stable can you get? They got me stable.”

“I am not getting fresh air breaks. There is not enough staff for us to go outside.”

“Rick and Carol are great social workers. They listen, and are down to earth, and help me through the stages of my illness. They have helped me get contacts and have talked to my family.”

“The nurses on the unit watch over us 24/7—they’re really nice.”

“My medication is not working. The nerve medication makes me act the way I do. I think they [the doctors] are doing as good as they can do with the medication.”

“There are a few bad apples in the hospital, but I’m not naming names. I’m hoping things will change.”

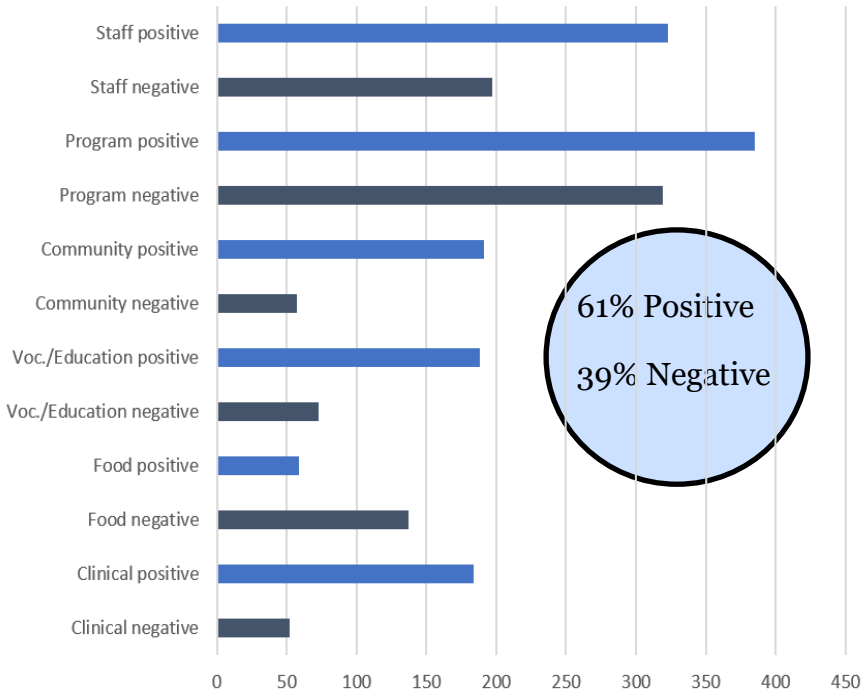
“I feel like it’s real good—people, staff, and residents.”

“I need to feel like someone is in my corner. I have a public defender, but I haven’t heard from them. There’s nothing here to prepare you for your defense in court.”

# YOUTH

84 Visits | 324 interviews | 83 safety issues  
113 individual concerns/requests addressed

Most frequently mentioned categories: Youth



\*The graph and quotes represent raw, unverified, qualitative data from a self-selecting population. The quotes are proportional to the positive and negative ratios of what CQT heard from consumers.

## YOUTH QUOTES

“This placement versus my last placement is so different. This placement is revolving around you—it’s about how you want it and what you want the treatment to be about, not the other way around.”

“I learned about empathy here; putting myself in somebody else’s shoes. I wouldn’t want what I did to that guy happen to any of my family.”

“The staff are all nice to me; I don’t ever see them disrespecting people.”

“Dr. Square is a good doctor. When I had an anxiety attack, she stayed with me after she should have gone home. She adjusted my meds. She takes care of me well. She meets with all the staff.”

“My court date is in September. I’m going into the community with my family. I’ll be at a community day-program and another program to help me get a job. I’m gonna look for substance use support and other stuff once I get out.”

“The staff will blackmail the kids and sabotage the kids. They tell you to go to your room. Staff are obnoxious and just a pain.”

“I think the bullying is bad. It’s my experience that you never know when bullying will happen. It’s constant. Friends can turn on you. They make you feel bad. That’s why fights happen. Consequences don’t help. Separate the girls by age. They pick on those who are weaker or more vulnerable.”

“The food is nasty. The waffles and eggs are bad. For snack, we get a cheese sandwich with like five pieces of cheese just piled up—it’s not melted. They should try to switch it up. We need a better cook. Sometimes the pasta is hard—that’s nasty. The garlic bread is hard, and the burgers are tough. The chicken is dry, and the milk is warm.”

“It’s cold—they need to check out the heating system.”

“Some nights it’s hot as crap; I can’t sleep much. They’ll allow me to open the door for a few minutes, but I can’t get a fan because I’m not on that phase/level yet.” Staff agreed certain areas had been hot, and they had received information a few days before about it. Maintenance was out that day fixing the HVAC in one of the buildings.

# FY 2019 FINANCIALS

## Revenue

Federal	\$357,975
State	\$224,151
Youth	\$264,960
OCC	\$62,129

**Total Revenue** **\$909,211**

## Expenses

Personnel	\$743,602
Advertising	275
Equipment	9,152
Postage	354
Telephone	7,087
Supplies	9,697
Insurance	-
Legal/Accounting/Audit	7,993
Rent	52,734
Travel/Meetings	21,167
Printing	2,080
Training	5,501
<u>Purchase of Services</u>	<u>49,570</u>

**Total Expenses** **\$909,211**

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## **CQT STAFF**

Kate Wyer, *Director*

Bonney Moxley, *Deputy Director*

Hye Mi Ahn, *Interviewer*

Chuck Buckler, *Interviewer*

Virginia Crawford-Schmidt, *Interviewer*

Allison Elli, *Interviewer*

John Flowers, *Program Coordinator*

Cintra Harbold, *Interviewer*

Deborah Hardy, *Interviewer*

Kevin Hughes, *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](http://www.cqtm.org)**

## COMMENTS ABOUT CQT

“I have been working with CQT for the past 9 years. In that time I have been so impressed with the professionalism, compassion and kindness all the staff show. Not only to me, but most importantly to the consumers. The feedback they provide is invaluable and supports consumers’ voices to be heard and to enhance the quality of services provided in the Public Mental Health System. I truly appreciate all they do.”

- LBHA representative

“I like people like CQT talking to us. I wish more people like that would do that.”

-Consumer at a Wellness and Recovery Center

“CQT’s unique ability to meet with and receive real-time feedback from program participants creates a dynamic illustration of how peer-led programs help individuals be successful throughout their recovery journey. Additionally, these interviews allow local and state funders to respond to concerns of the individuals being served and enhance the supports being utilized within these programs. These vital interviews allow us to hear directly from those who matter the most in our public behavioral health system, those we serve!”

- BHA representative

“I find the feedback I receive from the CQT reports to be very informative and helpful. The CQT staff gives a different perspective on the consumers’ feelings about the program they attend.”

- LBHA representative