



2016

Annual Report

July 1, 2015 to June 30, 2016

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 in the rapid resolution of reported concerns and problems, many times on the same day as the CQT site visit.

FROM THE CQT EXECUTIVE DIRECTOR

The Consumer Quality Team of Maryland hit a special landmark this year: we celebrated our tenth year. On June 1, 2006, I spent my first day on the job at the On Our Own conference, at Rocky Gap, Maryland, meeting members of the Maryland consumer network, learning the language and worrying about all that I had to learn. I was rescued by people who saw the bewildered look on my face, who reassured me that I would understand the language and concerns with time and meanwhile, there was a cadre of kind and knowledgeable people who would help me. They were right. I learned quickly. I hired a smart young woman, Katie Rouse and we learned more and by February, we made our first site visit. Our second site visit, we learned the power of site visits with immediate follow up. Consumers told us about serious problems and concerns. We immediately alerted the Core Service Agency director who gathered the parties needed to take corrective action at once. We were asked to return to the site two weeks later and the consumers told us that things were tremendously improved.

CQT began as a pilot program, visiting the psychiatric rehabilitation programs (PRPs) in three jurisdictions. Through the years, we grew the team and expanded the program to visit PRPs throughout the state, and four of the inpatient facilities. Last year, we began visiting the youth residential treatment centers and this year, we visited Wellness and Recovery Centers throughout the state. It has been an enormous privilege to visit and have conversations with so many consumers. Our program is effective because providers want to hear what the consumers say and respond to it, both for individuals and programmatically. It is also significant that the leadership of the Behavioral Health Administration meets with us regularly and uses the consumers' knowledge to inform the system.

I want to thank the thousands of consumers who have shared information, stories, concerns and successes with us throughout these years. You have helped improve behavioral health services. I want to thank the providers, who have welcomed us into their programs and facilitated our visits. Your dedication to helping others is inspiring. I'm awed the number of people who tell us, "This place saved my life." It's likely a result of

your willingness to hear and respond to suggestions. I want to thank the Core Service Agency representatives and the Chief Executive Officers who follow up on each of our reports and attend our feedback meetings, ensuring that all concerns are adequately addressed. Our model is based on real-time information and follow-up; you are the people that support this effort. I want to thank the many players at the Behavioral Health Administration who work with us. Your leadership and support set the standard from the beginning that this work and information is important and valuable. We appreciate that you take time to regularly review what the consumers are saying about programs and services. This investment in hearing consumers is part of the reason Maryland has better behavioral health services than many other states. I want to thank the Board of the Mental Health Association of Maryland. We wouldn't exist without your advocacy and ongoing support. I want to thank my colleagues at the Mental Health Association of Maryland. CQT staff are all busy interviewing and writing reports; the administrative tasks necessary to run a business are handled by the staff of MHAMD and we couldn't operate the program without them! Last, but far from least, I want to thank the CQT staff, both past and present. We are where we are today, because of you. This is not an easy job; some of the stories you hear are heartbreaking; sometimes you just want to help, but you can't. Some days, the job is just exhausting; some days, it's joyful. When you start out in the morning, you need to be prepared for anything and you're seldom disappointed. Yet, you go back each day, finding the joy, knowing that you are sharing the words of consumers to help the individual, grow programs and improve the system. 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.



FY 2016 ACCOMPLISHMENTS

From July 1, 2015 to June 30, 2016, CQT conducted:

- **390 Site Visits** (89 to youth facilities, 186 to PRPs, 115 to inpatient facilities)
- **1638 interviews** with consumers (385 in youth facilities, 859 in PRPs, 394 in inpatient facilities).
- **24 Feedback Meetings** with (2) BHA, (11) Inpatient Facility CEOs and (11) CSAs
- **5 Consumer Feedback Meetings**
- **314.25 training hours** for CQT staff

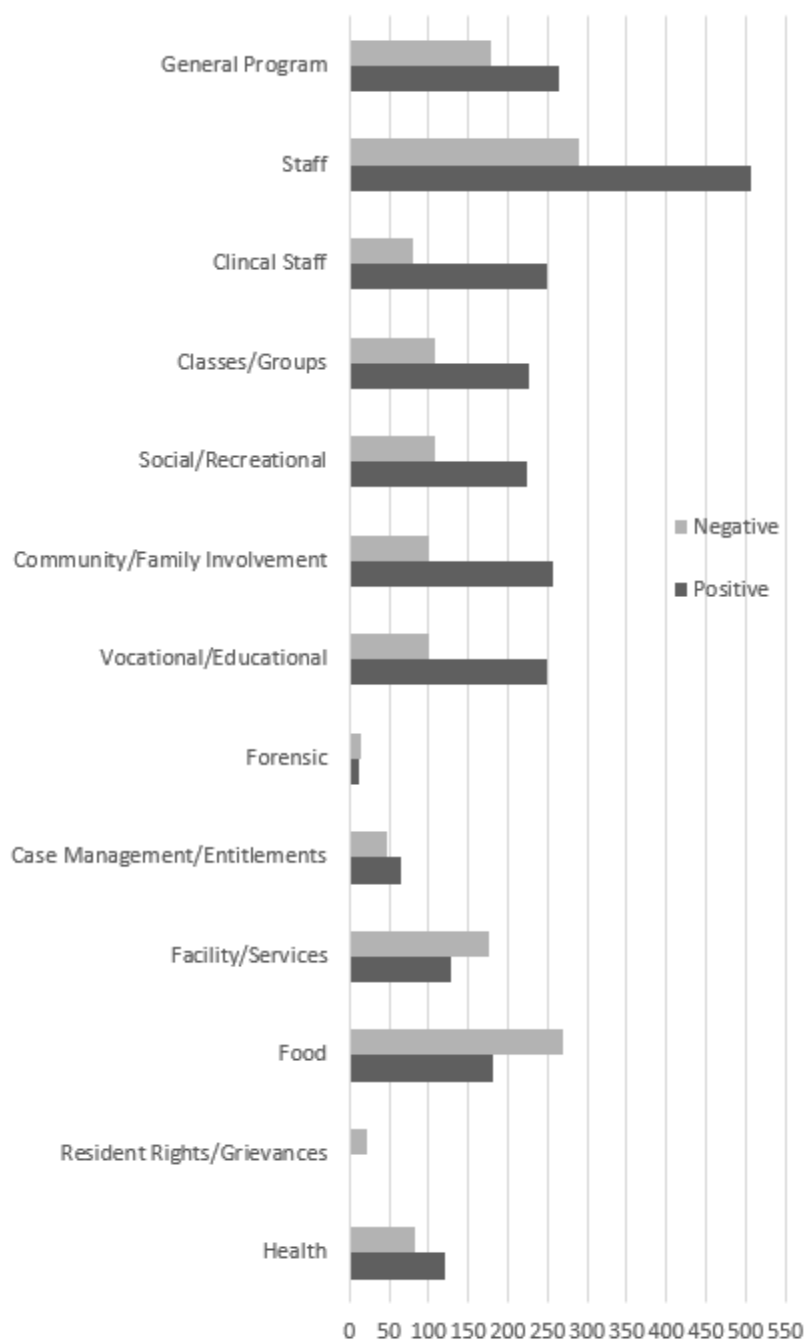
FY 2016 FINDINGS

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.

2016 marked year two of the CQT Youth and Family Program. This year we really hit our stride. We began to build consistent and familiar relationships with staff members, and even youth. Because of the long-term nature of residential treatment, we had the opportunity to talk to some youth multiple times throughout the year, and hear and see their progress. Youth often reported to us how crucial staff relationships and therapy were to them during their stay in residential treatment. One of the most heartwarming aspects of interviewing youth was hearing about their progress in reintegrating into their families and communities, and the instrumental roles their various programs had played in this process. Youth also shared with us their hopes and dreams for the future. We heard from many kids who wanted to use their personal experiences with mental illness and residential treatment to help other kids in similar situations.

We found that many consumers, both youth and adults, were eager to reintegrate into their communities. Adults in PRPs expressed pride in belonging to community organizations like Narcotics Anonymous, Alcoholics Anonymous, senior groups, local YMCA's, and churches. Many adults in PRPs were excited to tell us about their jobs and volunteer opportunities that job coaches at their PRPs had helped them to find. We heard a lot of stories from individuals who had progressed from inpatient settings to residential living to supportive housing, and finally to independent living.

Youth Consumer Comments



YOUTH COMMENTS

General Youth Comments

I have really calmed down. There are new kids here. The attitudes are changing. People are ready to work on stuff. We have had our crises, but the atmosphere is much better. We have good staff relations now.

I was very angry, aggressive, and agitated before I came here. The meds over the last two years have helped me.

I have been here a short time, but it is going fine. The last place was a group home. I was in detention for four years. I like it here. They start out slow.

They are putting forth, caring, and give us little treats. Some staff go completely out of their way because of the kindness of their hearts.

The food is horrible. We need more of it. They hardly be giving us anything. They need different food.

Groups are fun; good. They have been working out for me because I'm talking about my offense, and it is making me feel more open. I trust others around me.

It's going good. I like therapy group and going off grounds. It makes me feel free; not like I'm in a placement.

This program changed my life. This program changed me. I was angry, mad, and sad. Nobody could talk to me. I was in gangs. I thought backwards. I was smoking and drinking. Now I don't want to. Now I like to respect people. This program helped me with that. I hope I'm still doing good.

It's good here. I like that I'm learning something, like how to control my anger. I'm also learning to follow directions and how to be safe.

We should do more physical things in groups, where we're up and moving. This would make groups more interesting."

I am using my DBT, pros and cons. Whenever I'm seeing myself get off task and creating an outburst, or riling up the unit, I ask myself, "What's this going to get me? What are the long term consequences?"

I have been here a year. There's been some change. I don't pay attention to the bad stuff, and try to get away. I try to fit in and settle down and offer advice.

Staff

Staff is really supportive, especially the therapists and milieu staff. They

help us see how life is, when we get out.

Staff always helps. They are all friendly, and I like to talk to them.

I trust the staff here. They seem to really care about me. I like that they work with me and advocate for me so I can go to normal school.

Staff is nice. They give us restrictions when we do something wrong, like our family would; like having to be in our rooms for thirty minutes.

Staff is okay. I kind of feel sad because some staff comes in and there is a great relationship and then they go.

It depends how you treat them and how you're acting. If you're acting up, they can be mean.

Staff is good. When I get sad or restrained they take care of me and talk to me when I'm sad or upset.

Community and Family Involvement and Participation

I'm learning coping skills I need to mend my relationship with my mom.

Things are good here. I get to go off the grounds. I've gone home two times. I could not go before, because I acted up. Looking forward to passes motivates me.

My family can't visit because they don't have transportation. I can talk to them when I want. I would like to have arrangements for my parents to have transportation.

On Thursday's we go to NA and AA meetings and make friends in the community.

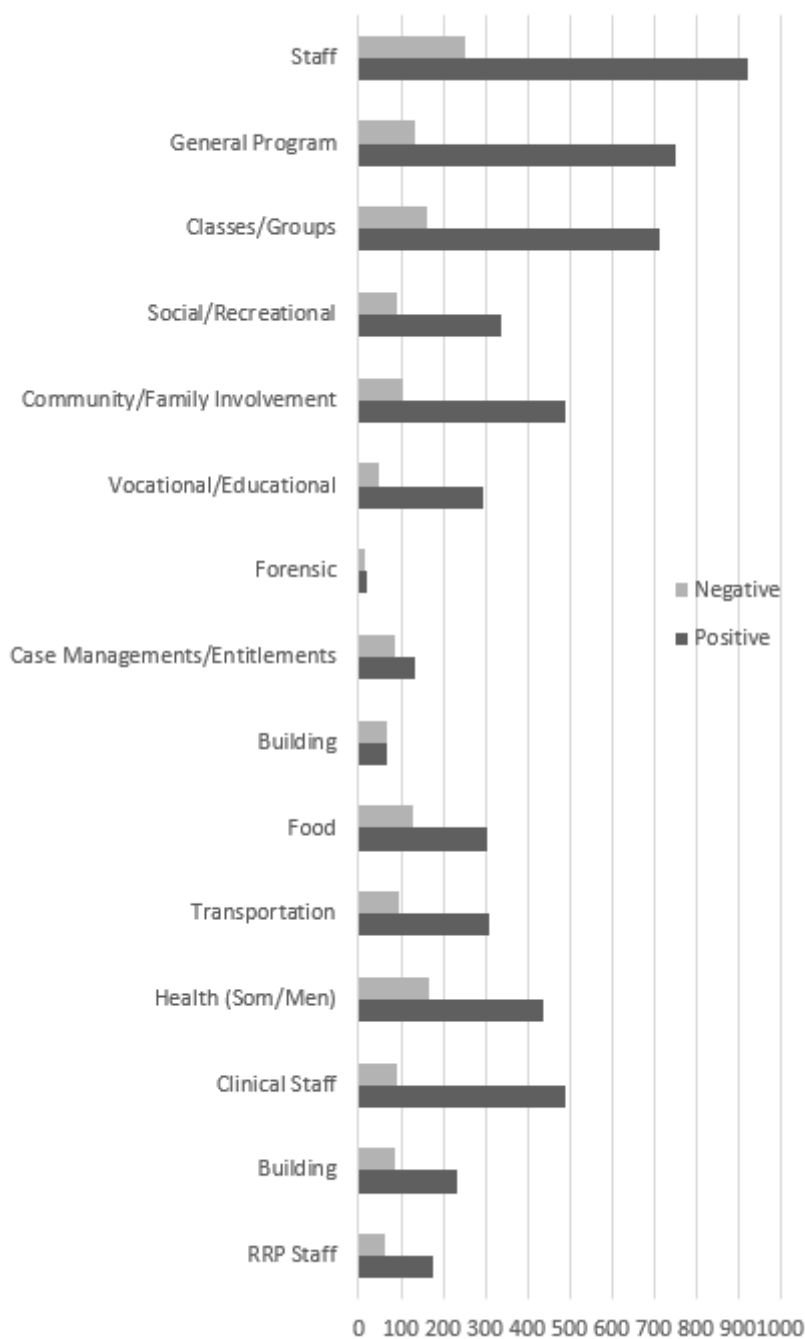
We ride bikes. I'm on the basketball and cheerleading team.

I go on every outing and volunteer for Habitat for Humanity and a farm in the city.

My brother is at another RTC; they're trying to get passes for both of us at the same time, so we can be home at the same time. They're going for reunification.

Therapy's been helping me learn how to communicate better with my parents.

PRP Consumer Comments



PRP Comments

General PRP Comments

There are personalities on staff. They are trained. They are really good role models. They have really good qualities. I like to emulate them.

Food is good. Could be better. They need more variety.

Most of the staff are pretty good. We have good communication with staff, but we do have our moments.

I look forward to seeing these people every day. When someone isn't here, we make sure they're okay. I am concerned about them. I like to see everybody. It's like a family.

It's going great! Some days we have down days when clients are screaming at each other, but staff comes out of the woodwork to diffuse the situation.

This program takes your money. I don't care to be in this program.

I have bad PTSD. I used to lock myself in my room. Since I come here, I'm getting out, and touching people. I seek people. It's a safe haven here. Depression keeps you in. This is like a stepping stone.

I have a really good therapist—very supportive and smart. Every time I go there, she has a cup of black tea for me.

The program is nice. Due to the condition that I have, I will be here for a while. It will take time for me to leave the program. I can't rush it; one day at a time.

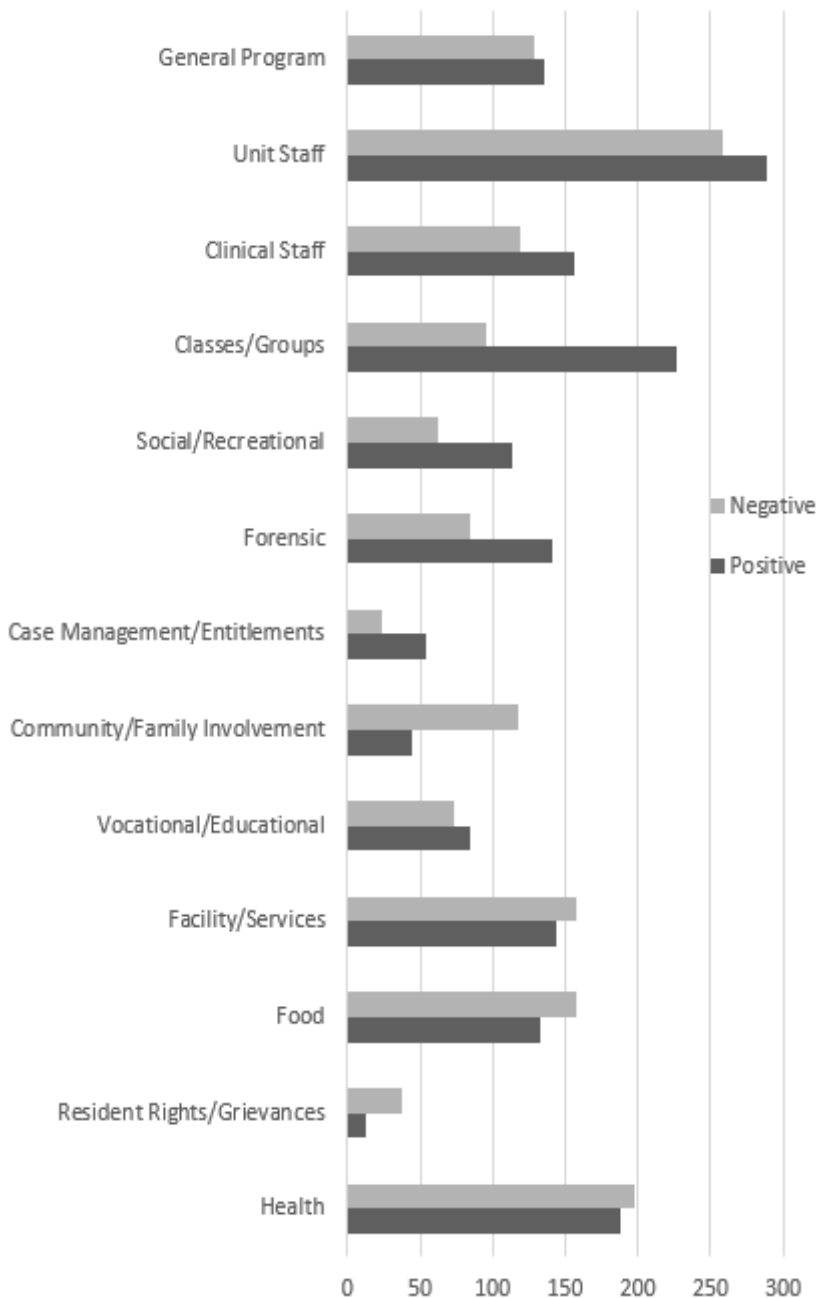
I like to come to the program, because when I get here we talk about everything. It's fun! They help me with my illness.

I've been here since last year; it's going good. They give us medical supervision, help us with social skills, have music, and there are parties on holidays. When I leave here I go home.

My therapist is a good therapist. We don't always see eye-to-eye, but I like her.

I came here from the hospital; it's been really good. The people here help so much. They get me to appointments, and help with my probation officer and family.

Inpatient Consumer Comments



INPATIENT COMMENTS

General Inpatient Comments

The staff always does a good job. They listen to us and do their best to be sympathetic to our conditions. They talk about codependent behaviors. That is a new concept for me. We love our staff.

Everything's good here; it runs smooth. Structure helps anyone. Some of the people here broke the law, so in order to correct yourself, you need structure and the willingness. I lead by example for my peers.

I like my psychiatrist. It's just taking too long to discharge.

They don't feed me enough. What do you expect from the state? We can't use the soda machine until noon. We get a snack at night.

The doctors, nurses, and other staff are extremely good. They deal with a lot of difficult situations, and the way they handle them is impressive.

I go to the gym every day to shoot basketball and lift weights.

They got me a public defender, medicine, housing when I get out of here, dental work, clothes, soap and toothbrush, bedding, bedroom, and chewing gum. Whatever I have is from here.

I go to court class, anger management, and art class. The anger management class is taught by the community college. If you finish it you get a certificate.

We have a good team. Things don't always go my way. It's a tough team, but a supportive team. They tell you when you are doing good. I just think they all work together.

I'm back at the hospital for the second time. My conditional release was revoked. I don't like the process where they give you another conditional release for the same number of years. I would take one for one year. I've spoken to staff but they never know the timeline.

It took me a while, but I got a job here. I work two days a week. I clean the floors, bathroom, bit of it all, then we do the same thing on the second floor.

It's phony. They don't care about people. We don't do anything but sit around. They treat us like kids.

They have singing group. They change the lyrics to a song, and we sing it out with staff. We also have leisure management. I learned how to play chess.

I go to church every Sunday in the dining room.

FY 2016 FINANCIALS

Revenue

Federal	\$437,975
State	224,151
Youth	<u>264,960</u>

Total Revenue **\$927,086****

Expenses

Personnel	\$730,496
Equipment	6,975
Postage	374
Telephone	11,265
Supplies	4,255
Insurance	2,226
Legal/Accounting/Audit	6,297
Rent	61,032
Travel/Meetings	29,498
Printing	3,215
Training	4,221
Purchase of Services	<u>33,687</u>

Total Expenses **\$894,036**

**Funds remaining will be used for a grant that runs through 9/30/16

CQT STAFF

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

www.cqtm.org

CONSUMER COMMENTS ABOUT CQT

“I’m smiling because I’m seeing you people [CQT].”

“I feel proud you [CQT] came here to talk to us. A lot of people need help with their problems.”

“Thank you, CQT, for seeing what can be improved.”