CONSUMER QUALITY TEAM OF MARYLAND

2010

Annual Report

July 1, 2009 to June 30, 2010

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 people who can address the problems. This process results in the rapid resolution of concerns and problems, many times on the same day as the CQT site visit.

FROM THE CQT DIRECTOR

Fiscal year 2010 was a year of transition for the Consumer Quality Team of Maryland. We received the results of the two-year evaluation of our young program by University of Maryland Systems Evaluation Center and implemented a number of program changes. While continuing our site visits to the Psychiatric Rehabilitation Programs in the 10 jurisdictions where our program was already established, we undertook a new initiative to track the consumers discharged upon the closing of the Upper Shore Community Mental Health Center inpatient facility, to ensure that they continued to receive needed services. This initiative allowed us to begin making site visits to a few of the PRPs located on the Eastern Shore, bringing the total number of counties hosting CQT site visits to 16.

We have been able to conduct site visits to these new programs without increasing costs due to the efforts of the CQT staff. As a team, they have found ways to "work smart" and get the most out of each paid hour. Their accomplishments are further proof of the merit of employing mental health consumers and family members as a means of transforming the mental healthcare system.

As you read through this report, you will notice comments written in italics. These are actual consumer quotes, recorded during our site visits this year. They help to illuminate the intense feelings, the unique ideas, and resiliency of the consumers using the public mental health system in Maryland.

Finally, I would like to thank the consumers, the providers, the advocacy organizations and the Mental Hygiene Administration for their continued support. I especially want to thank our coworkers at the Mental Health Association of Maryland, who help us in a myriad of ways to accomplish our mission.

Joanne Meekins

CQT DIRECTOR

CQT PROCESS

CQT partners to solve problems in the public mental health system by making site visits to mental health facilities in Maryland. During our visit, consumers volunteer for confidential, qualitative interviews and share their satisfaction with the program, specific needs, and overall quality of life. Individual consumers may give permission for their name to be shared with facility staff 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. 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. Concerns brought up during site visits are addressed, referred or resolved at the table. Each funding agency provides CQT with a written report documenting actions undertaken to resolve consumer concerns. Each site is visited 3-6 times each year, ensuring that concerns from previous visits have been addressed. The meeting also provides an opportunity for the attendees to hear consumers' general concerns, praise and suggestions about different programs and initiatives throughout the state.

FY 2010 ACTIVITIES

Program Evaluation: In cooperation with the Consumer Quality Team and the Mental Hygiene Administration, the University of Maryland, Baltimore, School of Medicine, Department of Psychiatry Systems Evaluation Center conducted an evaluation of stakeholder reactions to CQT during the previous two years. The purpose of this evaluation was to solicit the opinions about the CQT program from mental health consumers, service providers, Feedback Meeting members and CQT staff.

While the overall evaluation was quite positive, there were also some recommendations for changes to improve the program. The following recommendations were implemented this year:

- **Consumers and Providers told us they prefer announced visits:** In our original program design, the first 3 visits to a site were announced; all subsequent visits were unannounced. Consumers stated that they preferred announced visits for a number of reasons, including having time to prepare their comments and ensuring that they attended the program on the date of our visit. Providers told us that announced visits allowed them to prepare a space for the interviews as well as make adjustments to their program so that consumers could more easily take time for interviews. Recognizing that there is also value to unannounced visits, we have changed the CQT protocol to a combination of announced and unannounced visits.

- **Consumers and Providers told us CQT visited some sites too frequently:** Originally we attempted to visit sites 4 – 6 times a year. In response to this concern, we constructed a schedule that will allow us to visit sites 3 to 4 times a year, with the visits spread more evenly throughout the year, while still allowing for additional visits to sites if concerns are raised.

- **Some Consumers and Providers were unaware of CQT:** Before site visits are initiated to any program, CQT management meets with the program staff to introduce and explain our program. On each site visit, CQT interviewers give a brief overview of the program at general meetings. The turnover in both staff and program participants, as well as communication problems within the individual programs can explain this finding. In response, CQT created some new marketing materials, including program information sheets for the providers, laminated fliers to be displayed at all programs with CQT contact information and CQT brochures to be distributed at the programs Additionally, CQT interviewers are now giving a brief re-introduction of the program to each individual we interview. All CQT materials also include our web address.

- **Feedback Meeting members and CQT Staff recommended changes to our *Site Visit Report*:** Changes were made to our *Site Visit Report* templates to make it easier for staff to ensure all needed information is collected on each site visit and for the Feedback Meeting members to provide their written responses. Extensive training was conducted with CQT staff at the implementation of the revised forms.

Upper Shore Tracking Project: At the request of the Mental Hygiene Administration, CQT also undertook a new initiative to track the consumers who were discharged as a result of the closing of the Upper Shore Community Mental Health Center. As a result of this new initiative, CQT began making site visits to several community programs on the Eastern Shore where these consumers are now receiving services. While our current funding does not allow us to visit all the psychiatric rehabilitation programs on the Eastern Shore, we have been able to stretch our resources to include several annual visits to Kent, Caroline, Dorchester, Talbot, Wicomico and Somerset Counties.

FY 2010 ACCOMPLISHMENTS

CQT currently makes site visits to PRPs in the following 16 jurisdictions:

Anne Arundel	Dorchester	Montgomery
Baltimore City	Frederick	Prince George's
Baltimore County	Harford	Queen Anne's
Caroline	Howard	Talbot
Carroll	Kent	Wicomico
Cecil		

CQT currently makes site visits to the following 4 inpatient facilities:

Eastern Shore Hospital Center	Spring Grove Hospital Center
Springfield Hospital Center	Thomas B. Finan Hospital Center

In FY 2010, CQT conducted:

- **180 Site Visits** (138 to PRPs, 42 to inpatient facilities)
- **10 Introductory visits** (8 to PRPs, 2 to inpatient facilities)
- **1,018 interviews** with consumers (591 in PRPs, 427 in inpatient facilities)
- **383 Individual Requests/Concerns** (178 in PRPs, 205 in inpatient facilities)
- **22 Feedback Meetings** with MHA (3), Inpatient Facility CEOs (8) and CSAs (11)
- **124 training hours** for CQT staff
- **Upper Shore:** Established contact with 41 consumers discharged from Upper Shore CMHC by phone or in person. CQT was able to contact 27 consumers directly, 10 via a family member, and 4 via a service provider. Of the remaining 22 unreached consumers:
    - 12 consumers have changed placements from their original discharge placement.
    - 7 consumers had invalid contact information
    - 3 consumers had passed away
- **Committee Work:** CQT staff served on a variety of mental health advocacy boards and committees
- **Conference Presentations:** In collaboration with the University of Maryland - Systems Evaluation Center, CQT staff presented at the national conference of the American Evaluation Association.

FY 2010 FINDINGS

The focus of the CQT program is ensuring that the public mental health system is delivering the services needed by individual consumers, not the collection of data. CQT only interviews those people who want to speak to us. This is not a random sample and the data we collect does not constitute scientifically valid findings. This information cannot be used to evaluate individual programs; however, this collection of information from a wide range of areas throughout Maryland does give some information about our public mental health system.

As in previous years, most of the consumer comments were positive, with favorable assertions about staff and programs surpassing all other remarks.

CONSUMER COMMENTS IN PRPs

CQT made 138 site visits to 45 PRPs, during which we conducted 591 interviews. We received 178 individual requests or concerns, which were addressed by the program staff and/or the CSA staff. The highest number of positive comment areas concerned the program, the staff and the classes, in that order (1552 comments):

This program helps me to reestablish myself, transition from the hospital and explain my illness.

Staff are very open and willing to go the extra yard to assist you. They act very professional.

It's going good. I'm going to get a certificate for one of my groups. Then they are going to move me up to the next group. The class is Steps to Empowerment. They help you with hope, planning, taking control of yourself, medication, trying not to give up and to stick with your goals.

As programs become more recovery-focused, CQT is hearing an increasing number of comments about the therapeutic value of "giving back":

Every morning we have a meeting on problem solving. It gives us an opportunity to help others

I have received a lot of help all these years here and I would like to become an advocate in a job so I can give back for all I've gotten.

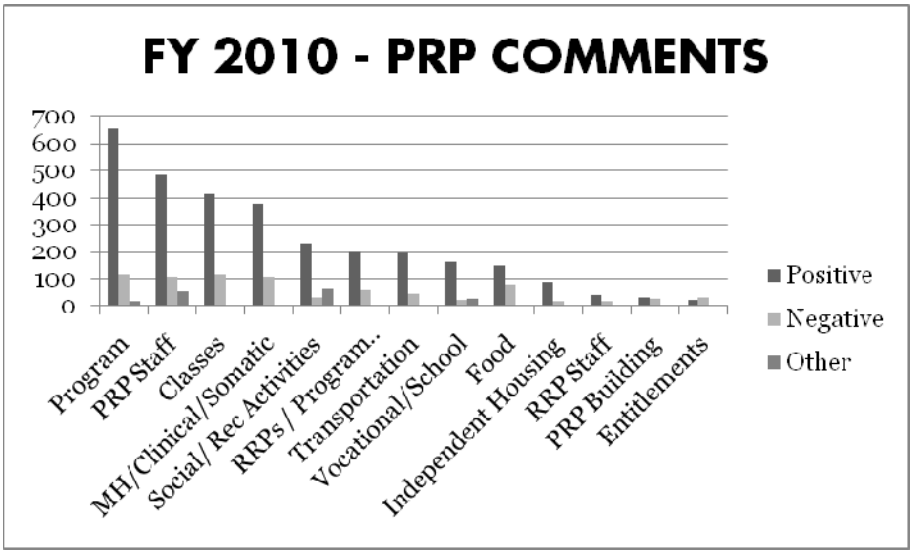
I do volunteer work. I have logged over 5,000 hours.

The chart below also shows an "other" category. Most of these comments are consumers' suggestions to make a good program better:

I'd like to see classes about how a person like me can be productive and deal with my problems—especially when doing a task or a job.

Everything is good about the classes, but we don't get out much. Even a nature walk outside around the parking lot would be good, or a trip to the mall.

We could use more groups on addiction and smoking cessation.



While CQT is quite happy to report such a high percentage of positive comments, we don't want readers to lose sight of the negative reports and comments. We need to continue to focus on correcting the things that impinge upon individual recovery. Small things can make a big difference. The same three areas that enabled some consumers hindered others. The highest number of negative comments concerned the classes, the program and the staff, in that order (338 comments):

The ignorance of a small percent of staff is devastating.

My case worker has not talked to me about what's going to happen to me after the program. She only asks about goals every six months when they review them to see if I have achieved them. I am getting nowhere here and I want to move on.

They would take all of my benefits away if I went back to work. I have to think about it.

CONSUMER COMMENTS IN INPATIENT FACILITIES

CQT made 43 visits to 35 units at 5 inpatient hospitals, during which we conducted 427 interviews. We received 205 individual requests, which were addressed by the unit staff, the medical director or the hospital CEO. The highest number of positive comments concerned the staff, the hospital program and the classes, in that order (2296 comments):

The staff are very nice; I feel comfortable with them.

There are a lot of good staff here who help make a lot of changes.

The staff is respectful and accommodating. I understand how busy they can be, but they address our needs very quickly.

I have a full schedule of groups, meetings, and activities.

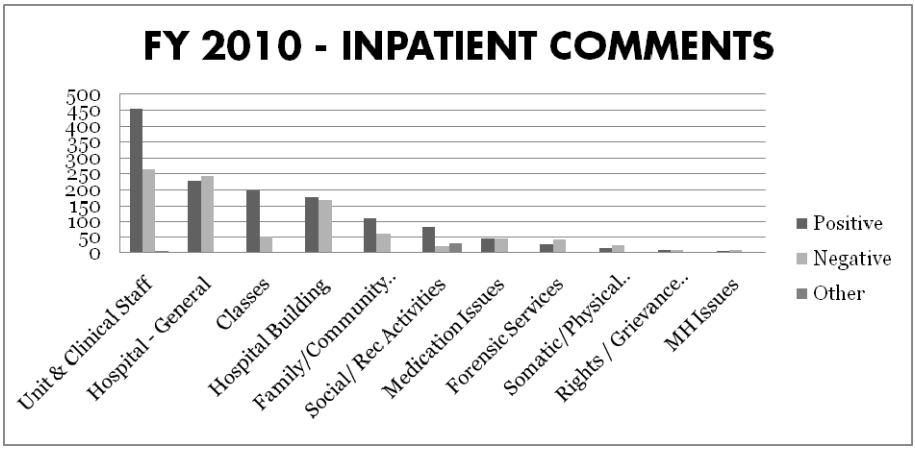
I had computer class this morning. I am learning how to use it.

Cognitive Stimulation group is good. Also Health Awareness. Another group I like is Dual Diagnosis because it teaches me how I can help other people, because drugs brings families down. There's Life In Lyrics and Music Therapy, which keeps me up on the music industry.

I like recovery and speaker's forum groups, like NA. I also like cognitive metaphors group.

The relapse and prevention group is my favorite. The co-occurring group is good too.

The chart below gives an overview of all comments from consumers in inpatient facilities.



Unlike the community programs, when looking at the comments of consumers who are living in a hospital there are several areas where the negative comments exceeded the positive comments. The most notable areas concerned forensic issues, the hospital program and somatic heath issues.

I haven't seen my Rights Advisor yet. I need a court hearing, but they said I should come here and take meds so I can be prepared for court. I haven't had counseling or seen a public defender and it's been a couple months.

Only twice have we gone outside. We only go outside every once in a while. We need more fresh air. It's a beautiful day outside.

When someone gets mad, legitimately mad about something that is unfair, I think the staff will medicate them instead of realizing that they are understandably mad and it's okay to be mad. I think this leads to over-medication with more side effects.

FY 2010 FINANCIALS

Revenue

Federal Block Grant	$210,000
State General Funds	224,150
Total Revenue	**$434,150**

Expenses

Personnel	$365,764
Equipment	2,664
Leasing	3,000
Postage	1,700
Telephone	6,500
Supplies	3,318
Insurance	2,200
Accounting	1,600
Rent	20,000
Travel/Meetings	11,844
Printing	4,800
Advertising	200
Training	3,260
Purchased Services	7,300
Total Expenses	**$434,150**

CQT STAFF

Joanne Creaney Meekins, *Director*
Kathryn (Katie) Rouse, *Program Manager*
Kathleen (Kate) Wyer, *Program Assistant*
Katy Bradford, *Interviewer*
Marion Ehrlich, *Interviewer*
Bonney Mattingly, *Interviewer*
Brinda Parker, *Interviewer*
Sabrina Schram, *Interviewer*
Jean Smial, *Interviewer*
Scepter Spainbey, *Interviewer*

CONTACT INFORMATION

711 W. 40th Street, Suite 460
Baltimore, Maryland 21211

(t) 410-235-1314
(f) 410-235-5102
(w) www.cqtmd.org

Please visit our website for more information on CQT's purpose, program activities and findings.

Empowering Partnerships in Mental Health Services