



# 2008 Annual Report

June 30, 2007 to July 1, 2008

## **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 a CQT site visit.

## **CQT PROCESS**

CQT partners to solve problems in the public mental health system. We are staffed solely by consumers and family members.

We make unannounced site visits to mental health facilities in Maryland. During our visit, consumers volunteer for confidential interviews and share their satisfaction with the program, specific needs, and overall quality of life. CQT concludes the visit with a verbal report of general comments to program staff. CQT provides a written report of consumers' comments, in their own words, while keeping identities confidential. The report is given to the program director and the funding agency for that program.

CQT then 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.

## **FY 07-08 ACTIVITIES:**

This was a productive year for the Consumer Quality Team of Maryland as our first full year of operation. From July 2007 through November 2007, CQT teams interviewed consumers at the Psychiatric Rehabilitation Programs (PRPs) in the pilot area (Anne Arundel and Howard Counties and Baltimore City) as well as at the Thomas B. Finan Hospital Center in Western Maryland.

As a result of CQT site visits, many consumers' individual needs were addressed, programs were changed in response to consumer suggestions, and the Mental Hygiene Administration

(MHA) heard what consumers said they needed from programs and the system to help them toward recovery. Program Administrators and MHA also heard about staff, programs and activities that have been effective in helping consumers control their illnesses and change their lives.

In December 2007, with the support of consumers, providers and advocacy organizations, MHA provided the funding to begin to take CQT statewide. The original staff of four expanded to a staff of nine; CQT now includes a full-time Director, Program Manager and Program Assistant, five part-time and one on-call Interviewers.

After intensive staff training, teams began making site visits to PRPs in Baltimore, Harford and Carroll Counties as well as Springfield Hospital Center. Along with making site visits to these additional jurisdictions, CQT continues to make three to six site visits each year to all of the programs in the pilot area.

CQT will continue its expansion in FY 08-09. CQT will hire additional interviewers and begin site visits to the PRPs in Cecil, Prince George's, Montgomery and Frederick Counties as well as to additional inpatient facilities.

## **FY 07-08 ACCOMPLISHMENTS**

In the course of FY07-08, CQT:

- Made 96 site visits, interviewing 526 consumers
- Ensured that the individual concerns of the 98 consumers willing to be identified were addressed
- Initiated a system to receive and respond to comments by phone

- Provided 180 hours of staff training
- Conducted 13 feedback meetings with the Core Service Agencies and MHA
- Improved the Site Visit Report forms and initiated a web-based method to send these reports to the CSAs securely
- Began a marketing program, visiting On Our Own and NAMI meetings to increase awareness of CQT and recruit staff
- Updated and modified the website ([www.cqtm.org](http://www.cqtm.org)), logging approximately 9000 hits
- Implemented scheduling software to ensuring all programs are visited regularly.
- Collaborated with University of Maryland—Systems Evaluation Center (UM-SEC) on the continued program evaluation of CQT. This year, UM-SEC is eliciting input from consumers, providers, CSAs and the CQT oversight committee, as well as CQT staff. CQT will use this evaluation to further develop and improve the program to meet the needs of all constituents.

## **FINDINGS**

CQT reports what consumers share during interviews, without comment or judgment from CQT staff, to the people who can resolve problems and effect change. CQT does not collect data about programs or the public mental health system. CQT does not use a standardized data collection instrument or generate scientific findings based on a random sample of a population, nor validated the information given by consumers. The information collected

reflects the feelings and beliefs of the individuals who choose to be interviewed on any given day; thus it should not be used as an independent tool to evaluate a provider or a program. Still, as CQT makes site visits to programs throughout the state, some things are reported over and over and themes emerge.

This year, the majority of consumer comments were favorable. **The most frequently reported comments indicate consumers found that program staff members were dedicated, friendly professionals who help them on their journey towards recovery.** These comments were followed in frequency by positive comments about programs and classes.

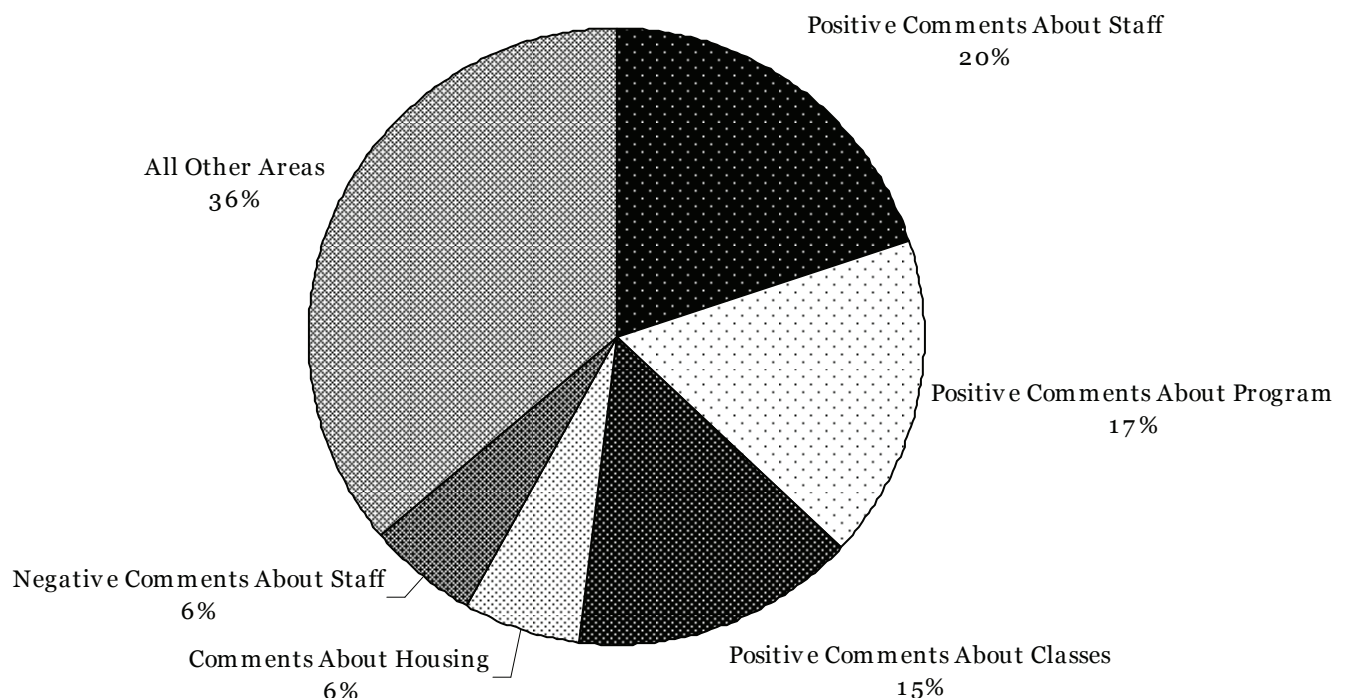
The most frequent concerns shared during interviews included:

- **Housing:** Consumers expressed concerns about difficult roommates; not having a choice in roommates; invasion of their privacy and general disrespectful treatment by RRP staff; medication not delivered on time by RRP staff; lack of affordable independent housing
- **Program Staff:** Concerns about negative staff attitudes towards consumers; high turnover rate of program staff; miscommunication between consumers and staff about the status of consumers' requests; desire for program staff to be more recovery-oriented; dissatisfaction with MISA counselors who did not have personal experience with addiction; ***(Note: Only one in five comments about staff were negative.)***
- **Entitlements:** Misunderstanding how programs administer SSI/SSDI benefits; dissatisfaction with the way programs handle food stamps; confusion about differences in benefits among individual consumers; dissatisfaction with the amount

of financial support granted to individuals through benefit programs.

- **Educational Programs:** Requests for more and varied educational programming, including GED classes and other adult education classes (math, literacy).
- **Vocational Training and Employment:** Requests for more skill-based vocational training within programs; dissatisfaction with the wait for DORS placements; the desire to find employment in the community.
- **Elimination of Social-Recreational Activities:** Dissatisfaction with cuts to program-sponsored social-recreation activities; desire for more social-recreation activities during program hours; desire for more participation in community groups, and social events.

## FREQUENCY OF TOPICS IN CQT INTERVIEWS



## **CQT VALUES**

- The knowledge that individuals with mental illness are resilient and can and do recover and lead healthy and productive lives
- The right of individuals with mental illness to be equal partners in their health care
- The important role of health care professionals in the treatment of individuals with mental illness
- The important role of family support in the treatment of individuals with mental illness
- A diverse network of providers and policy makers who deliver mental health services in a culturally competent manner
- Education and ethical research designed to improve the quality of life for individuals and their families living with mental illness
- Open-mindedness and avoiding blame

## **CQT STAFF**

Joanne Creaney Meekins, *Director*  
Kathryn (Katie) Rouse, *Program Manager*  
Dona Wiggins, *Program Assistant*  
Diane Cabot, *On-Call Interviewer*  
Marion Ehrlich, *Interviewer*  
Christine Hendrix, *Interviewer*  
Lynae Johnson, *Interviewer*  
Brian Korzec, *Interviewer*  
Brinda Parker, *Interviewer*  
Scepter Spainbey, *Interviewer*  
Greg Voigt, *Interviewer*  
Kate Wyer, *Interviewer*

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# FY 07-08 FINANCIALS

## Revenue

Federal Block Grant	\$240,00
State General Funds	77,756
<b>Total Revenue</b>	<b>\$317,756</b>

## Expenses

Personnel	\$235,355
Equipment	34,500
Leasing	1,000
Postage	1,242
Telephone	4,707
Supplies	1,700
Payroll	300
Insurance	1,400
Rent	25,500
Travel/Meetings	6,244
Printing	500
Advertising	968
Purchase Services	4,360
<b>Total Expenses</b>	<b>\$317,756</b>