

2012

Annual Report

July 1, 2011 to June 30, 2012

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

As I sit down to write this letter, reflecting on the past year, my first thought is, “What a year this has been!” Then, “Where do I start?” This has been a year of growth and a year of change; however, most of the action occurred in the last quarter of the year.

In the first 3 quarters, we worked on improving the program. We held our first “feedback” meeting with consumers. We held a presentation with the psychiatric rehabilitation program at Johns Hopkins Bayview, where we reported back to the consumers what they told CQT during the first 3 site visits of the year. The program staff then reported to the consumers what they did, in response to this information. The meeting, a recommendation from the University of Maryland System Evaluation Center’s evaluation of CQT, was a big hit with both consumers and staff. The preparation for the meeting is time consuming, but worth the effort. A second presentation was held with Vesta, Forestville. We will continue these presentations as an on-going part of the CQT program.

During this same time period, we also hired new staff members and conducted special training in topics such as Mental Health First Aid and forensics in the mental health system.

The fourth quarter was a whirlwind! Katie Rouse, who was with us from the beginning of the program, chose to take to a new opportunity and move on. We will miss her energy and enthusiasm, but we were lucky enough to have Kate Wyer in the position of Program Assistant. Kate was promoted into the position of Program Manager and has been able to keep the day-to-day program running without a hitch. Kate started with CQT as a part-time interviewer 4 years ago, and has been steadily promoted as openings occurred. Her knowledge of the program and her commitment to excellence will continue to serve us well.

The fourth quarter also brought word that we were getting the long sought after funding to finish expanding the CQT program statewide. We made introductory visits to the Core Service Agencies

and programs in Western Maryland, the Eastern Shore and Southern Maryland. We were well received in all locations, and have begun scheduling site visits to all of these providers. In order to accomplish site visits to these more distant locations, four of our part-time interviewers, Bonney Mattingly, Katy Bradford, Karuna David and Cintra Harbold were promoted to full time. They also took on additional duties that resulted from the growth of the program. This also allowed our two remaining part-time interviewers, Marion Ehrlich and Jean Smial to use their talents to handle some extra tasks. Our on-call interviewer, Susan Tager, has been busy filling in wherever needed. Each of these people are very good, but together they are an amazing team. By keeping all the CQT operations in one central office, we are able to minimize costs and maintain fidelity to the program.

We closed out fiscal year 2012 and are looking forward with excitement to the promises and challenges of 2013. We will have the opportunity to bring an expanding group of consumers' voices to the table. I want to thank the Mental Hygiene Administration for giving us this opportunity and for its ongoing support. I want to thank all the consumers and providers for their help and cooperation...we wouldn't be successful without you. I want to thank the advocacy organizations who continue to support our work and our funding. I also want to thank our colleagues at the Mental Health Association of Maryland. You are an extraordinary group of people and it is a privilege to be part of this organization.

Joanne Meekins
CQT DIRECTOR

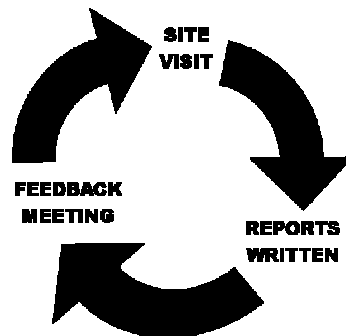
CQT PROCESS

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 Psychiatric Rehabilitation Programs (PRPs). CQT meets quarterly 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.



PROGRAM ACTIVITIES

CQT made announced and unannounced site visits to 52 community PRP programs with onsite services in the following 16 jurisdictions:

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

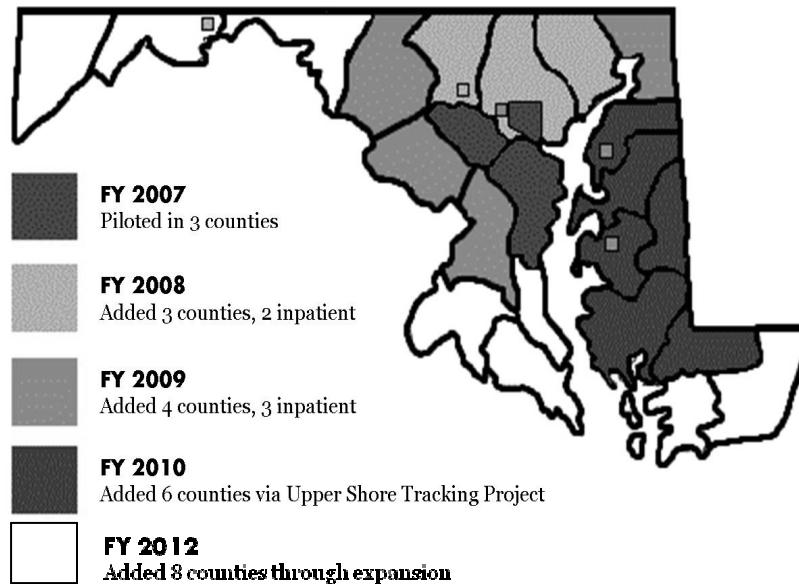
CQT also made site visits to 33 units in 4 inpatient facilities:

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

Through our expansion funding, we made introductory visits to Core Service Agencies and programs in Western Maryland, the Eastern Shore and Southern Maryland.

Allegany	Charles	St. Mary's	Washington
Calvert	Garrett	Somerset	Worcester

AREAS SERVED



FY 2012 ACCOMPLISHMENTS

From July 1, 2011 to June 30, 2012, CQT conducted:

- **300 Site Visits** (170 to PRPs, 130 to inpatient facilities)
- **1,186 interviews** with consumers (693 in PRPs, 493 in inpatient facilities) and addressed **502 Individual Requests / Concerns** (235 in PRPs, 267 in inpatient facilities)
- **18 Feedback Meetings** with MHA (2), Inpatient Facility CEOs (6) and CSAs (10)
- **141.5 training hours** for CQT staff
- **Committee Work:** CQT staff served on a variety of mental health advocacy boards and committees, including: Baltimore County Mental Health Advisory Board, Main Street Housing Board, Maryland Consumer Leadership Coalition, Maryland Association of Peer Support Specialists, Mid-Shore Behavioral Health Services Network; SB556 Committee; The Maryland Advisory Council on Mental Hygiene.
- **Upper Shore:** At the request of the Mental Hygiene Administration, in 2009 CQT began an initiative to track the 63 consumers who were discharged as a result of the closing of the Upper Shore Community Mental Health Center in 2010. The expansion funding allowed for more man hours and contributed to the ongoing success locating participants. At the end of FY12, CQT had managed to locate all but 6 consumers.
- **Trauma Informed Care:** At the request of the Mental Hygiene Administration, CQT conducted a survey with inpatient consumers about their sense of safety on the units and their thoughts on single-sex housing. In addition to the MHA, the results of this survey were shared with the committee working on Maryland Senate Bill 556 and facility CEOs.

FY 2012 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.

In looking forward and preparing to meet new programs and consumers, we also wanted to look back and see what trends— if any— had occurred in the last four years. We also noted how many interviews we did each year. While we have been conducting site visits since January 2007, we changed the way we were recording the information four years ago; thus the comparative data is based on four years. We don't draw any conclusions based on the four years of data, but there are areas that show continual improvement, while other areas show a decline in performance.

CONSUMER COMMENTS IN PRPs

In FY 12, CQT made 170 site visits to 52 PRPs across 16 counties in Maryland, conducting 693 voluntary, qualitative interviews with consumers. We received 235 individual requests or concerns, which were addressed by the program staff and/or the CSA staff.

Once again, the **most positive comments** were about **programs**.

They treat everybody like they are worth something and that is a good thing.

I like the people I come in contact with- the staff and the reception. We do groups, all kinds of things. I am lucky to be involved with such an efficient organization. Right now I am extremely happy.

The counselors are great! I'm comfortable talking with the counselors about problems. If the problem is very important to me, I will go to the director herself. She is very helpful.

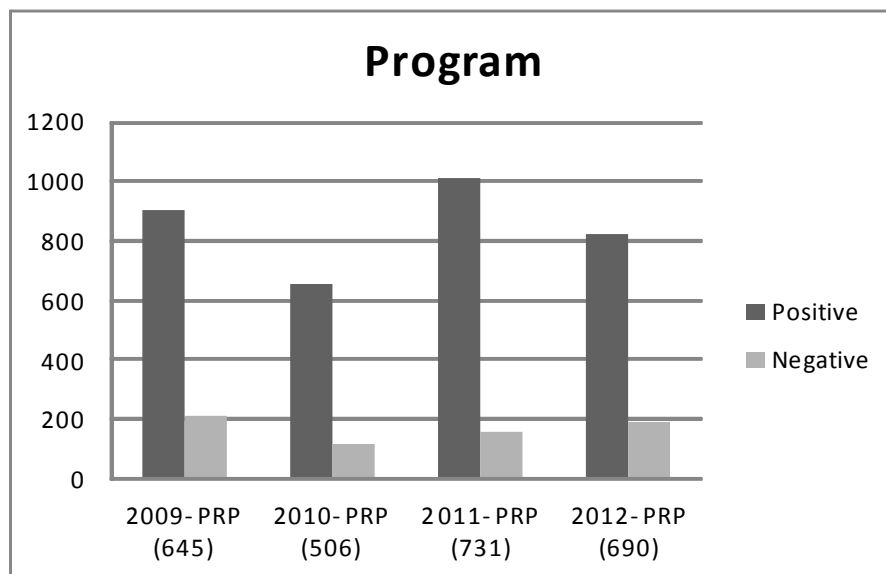
Things are going a whole lot better for me than when I first came to the program. I've been here for a year and I am trying to live differently. I have to work on my own character. The program showed me what I was doing right and wrong.

I don't feel all alone when I come here.

I have been here four months. This place has literally changed my life. The program helps me because I am around people and it makes me take my meds; all the good things I was supposed to be doing, but not doing.

I really love the program. I still don't think I am ready to go. I still have issues. If you have to be at a program, this is it. They saved me.

I never knew there was a place like this. It seems like a 180 degree turn around in my life. When I wake up, I look forward to coming here.



Many consumers shared ways they have seen **programs embrace consumer suggestions** and how this **empowers their recovery:**

The groups are pretty cool. I head a men's group. I've been here about two or three years. If you come to this program with an idea, they listen. I floated this idea to CQT first (on a prior visit) before I spoke to the staff.

I help conduct morning meetings. People get elected to positions. The positions change every six months.

Some policies have changed here. There are more rules about respect. The changes have been all for the better.

When I leave the program at the end of the day I feel good and connected, integrated.

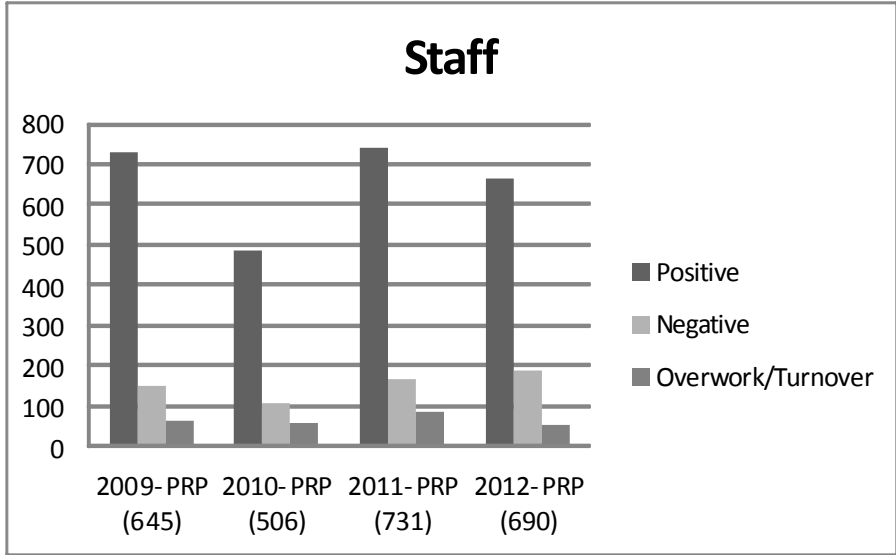
I have put ideas in the suggestion box.

Consumers had **high praise for staff:**

One time I came in really upset. Two of the staff sat and talked to me. They said cry my frustration and anger out. They saved my life — I could have gone to the hospital. They're still helping me through problems.

These people are wonderful. I can't say enough.

They ask for input from the clients in discussion or in once-a-month meetings. We have brainstorming sessions as well. It's very communicative here. It's all about healing. They actually listen. That's important when you try to heal.



I want members to have patience like I do. Staff are right on the books, but I want them to be when members go overboard. Staff tells them in a nice way that things take a while and consumers get pushy and take advantage of the staff. They take staff for granted and don't listen.

They treat everybody like they are worth something and that is a good thing.

The staff here is very good. They are helpful and always there when you need them.

Staff treats me with the utmost respect.

Concerns about staff were mainly about apathy and lack of respect.

Some of the staff is okay but they don't talk to you. They only talk to you when you are doing something wrong.

Staff turns over. They leave and get better jobs.

Some staff you can tell love their job. Others are just here for a paycheck.

The staff treats me so-so. Very often I feel like a two-year-old rather than a sixty-year old.

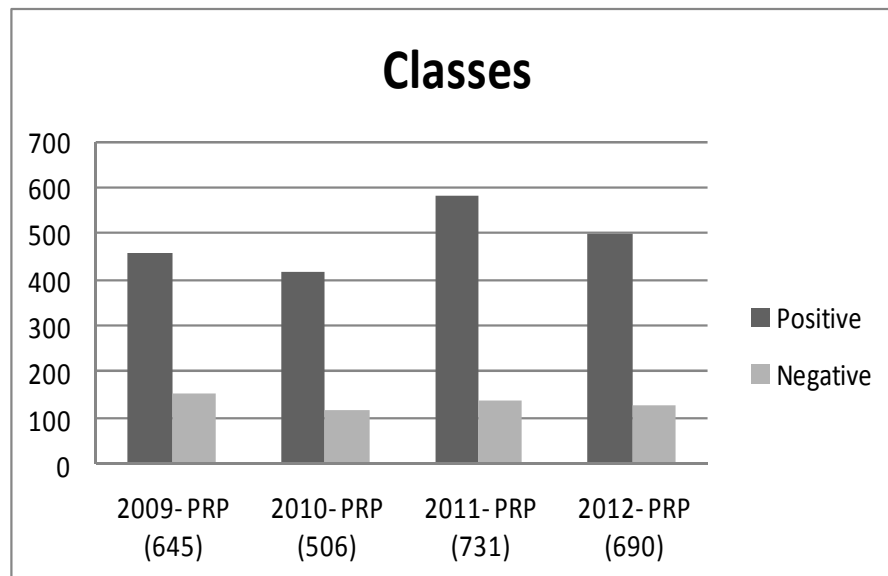
There have been lots of changes over the years, especially with staff, but we always seem to adjust.

Consumers shared about their favorite classes and how classes impact their life:

The money management class has helped me stop spending money on stupid things.

This semester the groups are awesome. I am taking sign language and performing arts. We are singing in there and have a performance coming up. I am excited about it!

They brought me closer to my family. They have groups where my mom and dad come in. The counselors talk to my mom, which I want them to do so we are all on the same page.



The groups address real needs that I have. They are like a life-line for me.

We talk about everyday living, cooking. There is a spiritual class.

There was **overwhelmingly positive feedback** in regards to **vocational and educational services** and opportunities provided by programs.

I just spoke with my caseworker. With my job I want to make sure I'm not earning too much money so that I lose my benefits.

I look at coming to the program as my job.

I want to get my GED and go to college. This program has saved my life. I am thirty-six years old and going back to school!

The vocational counselor encourages me. He picks me up from home, the program or my job. He waits on me and gives me job leads. He gives me moral support and works with me on the computer.

I am on the work crew- we do maintenance, cut grass, help move people, paint.

Vocational is doing a fantastic job. They took me to an interview.

“I work in the kitchen cooking and doing dishes. I watched how people were cooking and making snacks and learned what they were doing, so now I can go home and cook regular meals instead of having microwave dinners and Happy Meals.”

A number of consumers shared how the skills they learned had a **positive impact in other areas of their life:**

I am working on my resume and getting help with it by staff. Another consumer helps me and will be my study partner when I start college.

Right now I am taking GED classes.

I will be a bell ringer for the Salvation Army. I got the job on my own. My counselor took me there last year, but this year I looked and learned how to get there by bus.

I'm studying and learning. I got a job. I've had a job a long time. Now I can keep a job. I feel so good. People like me. I have never been liked like that before. People would shy around me before. People now are happy to see me. I work for my keep. I'm helping myself. You can't let your mental illness stop you from achieving your goals. I set little goals you can meet.

The vocational counselor got me a job working for a business. I deliver flyers to houses near mine. I get paid. I'm going to a banquet for work where I will get a certificate for my hard work.

Volunteering was named as an activity that helps with self-esteem, job skills, and building relationships with the community.

I mop every morning and have been for the last two years. They asked me if I wanted to get paid, but I take the van here free every day and don't have to pay for gas, so I said no.

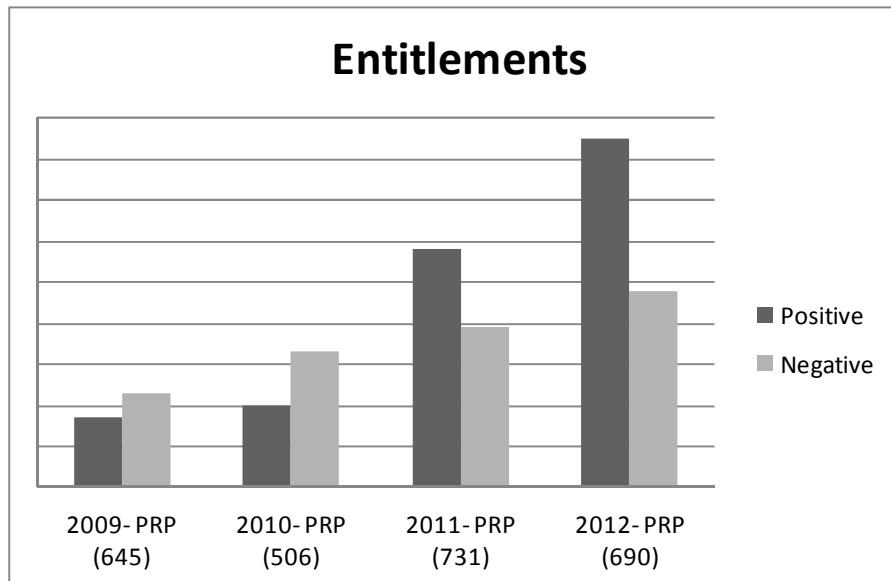
I volunteer at the hospital thrift store. My job coach helped me. I work the second and fourth Thursday and we sort through clothes and hang them. Sometimes I work the cash register.

I volunteer at a hospice.

I need a job, but the medication monitoring is a hindrance since I have to be at home by a certain time to get medications. I do a lot of volunteer work instead.

I volunteer. I clean buses for a bus company. I have a friend who works there and he helped me. I've been there four months.

There has been an increase in positive comments about **case management and entitlements**. However, obtaining or **maintaining entitlements and navigating the system** was described as a challenging process:



Employed Individuals with Disabilities (EID) is really helpful. If it wasn't for the program, it would have taken more than a month to get an appointment with the therapist.

I have Medicare and coupons for things. I don't have much, but it's helping what I have.

My food stamp application got lost in the mail. Staff is helping. The PRP is on top of it. My counselor called on my behalf the other day.

I am working with my caseworker on my advanced directive. Getting things in order...funerals are expensive!

Consumers all over Maryland spoke to CQT about their increased focus on **wellness and somatic health** as a part of their recovery. We also heard about the continued influence of the ACHIEVE program.

I quit smoking three months ago. The staff gave me books and pamphlets to read and a number to call if I want to smoke. I can talk to staff here if I want to smoke.

The program helped me get glasses and teeth.

Part of my focus is on my health. I got hepatitis C from drug use. My goal is to get treatment for that. It's a struggle to keep healthy. I got MRSA twice after I had kidney stones removed. I got it at the hospital.

The DORS program paid for my hearing aids. I didn't realize how deaf I was until I got them.

Every month we have a history day. We pick a country and watch a movie about it and eat a meal from the country.

Because of ACHIEVE they've changed the menu. We now have light yogurt and chef salad. No more greasy biscuits.

Food and nutrition were areas where consumers had mixed comments:

They give us food. We have a veggie group. Lunch is every day and it's very good. I eat my own breakfast like cereal and eggs.

Now I am eating some vegan too. We eat some foods I've never heard of. Some of the food is so fresh, it'll slap you!

The program also has a nutritionist stop in to give us advice.

The food could be better but sometimes it is pretty good. I do not eat the meals here. The food is terrible, so I pack my own lunch and bring it.

I used to get the day-old danishes and pastries from 7-11. The food here has helped me lose weight and look better.

There is no food here. I go to McDonald's. Sometimes I get snacks.

The chef is great. There are so many people here on dietary restrictions. If someone doesn't want something or doesn't eat something and it is not opened, they can leave it on the table for others to have so things don't go to waste. He is always nice.

The food is not enough. I am a big growing man!

Consumers praised **clinical staff** who partnered with them to explore the best options for their well-being:

I love my doctor. First I was skeptical because she was so young, but things are good.

I would call the emergency clinic number if I had a problem.

I was on Tegretol, but my doctor took me off. It was making me angry and depressed. I'm taking other medicines now. I feel like I can approach staff about my medicine problems.

My doctor and therapist are very nice. I like my therapist because I can talk to her without my conversation getting out.

I go to the doctor and therapist next door. Things have gotten better because of the staff here. I felt that they weren't listening or understanding me over there. Staff got together with them and things are better.

I see the psychiatrist at the program. We talk about stuff-medication, how it makes me feel and things like that. It is working out good.

I see a psychiatrist here and it's good. I'm comfortable talking to my doctor about medications.

Consumers shared their **accomplishments**:

I have been sober for twenty months. They show grace and mercy when a person screws up. I have never had a safety net before. I never wanted to work with a sponsor; now I am. My eyes and ears are open. It is not what I want, but what I need.

They've taught me since I have been here. They've taught me living skills and how to clean the house and not be dirty all the time. They taught me how to write checks. I am making progress.

“When I went to prison there was a wheel on the phone and when I got out everything was digital. The program told me I had to let people teach me and learn to do things more positively. I am crying happy tears to you because I have seen the progress the program has made on me.”

The steering wheel decoration on the wall shows that you're in the driver's seat. You're in charge of your recovery. We have awards for independent living, community spirit, and a senior star.

It's awesome here. I'm 52 and I have never reached this point of wellness until now.

I have made healthy one-on-one relationships with other consumers. We do activities outside of the program together.

I'm with On Our Own of Maryland. I am going to Rocky Gap for the On Our Own conference in June. Next week I am going to Annapolis for the legislative meeting. We march and advocate and talk to the senators.

They also named some **barriers to recovery**:

I am twenty-five. There are not many people my age in this program. Most are older. I don't hang out in the program. I keep to myself.

I am on my third caseworker because caseloads got too big and staff thought I was well enough to start with a new person.

There is no public transportation out here. There are a lot of drug and alcohol rehab places, but no services for any other health problems, like domestic violence or eating disorders. I don't think there are services out here for me because of the lack of resources.

Medicare doesn't pay for two doctor visits on the same day, so I have to schedule one on one day and one on another day. Gas is expensive. I can only afford to drive anywhere three times a week and if I have doctor's appointments, I miss out on coming to the program.

CONSUMER COMMENTS IN INPATIENT FACILITIES

In FY12, CQT made 130 visits to 33 units at 4 inpatient hospitals, during which we conducted 493 voluntary, qualitative interviews with consumers. We received 267 individual requests, which were addressed by the unit staff, the division director, the medical director or the inpatient facility CEO.

The highest number of positive comments concerned the **classes** and **programming**. Consumers talked about how their hospital stay has helped them to get back on track with support and encouragement:

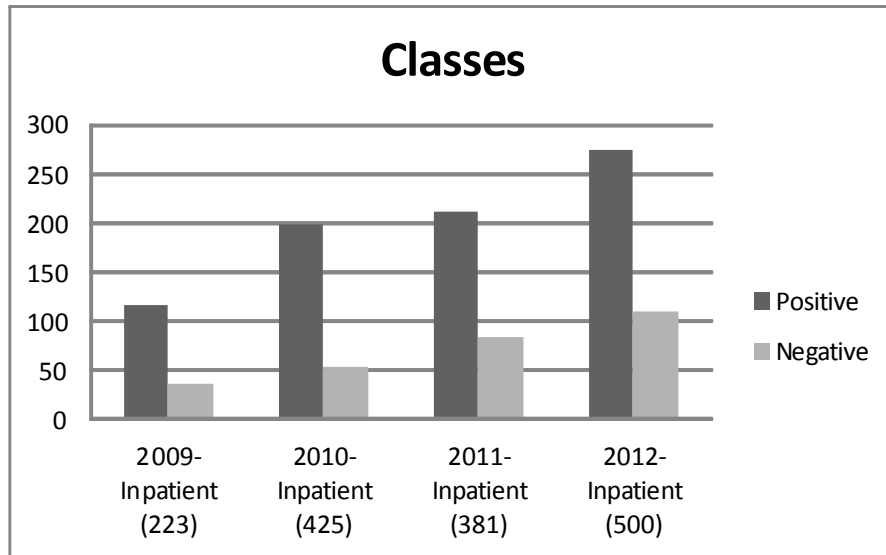
Things are okay here. I go to groups and I like them. The Tai Chi group is relaxing with pillows, mats, and comforters. We also have exercise group in the gym.

Things are alright here. I go to world change program, WRAP and stress management. They are helpful. When I am not in groups, I play games like chess and pinochle.

There are groups in the day room, cooking class, anger management, treatment plans and survival techniques to live in the community. They are very helpful. There is also a group on rights— what is legal and what is not. I like the musical groups. There is a lot of variety if you have the gumption to take part.

My favorites are when we are taught to play instruments. A staff member teaches us to play acoustic guitar, drums, and the xylophone. I also like weight lifting, dance machine, and Dance Revolution.

I go to the activities like art class, learning skills, men's group, and walking. I go to the library to learn about court and my court date.

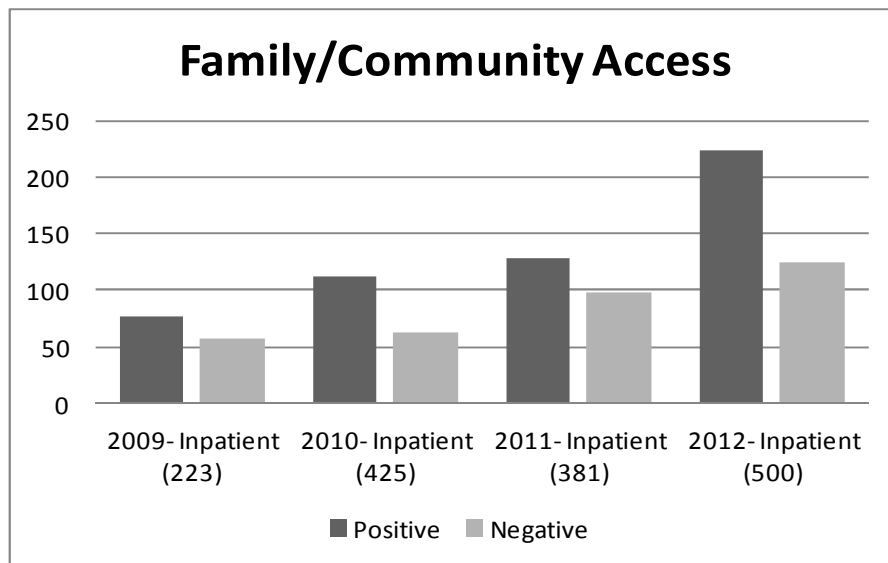


I mostly try to sleep, walk around and watch TV. Groups are pretty good, very therapeutic. My favorites are gospel singing, Native American studies and drumming. I like music group, too.

I do classes — current events and drugs. I keep busy. I go to class and I get rewards for the rewards center or the canteen. They have ice cream, soda and popcorn. One day at a time here. I play pool, videos, and games. I helped there in the garden.

They should add more privileges like Internet on the computers. We need something to kill the time. I just chill here during the day. I go to groups sometimes. I like when we celebrate, when it is someone's birthday. I don't go off the unit. I wouldn't change anything here. I like it.

“I have grounds privileges. I took a class at the community college last semester as a way to prove that I can deal with stuff. I got an A in the class.”



Consumers talked about how **community access** and **family involvement** contribute to their healing:

We're going bike riding today. We go once or twice a year down by the canal to ride bikes.

I'm happy. My grandchildren came to see me this weekend.

This is the best mental hospital I've been to. They take us out to eat and bowl. They had a picnic on a holiday. We get free clothes from the thrift store.

I can't go on trips, because of my court status. Christmas is my first outing without staff. It will be a nice surprise for my five year-old son.

I have two daughters. I'm always in contact with them. They are trying to find the way to get here because they live in DC. They call every day.

Vocational and educational opportunities were often cited as a building self-esteem.

They have a job program here. I do custodial work twice a day. I get paid for it. I spend the money on coffee and buying snacks. They had a job program before but it was not as large and did not have as many options as it does now.

I work on the grounds here. It is important to me that the staff trusted me to work. I save the pay for clothes and other things I need.

I've worked here a little bit. I do the gardening and help with watering the plants. I am looking for a job; it would help straighten my head out.

I volunteer on Wednesdays at Rocky Gap. We do all kinds of things like build picnic tables and paint them. We cut down trees.

I work in the courtyard. It is small. I plant flowers and decorate. At another unit, I helped grow tomatoes and vegetables. I planted popcorn seeds. They are coming up! The daffodils are coming up. I would go to other wards to keep up their gardens, but I can't.

Clinical staff received mostly positive comments:

The doctor is very nice. He just gave me a level two. I can go to the library, the grounds, and get something to eat. I like my doctor a lot.

The doctor is cool. I feel comfortable talking to him about my meds. He listens. The treatment team is good.

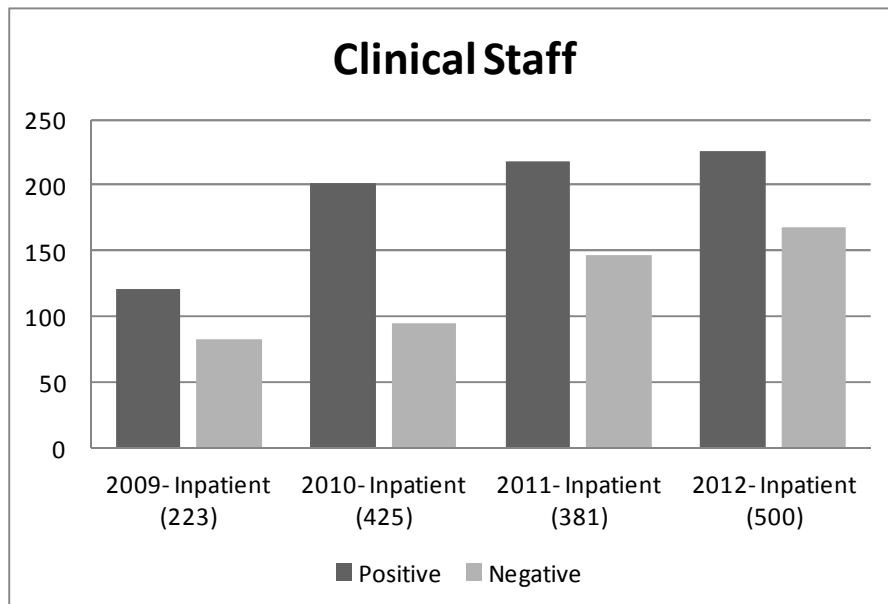
The doctors and the treatment team are first class.

The doctor is like heaven. The medications' focus are just right.

My psychiatrist is very good. Whatever the situation, it gets straightened out immediately, and that's not just for me.

The staff are very nice. They help all the patients. We have a primary nurse to talk to. They help with my medications. They teach us to go out in the community and keep us motivated. They see a lot of us in them, and we see a lot of them in us. They help me make goals.

This hospital helps me take my medicine. I might have to take medications for the rest of my life. I have schizophrenia. I was just put a higher medication dose. My doctor is easy to talk to and she sometimes comes at night to talk to us.



CHANGES AND CHALLENGES

Unlike the community programs, there are several areas where negative comments exceeded positive ones. The most notable areas concerned **forensic services**, the **rights and grievances** system, and **health and wellness issues**.

While negative comments about **unit staff** exceeded positive comments...

Staff is negligent, incoherent, and ignorant as to what is going on. The charge nurse doesn't speak English well. Once a patient needed help and was falling down but the nurse didn't help. I had to help him and yell at the nurses to help us. Staff could prevent a lot of fights but instead they encourage them by talking smart to the patients who are already upset as it is.

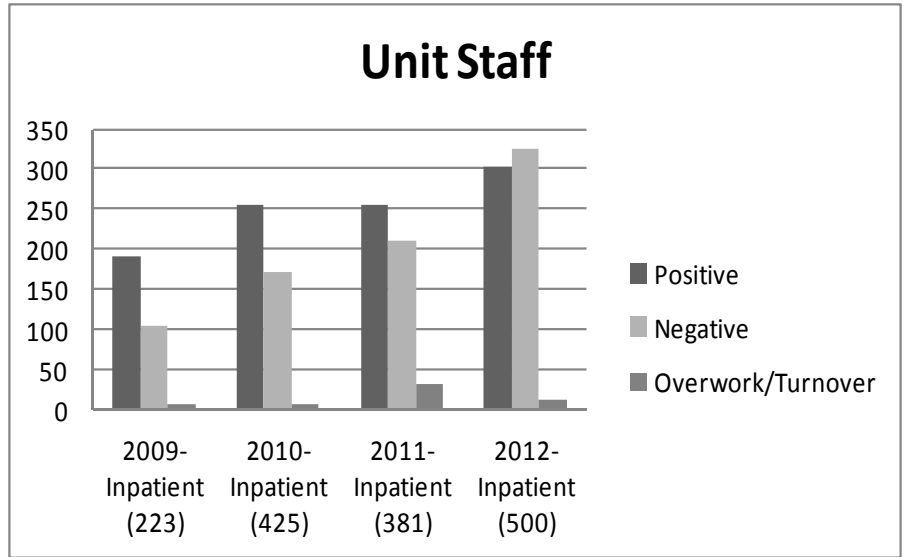
They treat you like a child here.

I don't know how to answer, "How things are going?" Staff don't know how to do their job. They show no affection. Staff aren't doing jobs to their full potential. They play favorites. Favorites get their way.

The staff used to follow the Triangle of Choices. Now they try to win every argument. If they can't, they just get a lot of people together to give you a needle.

... many consumers **acknowledged the hard work and limitations** staff encounter:

Staff— I try to stay out of their faces but staff is nasty. They got no time for craziness! They have low tolerance. But they got to get their jobs done, get their paperwork done, and keep their jobs.



The staff is fine. I think they should get \$5000 a month for stress relief. It will make them want to come to work.

The staff is respectful even when we are frustrated; they're never angry or mean.

Staff is human; they have their ups and downs. I've been around long enough to know that. You just gotta wait when you are here and people don't like that. Staff gets mad when people yell at the nurse's window.

They need more staff. One person will get attention and then there is only one [staff member] left for everyone else. It's important to have staff to help. Nurses treat us fine but they are overworked.

“I want to pat the staff on the back for trying with limited resources.”

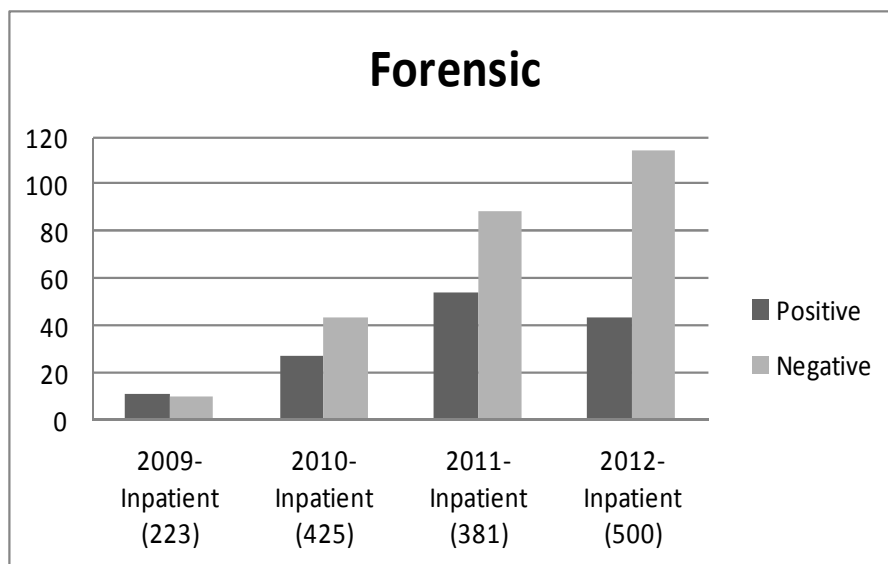
Many consumers reported frustration about **forensic issues and services:**

Staff said I'm here because the paperwork isn't done. I saw the judge five to six days ago. I have not heard back. I haven't been in a fight in twenty-five years. No aggressive behavior. They haven't seen anything to report on paper—no bad reports. I want justice.

Other patients who have court dates don't understand how long things take here. It's like double-jeopardy: plead NCR or plead guilty. One or the other is mandatory.

They should separate the forensic population from the non-forensic population. The forensic people have a violent attitude. That doesn't help people with PTSD or sexual trauma.

It should take less time to go to court from the hospital. I understand the court system. I have a court date. I'm set for that.



I've completed my whole conditional release but they keep extending it. I am smart, articulate, clever, and have a college background and graduated high school. I keep trying to persuade my public defender to bring my case back to court.

I talked to a lawyer. She went with me to a hearing with the State concerning the appeal to be force-medicated. I only talked to her five minutes beforehand. It seemed like she was more against me than helping me.

There were complaints related to **patients rights:**

I don't get my PRNs on time or in a timely manner. Staff might take two or three hours to get you your medication. The longest I have waited is three hours.

They need safety cameras here for the patients and the staff. Patients get hurt a lot here — I am not going to lie. Cameras can prove that patients get hurt, there is evidence. It would make me feel safer.

They don't give you a piece of paper when you enter the hospital to tell you what they are doing with the property they take away.

I filed grievances about unhealthy and unsanitary conditions. I filed two yesterday and one about a week and a half ago. I have not heard anything.

There is no quiet, clean place to pray. I have not been able to attend religious services while I have been here. They have a Christian chaplain visiting the ward today. I was fed pork on two occasions. They changed my food after I told my treatment team I was Muslim, but it took three days.

In the area of **health and wellness**, consumers had mixed comments:

They only talk about our medication and how the medication treats us. They are only interested in us taking our medicine, not our needs.

I have a bad cold. They gave me cold medicine and antibiotics. They treat me good. I have health problems. The medical doctor is cool. She has assisted me with my needs and done everything to help me.

I attend a walking group. I lost fifty pounds. It's like Weight Watchers.

The doctor is alright but she has such a heavy caseload. You can't count on her. You have to wait a week to see her after you request it.

Doctors were not honest with me in the hospital about the side effects of my psychiatric medication and now I have tardive dyskinesia. We are not guinea pigs. We are as good and as smart as anyone else. You need to tell doctors, please be honest, hear our voice, and include us in decisions. Don't punish us—mental health punishes us enough.

My medications made me gain weight. Since my arrival last month I have gained twelve pounds. I spoke to the dietician here and they're working with me on my diet. The dietician handled my request quickly. I like her.

Some consumers had **suggestions** about where the hospital could improve services or the experience of being on the unit:

The doctors are nice but there are only two of them. It is not enough.

A talent show wouldn't be bad, to promote fun.

They need more athletic activities and recreation.

The art group is very limited. I want to know a different understanding of the art. Art history would be good.

This is the best state-run hospital I have ever been to. The staff spends more time with you here; you get more one-on-ones. They are not just here to do a job; they are here for the patients. Staff treats me perfect. Staff goes out of their way to help you. They should do that everywhere.

FY 2012 FINANCIALS

Revenue

Federal Block Grant	\$ 210,000
Federal Block Grant Expansion Funds	40,203
<u>State General Funds</u>	<u>224,150</u>

Total Revenue **\$474,353**

Expenses

Personnel	\$391,229
Equipment	16,519
Leasing	3,000
Postage	1,800
Telephone	6,954
Supplies	3,428
Insurance	2,200
Accounting	2,300
Rent	20,961
Travel/Meetings	17,116
Printing	4,649
Advertising	200
Training	3,500
<u>Purchased Services</u>	<u>497</u>

Total Expenses **\$474,353**

Empowering Partnerships in Mental Health Services



CQT STAFF

Joanne Creaney Meekins, *Director*
Kathleen (Kate) Wyer, *Program Manager*
Katy Bradford, *Interviewer*
Karuna David, *Interviewer*
Marion Ehrlich, *Interviewer*
Cintra Harbold, *Interviewer*
Bonney Mattingly, *Interviewer*
Jean Smial, *Interviewer*
Susan Tager, *Interviewer*

CONTACT INFORMATION

Consumer Quality Team of Maryland
1301 York Road, Suite 505
Lutherville, Maryland 21093

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

www.cqtmmd.org

CONSUMER COMMENTS ABOUT CQT

*“I am happy CQT does this.
If someone doesn’t want to
talk to their counselor they
can talk to you guys.”*

*“The last time CQT was
here, the next week we had
a meeting about what we
are all supposed to do.
Even the counselors came.”*

*“Things change because
CQT comes.”*