



**CONSUMER QUALITY  
TEAM OF MARYLAND**

# 2014 Annual Report


July 1, 2013 to June 30, 2014

## *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

Every year, as I sit down to write this letter, I marvel at the accomplishments of the CQT team. As I reflect on the plethora of tasks completed, I wonder how we could ever increase the things we do, yet every year, we have taken on additional tasks.

This year, we laid all the groundwork to begin site visits to the Residential Treatment Centers for youth. We will be interviewing these young people and their families. Our goal remains the same; we want to hear what is going well, as well as what could be improved. We will report what we hear to the leadership of the facility as well as the Department of Behavioral Health. We have been able to hire some young people as interviewers to facilitate the youth interviews. As we begin this endeavor, we have received a great deal of help and support from the providers, young advocates who spent time in residential treatment, and organizations that work with young people and their families. We owe a debt of thanks to all these folks.

Our visits to the adult facilities continue to produce many more favorable comments than complaints or suggestions. Consumers are very grateful to staff members who are working to help them towards recovery. The comment we hear most frequently is “This place saved my life.” It is hard to give enough praise to the people who have dedicated themselves to improving the lives of others. It’s not an easy job.

We conduct unstructured interviews letting the consumer take the lead on topics to be discussed. As the systems of care evolve and change, so does the information shared by consumers. This year, we heard about Health Homes. Some people are very excited and see them as improving their access to care; others are concerned they won’t be able to see a trusted provider. Telepsychiatry was another new topic. Some people are concerned about not being in the same room with their doctor, while others are excited about the possibility of seeing a doctor more frequently and perhaps being able to see the same doctor. We have heard for several years about the lack of psychiatrists available to some consumers; some

people understand that this is a possible solution. Many people tell us about their art programs and exhibitions. Many providers offer opportunities to consumers to express themselves through art, and several have galleries and/or exhibitions, giving people an opportunity to sell their work. This is often mentioned as a factor in an individual's recovery.

Programs struggle with the allocation of scarce resources. We often hear about problems with transportation. Programs with vans have problems with overcrowding, equipment breakdown, and competent drivers. When it is available, programs are teaching people to use public transportation and encouraging them to use it. This gives the consumers greater mobility and flexibility in their outside activities. An on-going problem is a shortage of staff and staff turn-over. Both of these problems lead to complaints that reflect a lack of respect. It can be tough to remain respectful when dealing with difficult people or situations, but it is necessary. More and more consumers tell us that their goals include helping others who are still struggling. Providers are beginning to hire some of these people as Peer Support Specialists; we've heard rave reviews of these services.

CQT is effective, because we have the support of many. Thank you to Behavioral Health Administration for their continuing funding and support; the Core Service Agencies, who attend our monthly feedback meetings and ensure that concerns are addressed; the Providers, who partner with us, giving us time and space in their programs to conduct our interviews; to the Board and our colleagues at the Mental Health Association of Maryland...we couldn't do our work without you and to the CQT staff, who work tirelessly to get to sites throughout the state, interview everyone who wants to talk to us, and write reports that accurately reflect the information consumers share. This has been a challenging, but wonderful year and we are looking forward to 2015!

*Joanne Meekins*

*CQT EXECUTIVE DIRECTOR*

*RECTOR*

## 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 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.



## *July 2014 ACCOMPLISHMENTS*

From July 1, 2013 to June 30, 2014, CQT conducted:

- **322 Site Visits** (205 to PRPs, 117 to inpatient facilities)
- **1,305 interviews** with consumers (933 in PRPs, 372 in inpatient facilities) and processed **547 Individual Requests/Concerns** (343 in PRPs, 204 in inpatient facilities)
- **529 Housing Surveys** were completed with consumers in PRPs.
- **25 Feedback Meetings** with (4) BHA, (10) Inpatient Facility CEOs and (11) CSAs
- **223 training hours** for CQT staff
- Met with the leadership of **8 RTC's** and **2 RICA's** to lay the groundwork for youth and family interviews
- Reviewed and revised CQT operations to ensure HIPAA compliance

## FY 2014 FINDINGS

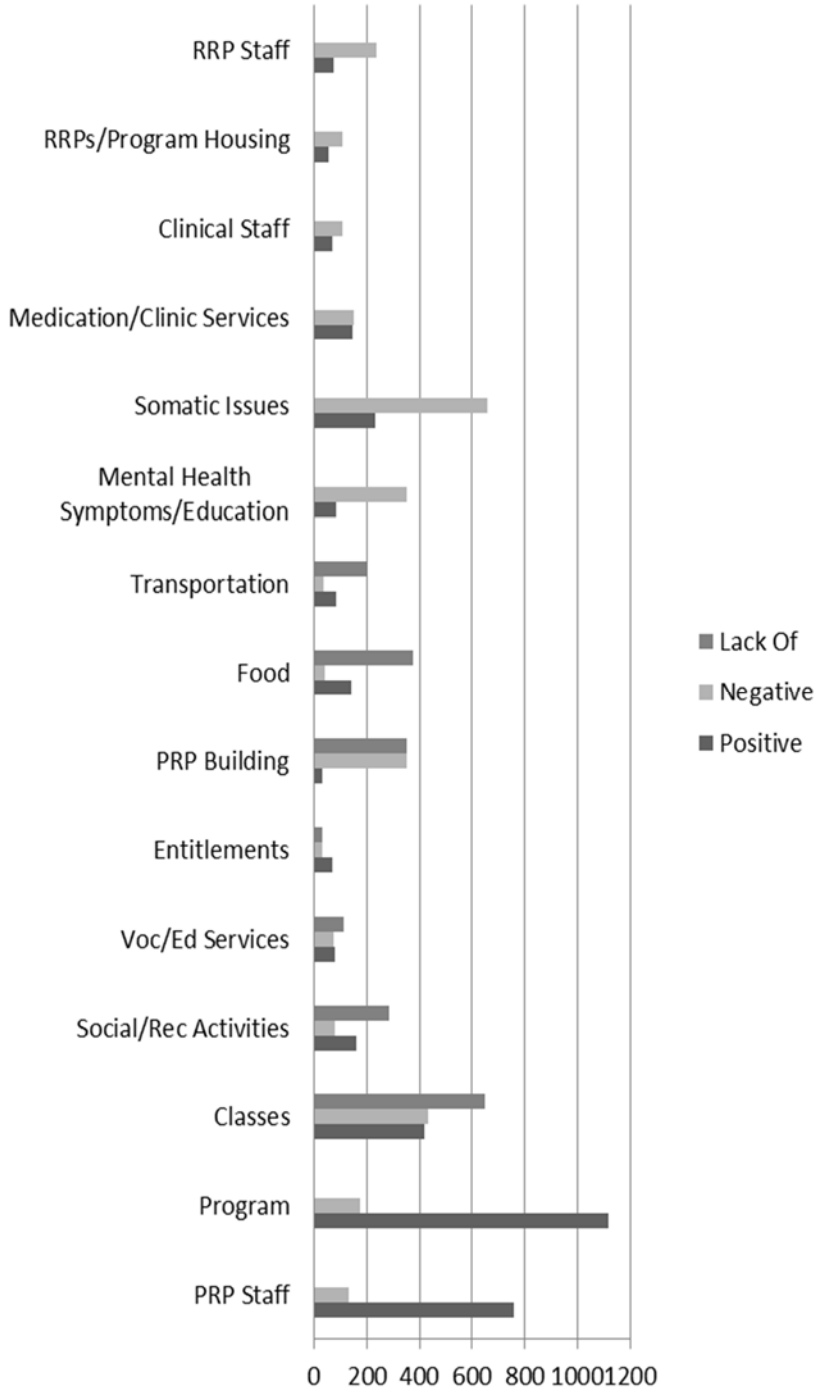
The focus of the CQT program is to ensure that the public mental health system is delivering the services needed by **individual consumers**. CQT only interviews those consumers who volunteer to speak with us. Interviews are not done as a random sample, and the analysis of consumer comments does not 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.

As in the past, the highest number of positive comments heard in the PRPs were about the staff and the programs. CQT had many requests for a larger variety of groups and classes to be offered in PRPs. The major area of concern in PRPs was the inability to find jobs. Staff in the Residential Treatment Programs had a substantial increase in positive comments this year.

CQT began conducting Housing Surveys with PRP consumers during FY 2014. These surveys were conducted with 529 consumers. Of those consumers, 228 reported living in RRP housing. Of the 529 consumers, 278 reported having a choice in their living situation, while 168 consumers reported they did not want to remain in their current housing. 205 of the consumers surveyed reported having the goal of living independently but 151 of those consumers felt their program was helping them take the necessary steps to live independently.

An overarching theme of boredom was heard by inpatient consumers this year as well as many concerns about not being able to go outside. As in the past, there were many concerns reported about forensic issues and a lack of understanding about them. Again this year, many consumers made positive comments about staff.

# PRP Program Services



# PRP COMMENTS

## General PRP Comments

*I like the food here; everyone complains, but I like it.*

*Sometimes I like the food and sometimes I don't. It is hit or miss.*

*Sometimes I think staff treats you like children. They think we don't have common sense.*

*I love this program. In the hospital I didn't want to live. I gave up. Now I feel joy.*

*The staff explains things to you. They don't treat you different because you have a mental issue; they treat you like everyone else.*

*I have a case manager and a therapist. If I miss any days they come out to check on me.*

*I like coming to group; it keeps me going. I can be around other people. I call them family. It gives me piece of mind.*

*They regard us as fellow human beings. They make a strong statement of inclusion and are strongly against negativity.*

*My psychiatrist, we don't always agree. I think I take too many medications.*

*My therapist makes the program good. She always has something positive to say. When I'm down, she helps cheer me up.*

## Transportation

*The van is reliable and punctual.*

*Sometimes the van is late. It might break down. Ours has central air conditioning, but it just blows hot air. We tell them, and they take it to the shop, but it's still the same.*

*The van is safe. Sometimes on the big van there's too many people.*

*The seatbelts don't work. Some of us are heavyset and they don't fit over us.*

*The van driver drives very fast. He also texts and uses his phone while driving.*

## Vocational

Research has shown that one of the best indicators for recovery is meaningful work. Many consumers have expressed frustrations regard-



ing the lack of services and funding available to assist with finding employment.

*A lot of us don't have job experience and get the door shut in our face.*

*A staff member helped me with my resume. Every Tuesday she's supposed to help with that stuff. They used to have a placement service, but funds were cut.*

*Staff offered me the job to work the desk. I've been working here since January, 2009 until present with one little break. Working is a positive atmosphere; I like my job and the staff likes my work.*

*I'm going to Denny's to fill out an application. I'm trying to get out of the program. I don't need it. I'd rather work. Staff knows I want a job. They seem like they don't want to help.*

*If you don't get a job, you get frustrated.*

*I am not allowed to work because of my disability.*

### **Lack of Psychiatrists and Increasing Use of Telepsychiatry**

*I am getting ready to switch psychiatrists. I don't like seeing the ones here; mainly because of their qualifications. He's a psychiatric nurse practitioner. I want an actual psychiatrist. My family is helping me.*

*My primary care physician prescribes my psych meds; he's alright. I can talk to him.*

*I see a psychiatrist nurse practitioner for my meds.*

*I speak to my psychiatrist through the computer and it's going well.*

*The psychiatrist quit so we do the teletherapy; it's pretty cool.*

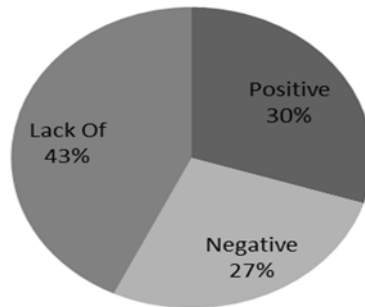
*I talk to my psychiatrist on TV on Fridays.*

### **Housing**

*I live in program housing. It's going pretty good. I'd rather have my own apartment.*

*I want to get my own place and I have the money for it with my SSI*

## **Vocational Services**



*and SSDI. Why can't I get my own place? I want to be independent.*

*I used to have my own apartment. Staff won't let me have it again.*

*I live in group housing; it's hectic sometimes. I would like to live independently one day; the program helps me.*

*I love my own place. I've been there since December. Staff comes to check on me twice a month to see if I pass house inspection. I pass it every time. I have a studio apartment.*

### **Health Home Programs**

*It's working good with the Health Home nurse. She makes sure I keep my appointments and get to them.*

*The nurses from Health Home help me manage my weight and diet because I have diabetes.*

*I haven't seen a lot of benefits from the Home Health program. I feel like I need the reminders and phone calls from the nurses.*

*They added a nurse here and that's a plus. She helps us make appointments and organizes referrals.*

## **ONPATIENT COMMENTS**

### **General Inpatient Comments**

*The staff is pretty much always on hand for you when you need them. The staff is strong and treats each consumer on an individual basis.*

*They treat me with the utmost respect. All the staff are cool. All of the staff treat us like adults.*

*Some staff treats you well, some don't — they holler at you.*

*There is not much difference between staff and patients.*

*Staff tries hard. It's a bad job, a hard job. People give them a hard time.*

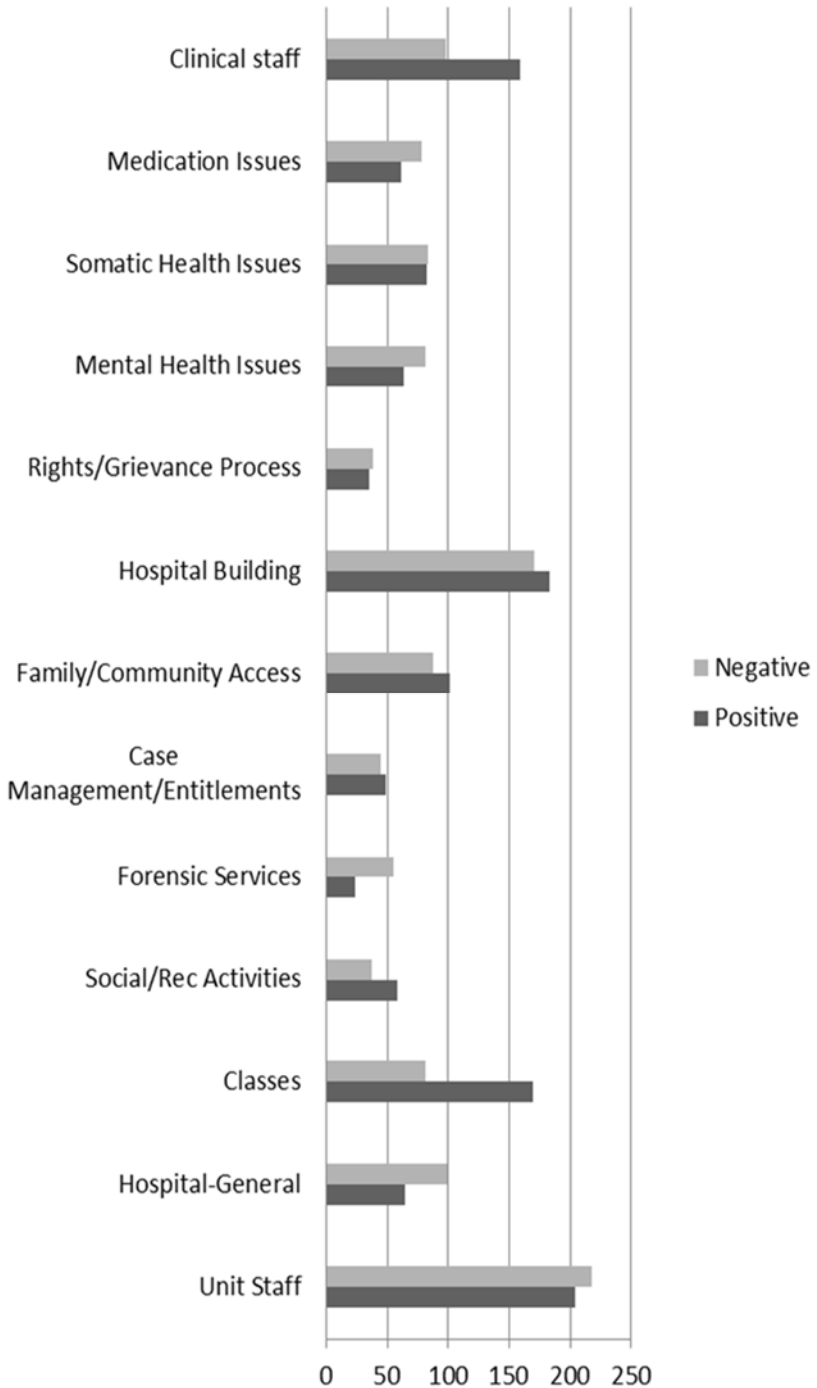
*I've been here since May. I don't know why I'm here.*

*Things are not good. They are keeping me here too long.*

*I don't know who my doctor or therapist is.*

*I take medication. It's pretty good. It's helping me. My doctor talks to me one-on-one.*

# Inpatient Services



*My family visits me. It's easy for them to get here and the staff are nice to them.*

*As far as my stability, I feel like I am stable here.*

*The treatment team comes on the unit pretty often. They are the best in the world.*

### **Facility**

*The food is lousy, no flavor, no salt in anything.*

*I get enough food, but the food is primarily carbohydrates.*

*I don't eat the food here so my mom comes four days a week, and that's the only time I eat.*

*The bathrooms are a B- or C+ in cleanliness.*

*They don't clean the showers. They need to be cleaned properly. Most people don't have shower shoes.*

*The showers are the best they can do. There's not a lot of hot water.*

*My room is cold. You can ask for extra blankets but they give you a hassle.*

*I love my room and roommate too.*

*The food is great.*

### **Forensics**

*I'm supposed to be here for competency. I'm not really sure what I'm here for.*

*They never let you know when the forensic psychiatrist is coming. I've been waiting for quite some time.*

*I speak to the psychiatrist and the social worker and they help us, but I need a lawyer.*

*They want me to sign NCR. I don't understand it.*

### **Daily Activities**

*We watch TV or play games; there are no groups really. I've been here one year and haven't seen real groups.*

*They are working on getting the unit to the gym. We can get out on the track outside.*

*Physically I feel like I can't breathe. When I came here I was in shape, but we don't go to the gym or get any physical activity here.*

*I don't know of any community meetings. I've never been to any groups. I've been upset about being here; I've been here for four months. We just sleep all day.*

*I would like to have groups on information about psychiatric diagnoses.*

*I read or walk the halls. There are very few groups .*

*I like to go to group activities like Mind and Body. It teaches us how the mind and body work.*

*We can't go outside. That is so important to be able to go outside. That is uncalled for, spending twenty-four hours inside.*

*We can't go outside because they're fixing the fence. It's supposed to have been done. They've been working on it for two months.*

*They let us go in the courtyard for fifteen minutes every now and then.*

*I eat breakfast, watch TV, and go out on the mall. I go to some groups. There's music listening, gym, the library, walking group, and art group.*

*I attend a lot of groups: a women's group, a trauma group, group therapy, a vocational group, and sensory awareness.*

*I love the groups about nursing and health: mental, spiritual, and physical.*

*I have a housekeeping job here. They pay me. I get paid every two weeks.*

*I like the groups. Each person has a point sheet. Whatever their level and privilege determines their groups and activities.*

# *FY 2014 FINANCIALS*

## **Revenue**

|         |                |
|---------|----------------|
| Federal | \$357,975      |
| State   | 224,151        |
| Youth   | <u>264,960</u> |

**Total Revenue**                      **\$847,086**

## **Expenses**

|                        |              |
|------------------------|--------------|
| Personnel              | \$701,723    |
| Equipment              | 17,003       |
| Leasing                | 1,292        |
| Postage                | 505          |
| Telephone              | 12,020       |
| Supplies               | 6,268        |
| Insurance              | 3,002        |
| Legal/Accounting/Audit | 17,884       |
| Rent                   | 49,169       |
| Travel/Meetings        | 22,015       |
| Printing               | 2,215        |
| Training               | 4,005        |
| Purchase of Services   | <u>9,985</u> |

**Total Expenses**                      **\$847,086**

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## CQT STAFF

Joanne Creaney Meekins, *Executive Director*

Steve Stahley, *Deputy Director*

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Sara Breidenstein, *Interviewer*

Chuck Buckler, *Interviewer*

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## 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)**



*CONSUMER COMMENTS ABOUT*

*“I’m glad CQT came. Stigma is so bad out there.”*

“I’m glad you [CQT] are interviewing me because I’m quiet, but have a lot to say.”

“I thank you CQT for coming here to talk to us today.