



2015 Annual Report

July 1, 2014 to June 30, 2015

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

This was the inaugural year for the Consumer Quality Team's Family and Youth Program. We visited the Residential Treatment Centers (RTCs) and the Regional Institutes for Children and Adolescents (RICAs) throughout the state of Maryland. We found that the young people were very articulate and reasonable when telling us what things were helping them and what things they were not getting that would further their recovery. Staff has been open to hearing our reports and when possible, responsive to requests. Both the young people and staff have expressed concerns about food. These institutions must follow federal guidelines which don't allow for the size and gender of the child; thus a 14 year old, 5 foot, 90 pound girl is allowed the same amount of food as 14 year old 5 foot 10 inch, 140 pound boy. The boy is hungry and going to school hungry and it's negatively affecting his learning and his life.

We have now been visiting the adult Psychiatric Rehabilitation Programs (PRPs) and the Inpatient Facilities for several years. This year, we increased the number of Consumer feedback presentations. During these meetings, we present to the consumers the information they told us during our previous three visits; then the staff presents what they did in response to that information. While these presentations are time consuming for both CQT and the facility staff to prepare, they have been very well received by both the consumers and the staff. We will continue to grow the number of presentations. We also have collected some information at the request of staff on a couple of visits. Sites have instituted a new educational program and asked us to get some informal feedback about the programs, which we were happy to collect.

As you look through this report, you will see examples of the good work done by so many of the providers. Our typical opening question is "How are things going for you?" Many times, the answer is "This place saved my life." That is truly remarkable, given the scarce resources. We also have an amazing community of consumers. People facing incredible challenges have worked with providers to overcome the odds. Many facilitate their own recovery by helping others. It is truly a privilege to witness the efforts of so many people, helping people live healthier and hap-

pier lives.

We couldn't do our work without the help and support of many; I'd like to thank all the providers, who help us with access, provide us with interview rooms, share our promotional materials and so much more; I'd like to thank the consumers, who share their thoughts, their feelings, their hope and dreams and do so with not just in their own interest, but also in the interest of others; I'd like to thank the Core Service Agencies and the facility CEOs for their follow-up on concerns and their on-going support of the program, including their attendance at our monthly meetings; I'd like to thank the Behavioral Health Administration for their on-going leadership and support of our program; I'd like to thank the Board and Staff of the Mental Health Association of Maryland, they provide the structure and day-to-day support that allows us to concentrate on the CQT program; and I'd like to thank the CQT team...this has been a challenging year, yet you persisted...we made it through and we are forging ahead, stronger and better!

Joanne Meekins

CQT EXECUTIVE DIRECTOR

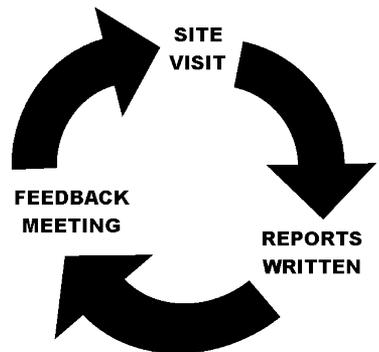
CQT PROCESS

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 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.



FY 2015 ACCOMPLISHMENTS

From July 1, 2014 to June 30, 2015, CQT conducted:

- **359 Site Visits** (44 to youth facilities, 199 to PRPs, 116 to inpatient facilities)
- **1402 interviews** with consumers (206 in youth facilities, 821 in PRPs, 375 in inpatient facilities).
- **26 Feedback Meetings** with (3) BHA, (12) Inpatient Facility CEOs and (11) CSAs
- **8 Consumer Feedback Meetings**
- **130.5 training hours** for CQT staff

*Note: Being its inaugural year, information for the Family and Youth Program was not tabulated in the same manner as the Adult Programs. For this reason, data charts for this program are not included in this edition of the CQT Annual Report. Additional quotes have been provided as a means to communicate a representative sample of youth comments. Youth data charts will be made available in future CQT annual reports.

FY 2015 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.

2015 marked CQT's inaugural year of its Youth and Family Program. The youth were eager to interview with CQT, and generally had a lot to say about their experiences in their respective programs. Many of the youth were pleased overall with their experiences in residential treatment, especially with unit staff and counselors. Many of the staff concerns reported by youth consumers pertained to bullying and lack of sufficient staff intervention. Youth reported many safety concerns throughout the year regarding bullying.

Youth provided significant feedback regarding the therapeutic components of their residential stays. Youth were especially in favor of occupational therapies, such as art and music. Many youth reported confidence in being able to discuss their treatment with their clinicians. CQT heard many youth comments regarding their views on the efficacy of DBT.

Both youth and inpatient consumers reported dietary concerns. Many consumers felt that food portions were too small, and snacks too infrequent. Youth in particular felt that the quality and quantity of the food served in their facilities was unsatisfactory.

Young consumers as well as those in inpatient facilities and PRPs discussed their appreciation for outings and opportunities to reintegrate into the community. Many consumers discussed a longing for independence, and the ways that their programs were facilitating this goal.

YOUTH COMMENTS

General Youth Comments

Well, I didn't like it here at first. It gets easier when you accept that you're here. It's hard being away from my family, but staff tries and I appreciate that.

This program gives us help. You don't have to worry about jail. It's a second chance if you didn't have the right start in life.

I have no complaints. In general, I like it here a lot. I did once have suicidal ideations and thoughts of running away. Everyone gets angry; it's what you do with that anger that counts.

When I first got here, I said, "No." Now since I came – they give us structure.

I got the help I needed here – treatment for trauma. They got me with the perfect person.

I like the activities here. I feel like this place has made me better.

It's okay. It's good because there's always staff to talk to and I trust staff.

My anger has improved a lot. I used to do a lot of things. I think it's myself that's improving. I don't feel angry all the time. I've lost a lot of anger; it's unbelievable.

They have helped me with my treatment and have taught me how to cope with my anger.

I got here last March. I've seen a lot of improvement. My dad has too. It's been really hard. I have had to go through a lot of peer pressure, and gaining and losing relationships, family relationships. There is pressure to reveal the reason I'm here.

Staff challenges me to dig deeper – to get a better understanding, take accountability, and to take this experience as a positive lesson.

Staff is good. They really do care for us. They help us to make good decisions.

I have learned a lot. I will be transitioning next week. If I step up, I can discharge sooner. I will come back and say, "Hi," and tell others what I have been through.

Dialectical Behavioral Therapy

I like DBT. Some kids don't. It helps with realizing things with role plays and certain situations. They teach you how to cope with certain situations. I really do like it. It helps me.

The DBT is really helping. I'm using the DBT skills every day. It's tailored to the person, especially self-soothing techniques and how best to chill out.

The DBT skills group is good. Kids know this stuff works. I am trying to learn all the skills to take with me when I leave this place. They are helping us learn it.

They are teaching us living skills, like DBT. They're known for that and it's helpful.

I love DBT groups because I get to learn different ways to control my anger.

Food

The food is too healthy. The portions are good though. We get snacks when we need them. They give you fruit for weight control.

The meals repeat themselves. We have the same menu over and over again. I'd like more variety of foods.

The food is terrible. I am so mad with the dietician. In the school store they used to sell hot Cheetos and good food and good snacks but replaced them with wheat stuff.

There should be more choices for youth who are vegan or vegetarian. The unit needs healthy alternatives. The fruit is good, but there should be more.

The taste, the presence, and the portions of the food are not really that good. We get rice, chicken, and greens. Now we are only getting one juice and one fruit a day, which is really ridiculous.

They should feed us more often. I don't get anything in between lunch and dinner. We should have a small snack.

The food is good. They try their hardest to make it like outside food. Now I am on a diet and it makes me angry because I have gained so much weight. They cut my portions. I only eat wheat bread now.

Community and Family Involvement and Participation

I play sports and we go to games and stuff, volleyball, basketball, and soccer.

I get weekend passes. I am in this place 24/7, so I like to go home 'cause I am cramped in this place.

We just started riding bikes and scooters and skateboards; we just pulled them out. On weekends we could do it every day. We go outside. Phase three can go out by themselves. Phase four and executive level can go to the shopping center or other stores.

When I leave here I will probably go to a group home or independent living environment. I will have freedom and be able to go to a public school. I can be a normal kid again.

I see my dad whenever I can, but not as often as I'd like. He's moved twice since I've been here. I talk to him almost every day.

Bullying Concerns

I've been bullied so much. They cuss at me and make fun of my dead mom. It happens every now and again. I've spoken to staff and nothing really happens. I spoke to my clinician.

People are threatening to beat me up. I am concerned about telling staff but I would like staff to keep an eye on me at all times.

The bullying has gone down a bit because I have been standing up and speaking up more for myself. Once they left, new people came in to bully. Staff doesn't do anything but tell me to stick up for myself and I do.

There is a lot of provoking here. There is a lot of talking behind peoples' back. You get a phase drop for that. Just keep an eye out for big groups. They are always gossiping.

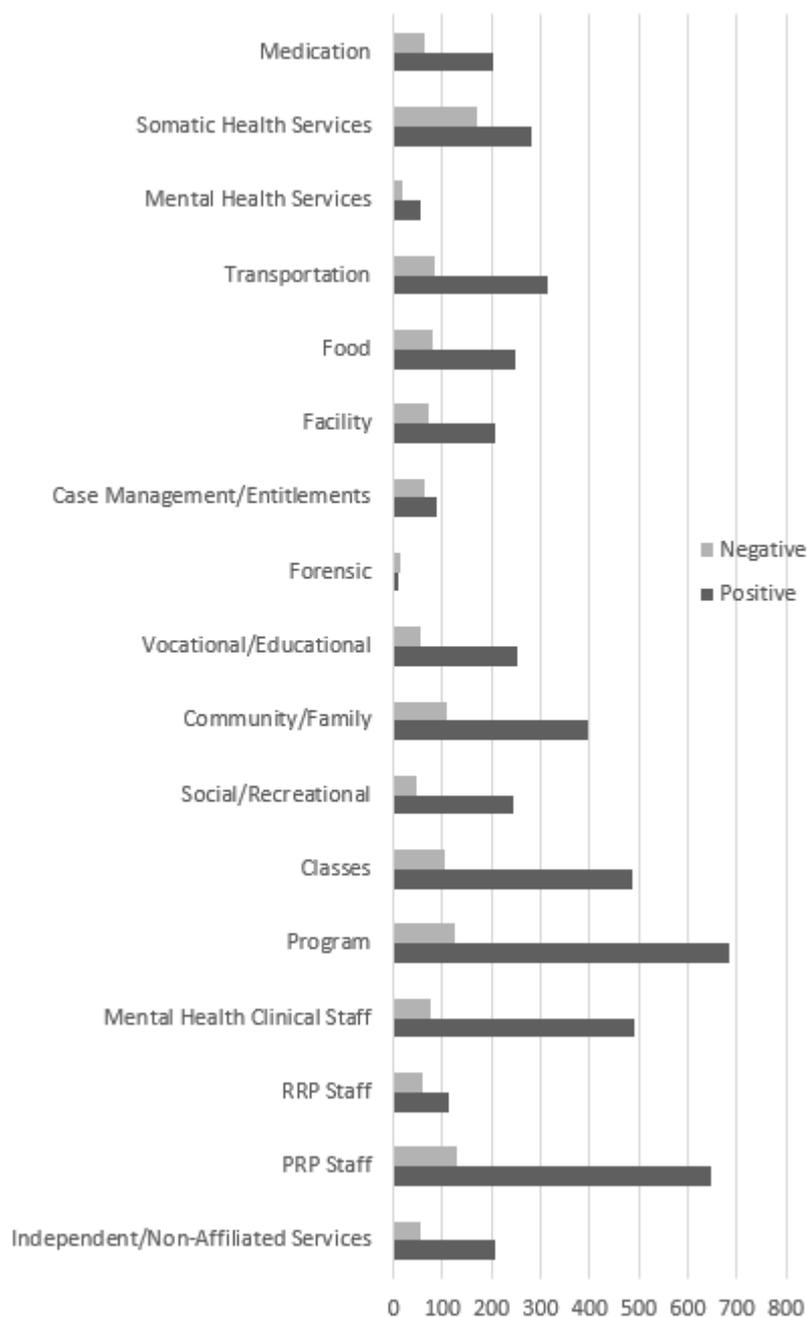
A kid keeps bullying me. They act like they are my boss. I told staff, and they talked to them about it today.

I've been bullied a lot. It's really bad. It's mostly boys. Some have hit me and they say I'm ugly; they say I'm different.

The guys were out attacking us because some of us are gay.

Sometimes people fight. I've been in some fights. We get refocuses and POA's when we get in a fight.

PRP Consumer Comments



PRP Comments

General PRP Comments

They are very prompt; they help govern rules and goals. They are always there. They teach us how to be more responsible.

If you have a problem, you can go to someone. That's what I like. A lot of places don't have that.

I appreciate that they deal with the mental health aspects of addiction.

I think I'd probably be gone in every way if not for this program.

Everything is good the way it is. I am trying to get another breath of air and be successful with my life again. The program is helping.

I meet with my therapist. It is my favorite time. I have known my doctor for a long time. They listen to me.

The program helps me to live independently one day. I want to live on my own one day .

Some in the program can't do anything for themselves. The program can't provide for all of us. Some of us can do for ourselves.

I don't hate it, but I don't want to stay here forever.

It is a nice place. I hear others talk badly about it, but don't see it. I stay away from the negative. I'm grateful.

They help you here. They take us to our appointments and talk to us when we want to hurt ourselves. I don't want to hurt myself now.

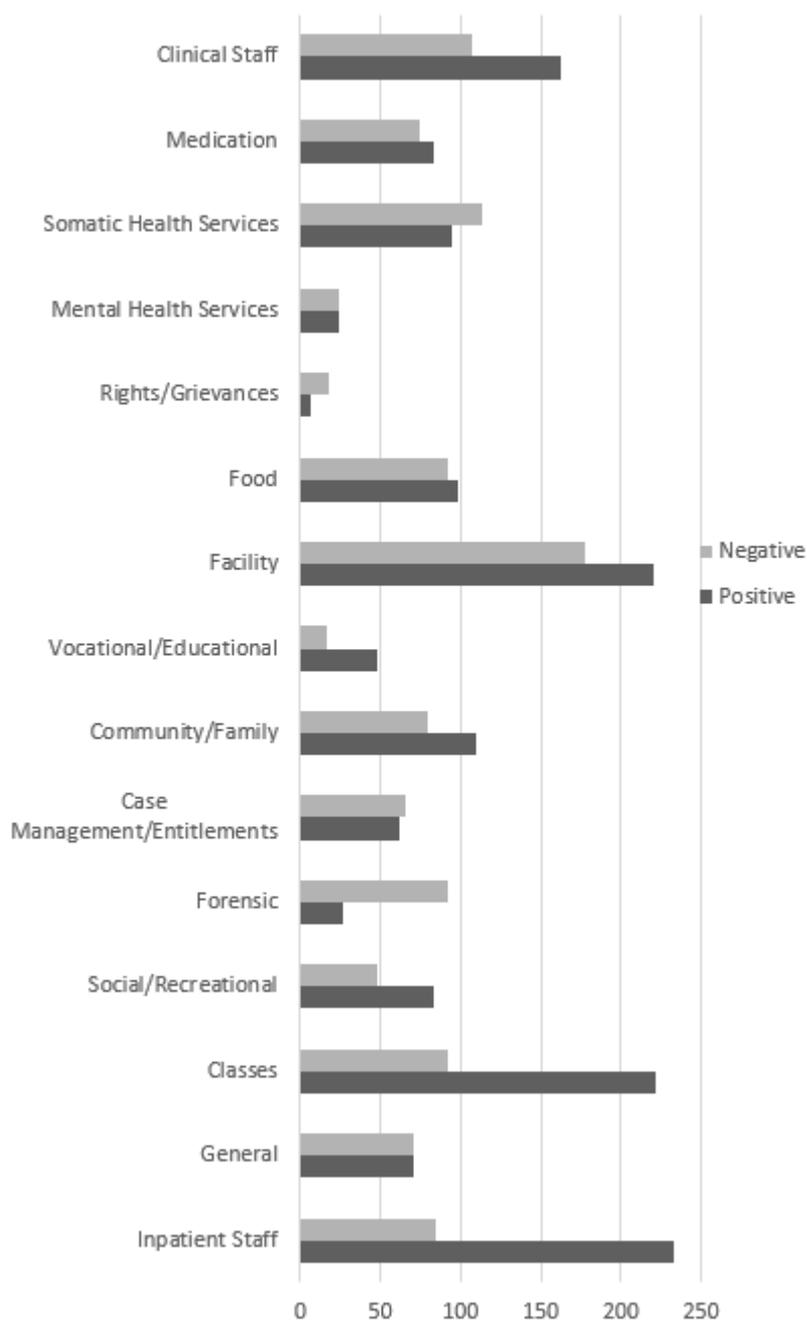
It's changed me a lot; I've been through major changes. I've adapted to the program. It's never happened to me before. When I first came I was a loner. Now I'm more involved.

I would like an increase for money. I would like to get clothing and a little car. We don't get enough money.

The counselors open-up and relate to you. It makes a difference when you know that you are working with counselors who have been through the same things you have been through.

I like my case manager. I like my team. The program works as a team.

Inpatient Consumer Comments



INPATIENT COMMENTS

General Inpatient Comments

Sometimes it's good. There's good vibes.

I came here a year-and-a-half ago. It has its ups and its downs. There are good staff and bad staff. Some just come in to get paid. The good staff are available if you want to talk to them; you don't have to track them down.

I go to all the groups and classes. I like volleyball, library, fitness center, and basketball; I go off the unit for them. I don't like the simple groups. The substance abuse group teaches me how to live without drugs. The focus group and the prevocational group are good. I really like the prevocational group as it helps with jobs.

My friends are here.

Some of the staff have good personalities and humor. They do not agitate consumers.

I came here from the penitentiary. I get on my knees every day and say a prayer to God.

I'm scared of moving on, but I do want to get out eventually. I'm afraid to ask them about the next step, getting out of here. I'm afraid to be out.

People pay attention to you and try to address your needs and concern. Some staff are friendly.

So far it's going good. You are not going to like everybody.

They have services. You can talk about anything you want in group. I get something out of all of the groups. They have them two to three times a day. Sometimes, they have cake and ice cream for birthdays.

Everything is working. They are doing the right stuff.

We go out only when staff feels like it. We ask to go out, but sometimes they say, "Yes," and sometimes "No."

If it weren't for the nurses, my health and hygiene would decline.

I've been in America for twenty-two years and in the system for fourteen years, mostly at Perkins. So far so good here; they meet my needs. It's good here; I was expecting worse. They give me everything I need here - clothes, everything.

FY 2014 FINANCIALS

Revenue

Federal	\$357,975
State	224,151
Youth	<u>264,961</u>

Total Revenue **\$847,087**

Expenses

Personnel	\$673,386
Equipment	17,354
Leasing	1,000
Postage	475
Telephone	14,083
Supplies	5,064
Insurance	2,554
Legal/Accounting/Audit	5,906
Rent	58,755
Travel/Meetings	21,529
Printing	3,930
Training	8,903
Purchase of Services	32,649
Other	<u>1,499</u>

Total Expenses **\$847,087**

CQT STAFF

Joanne Creaney Meekins, *Executive Director*

Steve Stahley, *Deputy Director*

Kathleen (Kate) Wyer, *Deputy Director*

Chuck Buckler, *Interviewer*

Karuna David, *Interviewer*

Morgan Halstead, *Interviewer*

Cintra Harbold, *Interviewer*

Deborah Hardy, *Interviewer*

Julia Hicks, *Interviewer*

Brian Korzec, *Interviewer*

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Susan Tager, *Interviewer*

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

www.cqtmmd.org

CONSUMER COMMENTS ABOUT CQT

*“It’s nice having you guys
[CQT] here.”*

*“I’d like CQT to come out more
often.”*

“I enjoy seeing CQT here.”