

Consumer Quality Team of Maryland

Annual Report | FY 2020





Letter from the Director

STAFF

Hye Mi Ahn, Interviewer

Arlen Asher, Interviewer

Virginia Crawford-Schmidt,
Interviewer

Allison Elli, Interviewer

John Flowers, Program
Coordinator

Deborah Hardy, Interviewer

Kevin Hughes, Interviewer

Erin Knight, SUD Program
Manager

Bonney Moxley, Deputy
Director

Dave Pittenger, Interviewer

Susan Tager, Interviewer

Angela Vaughn-Lee, Outreach
Coordinator

James Wentworth, Program
Coordinator

Erica Wise, Program
Coordinator

Kate Wyer, Senior Director

By the second week of March, when COVID-19's positivity rate began to rise dramatically, I directed all CQT staff to conduct scheduled consumer interviews by phone, rather than maintain in-person visits. These actions were taken before the stay-at-home mandate out of an abundance of caution for the health of the consumers, many of whom live in congregate settings, have comorbidities, and are considered high-risk.

Once the stay-at-home mandate was announced, CQT worked quickly to adjust to the reality of physical distancing by transitioning our phone visits to a HIPAA compliant video conferencing platform. By March 30th we had completed the transition. Connecting with residential staff who lacked adequate technology posed unique challenges. Confidentiality in hospital settings, due to staffs' presence to monitor consumer safety, was also a challenge but we made our way forward and, not only met, but exceeded our deliverables for the year.

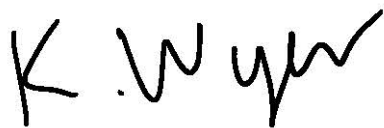
Consumers during the early stages of the pandemic expressed deep gratitude for the care and support they were receiving. They were not happy about the changes to their schedules and the mandate, but they understood these changes were for their safety. Youth expressed dissatisfaction with the virtual learning platforms and in the reduction of their off-unit activities. However, overall, the last quarter of FY 20—which was fully virtual—reflected the highest percentages of consumer satisfaction for FY 20.

We successfully completed the pilot to Baltimore City's residential and inpatient substance use disorder treatment providers. While half of the introductory meetings were conducted virtually, we were still able to forge new partnerships and relationships. The first site visits were overwhelmingly positive, and the individuals reported feeling supported in their recovery. I look forward to the increase in visits to these providers in FY 21.

Letter from the Director

Throughout FY 20, CQT continued to test and refine the metric that was developed by an epidemiologist in FY 19. We will present data collected from the final version in FY 21. This data will be presented to local behavioral health authorities (LBHAs), CEOs, and the Behavioral Health Administration as a complement to our qualitative data.

I am thankful for the support and flexibility of The Mental Health Association of Maryland as we transitioned to a fully remote workplace in March and for the conversations around our role in working towards racial justice. I am grateful for the support of Maryland's Behavioral Health Administration, the local behavioral health authorities, providers, and CEOs. I especially want to give a shout-out to my staff for their utmost dedication to this work during an unprecedented crisis and period of social reckoning.



ABOUT CQT

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. It also recognizes positive aspects of the behavioral health system.

MISSION

The Consumer Quality Team of Maryland (CQT) empowers individuals who receive behavioral health services as partners with providers, policy makers, and family members, to improve care in the public behavioral health system and ensure that services meet the expressed needs of consumers.

HOW WE WORK

CQT makes site visits to public mental health facilities in Maryland. During our visits, consumers volunteer to participate in confidential, qualitative interviews—sharing their thoughts, suggestions, and level of satisfaction with the program or services they receive. They also discuss any specific needs and concerns. Individual consumers may give permission for their names to be shared with facility staff in order to have a specific request or concern addressed, such as food insecurity or issues with roommates. 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 report on the site visit with 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 quarterly with representatives from the funding agencies, provider associations, and the Behavioral Health Administration to discuss site visit reports. CQT meets regularly 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 a year, ensuring that concerns from previous visits have been addressed. These feedback meetings with local and state administrators provide an opportunity for attendees to hear consumers' general concerns, praise, and suggestions about different programs and initiatives throughout the state.

2020 Overview

FY 2020 ACCOMPLISHMENTS

From July 1st - June 30th, 2020, CQT conducted:



357

Total site visits throughout MD



1321

Consumers interviewed



399.75

Training hours



506

Individual issues reported by 377 people



284

Safety concerns reported by 188 people



34

Total feedback meetings with LBHAs/CEOs/RTC Coalition and BHA

Because of COVID19, the counselor calls me on the phone once or twice a week to see how things are going. It feels good that someone is thinking about me.

- positive quote from a consumer

2020 Overview

These numbers illustrate COVID-19's impact on CQT's operations. The last quarter, which was fully virtual, reflects a lower number of site visits and interviews as we pivoted to a new virtual platform. You'll notice, however, that it reflects the highest percentages of consumer satisfaction with services. Consumers reported feeling supported and safe during the pandemic. They also expressed appreciation for the staff's efforts to make the best of the situation.

Positive comments clearly compliment, praise or express gratitude for services provided to an individual. Negative comments reflect reported dissatisfactions or challenges with services. Neutral comments represent statements of fact without supporting positive or negative details, such as, "I ate lunch today." We don't know how the consumer felt about the lunch. Explanations around safety concerns and individual requests are referenced on page 6. The following chart makes reference to percentages of positive, negative, and neutral consumer comments.

FY 2020 QUARTERS: STATE TOTALS

Quarter 1	Quarter 2	Quarter 3	Quarter 4
392 Interviews	325 Interviews	342 Interviews	262 Interviews
101 Site Visits	93 Site Visits	91 Site Visits	72 Site Visits
55% Positive Feedback	51% Positive Feedback	57% Positive Feedback	71% Positive Feedback
27% Negative Feedback	33% Negative Feedback	35% Negative Feedback	22% Negative Feedback
18% Neutral Feedback	16% Neutral Feedback	8% Neutral Feedback	7% Neutral Feedback
76 Safety Concerns reported by 62 people	105 Safety Concerns reported by 60 people	80 Safety Concerns reported by 47 people	20 Safety Concerns reported by 19 people

/// I'd like coronavirus to go away so the institutions like the courts would open back up. I can't leave until I go back to court. They are telling us as much as they know about the courts. ///

- negative quote from a consumer

INDIVIDUAL REQUESTS

Individual requests detail issues that are specific to an individual and where that individual has consented to have their name shared with staff. Staff is then able to address or resolve the issue directly with them.

A consumer had one concern:

"The dentist has been coming in a van. I don't think I'm on the list anymore; a lot of people signed up and haven't been seen yet. I haven't seen the dentist in years. I need to see the dentist because something is going on in my mouth."

Staff stated there has been some funding for dental services and quite a few consumers signed up. The dentists are seeing a group of consumers until the end of their treatments before they move on to other consumers. The reporting consumer hasn't been seen yet. They will get their turn, but program staff have no control over the dental team. However, the program is working on getting the mobile service covered under Medicare and Medicaid.

The jurisdiction's local behavioral health authority provided this follow-up information: "Program staff report the dental van only accepts consumers with just Medical Assistance. The reporting consumer has both Medical Assistance and Medicare. Staff is looking into other options for this consumer."

SAFETY CONCERNS

Safety concerns are any risk of harm to the consumer or to anyone else. The consumers are made aware before the start of the interviews that if they discuss safety concerns, CQT will share their name with the staff.

A consumer had one safety concern:

"I only have one issue. The lady who drives the van is not too good a driver. She runs off the road, and she almost backed into a car. She can't see too good. I'm nervous on the van. I don't feel safe. She rides on the shoulder. She had an accident in her personal vehicle. I don't dislike her; it's just the truth. I think everyone would say the same thing. She talks and texts on the phone while she is driving."

Program staff said this is information they need to have.

CQT also reported this concern to the jurisdiction's local behavioral health authority, who provided the following feedback: "The program has taken this complaint very seriously. The director discussed this complaint with the van driver, emphasizing the importance of safety and following proper transportation guidelines. The director discussed the ramifications of this accusation and will require the driver to take AAA driving class to continue to provide transportation services."

2020 Overview

FY 2020 QUARTERS: STATE TOTALS

This chart reflects the trends CQT saw reflected in the positive and negative comments made during interviews regarding inpatient facilities, youth residential treatment centers (RTCs) and regional institutes for children and adolescents (RICAs), adult community-based programs such as psychiatric rehabilitation programs (PRPs) and wellness and recovery centers (WRC), and substance use disorder (SUD) treatment providers.

Type of Program	Positive Trends	Negative Trends
Inpatient	<ul style="list-style-type: none"> - Programming - Individual staff by name - Treatment teams 	<ul style="list-style-type: none"> - Concerns about staff predominated, including perceived rudeness and hostile language. Also, staff on cell phones and/or sleeping on the night shift - The facility needs improvement - Forensic issues
Youth (RTC/RICA)	<ul style="list-style-type: none"> - Staff - Programming (feeling supported) 	<ul style="list-style-type: none"> - Food - Programming (not feeling helped, being bored) - Dissatisfaction with distance learning during COVID-19
Community (PRP, Wellness, and Recovery Centers)	<ul style="list-style-type: none"> - Staff - Programming - Groups 	<ul style="list-style-type: none"> - No strong trends but negative RRP/group home staff comments were mentioned in one jurisdiction. Lack of transportation, especially in one rural jurisdiction, was a hinderance.
Substance Use Disorder	<ul style="list-style-type: none"> - Programming and staff (very positive) - Feeling supported in their recovery 	<ul style="list-style-type: none"> - Frustrations around COVID-19 changes to programming/timelines

2020 Overview

In the following overview, CQT has outlined consumer satisfaction data by program type. The data represents snapshots in time. It is unfiltered and not validated; it is captured through voluntary, self-selecting, peer-led interviews. This feedback has been discussed at the provider and local behavioral health level, with CEOs, and with the Maryland Behavioral Health Administration.

FY 2020 QUARTERS: STATE TOTALS

Type of Visit	Total Visits	Total Interviews	% Positive	% Negative	% Neutral	Safety concerns by # of people reporting	Individual requests by # of people reporting
PRP	150	636	68%	20%	12%	79 by 57	177 by 171
WRC	24	96	73%	12%	15%	11 by 9	18 by 15
RICA/RTC	67	237	48%	40%	12%	64 by 40	92 by 63
INPATIENT	104	289	42%	47%	11%	128 by 82	209 by 120
SUD	12	63	80%	19%	1%	1 by 1	10 by 8
TOTALS	357	1321	59%	29%	12%	284 by 188	506 by 377

CQT does not investigate or validate claims by consumers regarding safety concerns or related matters; CEO/LBHA representatives are required to conduct follow-up diligence.

/// It was good to meet with members of the CQT Team yesterday and to have the opportunity to review the information from the last CQT visit. We value our partnership and thank you for the role you play in helping us to be a stronger, more effective program as well as your role in helping to advocate for youth perceptions while in treatment. - quote from a provider

Overview

STATE TOTALS OVER TIME

In FY 18, CQT tracked the number of concerns and individual requests, but we did not yet track how many individuals were reporting these concerns.

FY 18 Totals	FY 19 Totals	FY 20 Totals*
1710 Interviews	1773 Interviews	1321 Interviews
421 Site Visits	429 Site Visits	357 Site Visits
70% Positive Feedback	67% Positive Feedback	59% Positive Feedback
30% Negative Feedback	33% Negative Feedback	29% Negative Feedback 12% Neutral Feedback
486 Individual Issues	796 Individual Issues by 488 people	506 Individual Issues by 377 people
129 Safety Concerns	329 Safety Concerns by 265 people	282 Safety Concerns by 188 people

*FY 20 numbers were impacted by the COVID-19 pandemic. Also, the neutral category was introduced.

Financials

REVENUE	
Federal	\$841,882
State	\$224,151
Behavioral Health Systems Baltimore	\$59,753
TOTAL REVENUE:	\$1,125,785

EXPENDITURES	
Personnel	\$921,833
Advertising	\$190
Equipment	\$7,068
Postage	\$345
Telephone	\$15,301
Supplies	\$2,477
Insurance	
Legal/Accounting/Audit	\$20,677
Rent	\$68,324
Travel/Meetings	\$21,286
Printing	\$2,122
Training	\$2,813
Purchase of Services	\$61,351
Staff Development	\$1,995
TOTAL EXPENDITURES:	\$1,125,785