



Consumer Quality Team of Maryland

Annual Report | FY 2022





Letter from the Director

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The Consumer Quality Team faced new pandemic challenges in FY 22. The omicron surge, The Great Resignation that significantly impacted our provider partners and our team, and the data breach at the state were among the factors that increased the difficulty of conducting virtual visits. However, the team rallied and was able to continue to regroup and navigate the changing landscape. We met or exceeded our deliverables in all service lines, including the three pilot programs: residential level Baltimore City substance use providers, Baltimore County youth community-based programs, and the crisis services expansion from Behavioral Health Systems Baltimore.

In FY 22, we completed 440 site visits and talked to 1430 consumers. While most of this feedback remained positive, the team fielded an unprecedented 34% negative feedback. This negative feedback showed up mainly in the third quarter—during the aforementioned triple challenges. Consumers during this period expressed frustration with case management services, discharge, the courts, and staffing shortages. This frustration impacted the state hospitals the most; consumers discussed peer-to-peer conflicts more than ever as they grew tired of COVID precautions, court delays, and critical staffing shortages.

The data from the three pilot programs were strongly positive. Consumers in Baltimore City substance-use recovery programs praised staff and their treatment groups. These consumers connected to the programs' hiring of staff in recovery and frequently mentioned that people who had been in their shoes leading the groups made them feel hopeful for their futures. Youth in Baltimore County's community-based care similarly found strength and hope when connecting to peers

Letter from the Director cont.

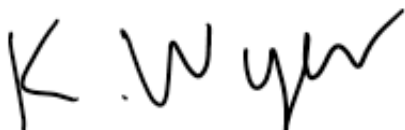
in their groups. These youth also praised the staff for helping them work through grief, depression, bullying, and isolation. CQT fielded feedback from people who had used the Here2Help line, mobile crisis teams, and residential crisis beds. The feedback for these services was also overwhelmingly positive. Most people interviewed in this pilot felt supported at each step of their care within the crisis system. In particular, consumers shouted out the staff at BCRI, Inc. for being relatable, supportive, and having lived experience. We also made significant headway in forging a relationship with Health Care Access Maryland (HCAM) to interview consumers about their experiences with the community referrals HCAM provides. These consumers praised the phone counselors for their kindness and follow-up. HCAM found the feedback about their referrals to be meaningful and actionable.

In quarter four, CQT's team began to experience some staffing turnover as team members sought new paths for themselves. This turnover mirrored the system-wide trend in behavioral health care generally, but especially so during the pandemic. Due to the team's strategic planning earlier in the fiscal year, this turnover did not impact our ability to meet our deliverables at the end of the year. However, this turnover will impact the early months of FY 23 due to the tough job market. Creative steps are being taken to mitigate this impact.

The CQT team remains committed, and mission centered, as we enter year three of the pandemic. Most of the site visits in FY 22 were virtual, however, the team is cautiously making its way back to communities across the state. It's been rewarding for me to see staff I've hired during the pandemic perform site visits in person for the first time, to watch them build rapport with staff and consumers, and begin to learn more about our providers' locations. We had our first overnight visits to Western Maryland and the Eastern Shore for the first time since March 2020.

CQT has some ambitious projects lined up for FY 23, namely moving to a cloud-based data management system, working towards automating more manual processes, and streamlining reporting protocols.

Thank you to all our partners in Maryland's public behavioral health care system, the consumers who choose to interview with us, The Mental Health Association of Maryland's leadership, and to my staff who inspire and motivate me every day with their commitment to honoring the lived experiences of those we interview.

A handwritten signature in black ink, appearing to read "K. Wyer". The signature is fluid and cursive, with a large initial "K" and a stylized "Wyer".

Kate Wyer, Senior Director

About the Consumer Quality Team of MD

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 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 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.

About the Consumer Quality Team of MD

Program Type	Scope
Adult PRP	PRPs in 23 of the 24 jurisdictions (Calvert County does not have an Adult PRP)
Wellness and Recovery	22 Wellness and Recovery Centers across Maryland
Inpatient	5 inpatient facilities
RTC/RICA	2 RICAs, the 4 RTCs and Dayhoff B
Youth PRP	Youth PRPs in Baltimore County
SUD	All Baltimore City 3.5 and 3.7 providers
Crisis	BCRI Crisis Residential Unit (CRU) and Health Care Access Maryland (HCAM) callers

2022 Overview

FY22 ACCOMPLISHMENTS

From July 1st- June 30th, 2021, CQT conducted:



440

Total site visits throughout MD



1430

Consumers interviewed



339.5

Training hours



898

Individual requests reported by 545 people



381

Safety concerns reported by 241 people



60

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

“ Whenever I’m going through something emotional, I call [staff] and vent it out. He doesn’t judge me, and he gives me insight on things. That’s what I like about it—he doesn’t judge me, and he gives me a chance to work it out in my head. I love therapy.

- positive quote from a consumer

2022 Overview

These numbers represent a predominately virtual year for CQT. The interviews were conducted from our homes via HIPAA-compliant Zoom or by phone calls. We did perform some visits in-person to inpatient facilities for youth and adults, as well as a few community-based programs. In-person site visits tended to yield higher consumer participation. The third quarter marked the unpredicted omicron surge, the start of The Great Resignation, and the data breach event at BHA. It also reflected the most negative feedback; consumers brought up the most allegations of safety concerns in this quarter. Overall, this grant year, consumers generally reported more positive feedback than negative. The strongest positive trends centered around the general program meeting their needs. We did field the largest number of individual requests this year; these requests centered around case management needs and also somatic health concerns. The largest negative trend was directly about staff turnover/understaffing or staff attitudes and performance. The following chart refers to percentages of positive, negative, and neutral consumer comments.

FY 2021 STATE TOTALS

Quarter 1	Quarter 2	Quarter 3	Quarter 4
326 Interviews	377 Interviews	350 Interviews	378 Interviews
112 Site Visits	111 Site Visits	110 Site Visits	113 Site Visits
60% positive feedback	70% Positive Feedback	59% Positive Feedback	67% Positive Feedback
34% negative feedback	27% Negative Feedback	38% Negative Feedback	29% Negative Feedback
6% neutral feedback	3% Neutral Feedback	3% Neutral Feedback	4% Neutral Feedback
96 safety concerns reported by 56 people	58 safety concerns reported by 44 people	127 safety concerns reported by 83 people	81 Safety Concerns reported by 60 people
206 individual requests by 124 people	173 individual requests by 121 people	239 individual requests by 139 people	280 individual requests by 161 people

2022 Overview

NEUTRAL COMMENTS

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 go to groups.” We don’t know how the consumer felt about the groups. Explanations around safety concerns and individual requests are referenced on page 6.

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:

General Programming concern: “We’re forced to go to the day program. I don’t want to go if there’s a second COVID scare going on. I brought it up with staff—last Thursday they brought it up and didn’t follow up.”

Program staff stated that because of COVID-19 if the consumers don’t feel safe, they are not obligated to come in person. However, the staff are following all the protocols to make the program safe by requiring masks, sanitizing all surfaces, and having no more than twelve people at the program at a time. Staff added that they will let the RRP director know about the consumer’s concern.

CQT also reported this concern to the jurisdiction’s local behavioral health authority, who provided the following feedback: Program staff has discussed this consumer’s concern. They report that they will not ‘force’ anyone to enter the program if they don’t feel safe due to the pandemic.

▄▄ **Nobody is perfect, and no job is perfect. There is something more they could do, but it comes down to being short-staffed, and that’s out of their control. The program is a 3 or 3 ½ because there is room for improvement—because they’re short-staffed, which is not their fault.**

- negative quote from a consumer



2022 Overview

SAFETY CONCERNS

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

A CONSUMER HAD ONE SAFETY CONCERN:

Somatic/Medication Concern: "I recently moved into housing with 24-hour staff, and there are up to three staff members there a day. One of the staff members is a lot less receptive to listening to us or at least listening to me. I never had an issue with any of the other staff members, but there's one staff member—I was having issues with her because the way she gives medication out is much different than how the other staff members do it. She doesn't give it to us individually; she just puts it all out on the table and lets us take it. I have a problem with that because I'm on a restricted medication for my [diagnosis]. I have to talk to the doctor once a month to get it refilled. It's restricted, and staff leaves it out in the bubble packs on the table. I said something once, and she got mad at me; she told me not to tell her how to do her job. That happened two or three weeks ago after she came back on vacation. The other staff members are good about medication; she's the only staff member who leaves everyone's medication on the table and then comes back a half-an-hour later. My medication could very easily be mistaken for someone else's, or it could be taken, and I don't feel like it's very safe at all...I wouldn't want anyone to take it by accident when it's just out in the open like that."

CQT shared this concern with program staff immediately after the interview. Program staff said they will inform the housing coordinator and the CEO about this concern immediately.

CQT also reported this concern to the jurisdiction's local behavioral health authority, who provided the following feedback: The provider met with the staff person to investigate the medication monitoring process. According to the staff person in question, she knew the process but admitted to skipping one or two steps. The provider met again with the staff and consumers to further investigate this concern and concluded that the findings corroborated with the consumer's concerns. To address this concern, the provider has scheduled for the staff person to complete medication monitoring training by the end of May. In addition, disciplinary action was taken by providing the staff person with a written warning. Also, the housing coordinator will engage in unannounced visits to the residence during medication monitoring times to ensure that the protocols are being adhered to. As an additional update, the provider has followed up with the consumer, and the consumer has informed the provider that, to date, the safety concern is no longer an issue.

2022 Overview

FY22 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 (WRCs), 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; Staff is supportive and helpful 	<ul style="list-style-type: none"> • Staff attitudes/performance • Case management • Forensic concerns • Peer-on-Peer assault allegations
Youth (RTC/RICA)	<ul style="list-style-type: none"> • Staff is supportive and helpful • Programming • Groups 	<ul style="list-style-type: none"> • Staff: <i>"Staff shouldn't complain to us about their jobs. They tell us that they have to deal with us and that they don't get paid enough—it's degrading."</i> • Program- transphobia and homophobia on the units • COVID-related restrictions
Community (PRP, Wellness, and Recovery Centers)	<ul style="list-style-type: none"> • Staff • Programming • Groups/Classes 	<ul style="list-style-type: none"> • Programming, COVID-19 related rules and restrictions • Groups/Classes, limited due to COVID-19, not enough subjects, lack of participation
Substance Use Disorder	<ul style="list-style-type: none"> • Staff • General Program 	<ul style="list-style-type: none"> • Grief and loss while in the community
Youth PRP	<ul style="list-style-type: none"> • Staff • Program • Supporting mental health needs 	<ul style="list-style-type: none"> • No discernable trend
Crisis (Crisis Residential Unit and Health Care Access Maryland)	<ul style="list-style-type: none"> • Staff • Overall program 	<ul style="list-style-type: none"> • No discernable trend

2022 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 Behavioral Health Administration.

FY22 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	162	598	69%	28%	3%	53 by 46	342 by 212
WRC	15	99	79%	19%	3%	3 by 2	40 by 30
RICA/RTC	65	175	57%	39%	4%	48 by 35	64 by 51
Inpatient	112	290	41%	57%	2%	255 by 141	348 by 174
SUD	36	144	75%	23%	2%	9 by 7	60 by 44
Youth PRP	32	85	77%	20%	3%	10 by 9	31 by 23
Crisis	18	36	77%	19%	4%	1 by 1	13 by 9
Totals	440	1430	63%	34%	3%	381 by 241	898 by 543

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

2022 Overview

STATE TOTALS OVER TIME

FY 19 Totals	FY 20 Totals	FY 21 Totals	FY 22 Totals
1773 Interviews	1321 Interviews	1455 Interviews	1430 Interviews
429 Site Visits	357 Site Visits	441 Site Visits	440 Site Visits
67% Positive Feedback	59% Positive Feedback	66% Positive Feedback	63% Positive Feedback
33% Negative Feedback	29% Negative Feedback	28% Negative Feedback	34% Negative Feedback
—	12% Neutral Feedback	6% Neutral Feedback	3% Neutral Feedback
796 Individual Issues	506 Individual Issues	564 Individual Issues	898 Individual issues
329 Safety Concerns	282 Safety Concerns	305 Safety Concerns	381 Safety Concerns

In FY 19, CQT worked with an epidemiologist to create a metric that would complement our qualitative interviews. In FY 20, we tested several versions of this metric. In FY 21, we used the finalized metric to collect data on consumer satisfaction within three domains: staff, groups, and overall satisfaction with their program. After providing qualitative information about those domains, consumers are asked to rate them on a scale of 1-5, with 5 being the best score. Consumers can choose not to answer. They may also decide to provide a score that does not fit within the metric. The rates of these occurrences are also tracked.

Ultimately, CQT’s mixed-method of combining qualitative and quantitative interviewing recognizes the drawbacks of a questionnaire approach for populations facing behavioral health issues. (Nordgaard, Sass & Parnas. 2013).

2022 Overview

METRIC - STATE AVERAGE FY22

State Average	Therapeutic Groups Rating (scale 1 - 5)	Staff Rating (scale 1 - 5)	Overall Program Rating (scale 1 - 5)	Questions Asked, Not Answered
Adult PRP 160 Site Visits 593 Interviews	4.42	4.56	4.58	11.8%
WRC 15 Site Visits 95 Interviews	4.57	4.84	4.84	5.2%
RTC/RICA 60 Site Visits 163 Interviews	3.98	4.07	4.21	14.3%
Inpatient 116 Site Visits 292 Interviews	4.14	3.72	3.78	20.9%
SUD 36 Site Visits 144 Interviews	4.33	4.61	4.65	10.5%
Youth PRP 31 Site Visits 79 Interviews	4.69	4.82	4.83	11%

▄▄
 Thank you for providing us with these reports. They provide valuable feedback,
 ▄▄
 which we use to improve the quality of the program for the youth, families, and staff.

- quote from a provider