



Consumer Quality Team of Maryland

Annual Report | FY 2021





Letter from the Director

STAFF

Hye Mi Ahn, Youth PRP
Program Manager

Arlen Asher, Interviewer

Mel Batchelor, Interviewer

Virginia Crawford-Schmidt,
Interviewer

Allison Elli, Interviewer

John Flowers, SUD Program
Manager

Deborah Hardy, Interviewer

Emma Howard, Interviewer

Kevin Hughes, Interviewer

Erin Knight, Deputy Director

Tim Luo, Program
Coordinator

Domenique Miller, Interviewer

Bonney Moxley, Deputy
Director

Dave Pittenger, Interviewer

Angela Vaughn-Lee,
Outreach Coordinator

James Wentworth, Program
Coordinator

Erica Wise, Program
Coordinator

Kate Wyer, Senior Director

Due to the COVID-19 pandemic, CQT completed an entirely virtual fiscal year. We conducted site visits from our homes, using HIPAA-compliant Zoom or phone calls to reach consumers in their homes or hospital units. We continued to forge new partnerships with program staff to facilitate our outreach. On some occasions, the team called twenty different houses over a day.

As a result of these partnerships, we completed 445 site visits—the most in CQT’s history—and completed 1442 interviews. While the number of interviews is impressive, it was less than what we completed in pre-pandemic FY 19. CQT’s peer-to-peer rapport building, which begins during our intro speech to consumers, is the foundation where consumers start to decide for themselves if they would like to speak to us about their experience in the public behavioral health care system. This kind of rapport building is best suited to face-to-face interviews; it was not always possible to conduct Zoom interviews due to the digital divide. CQT’s Scheduling Coordinator, Allison Elli, adapted her process to accommodate the multiple interview formats, preferences, and abilities of approximately 150 providers—many of whom were experiencing staffing shortages due to the pandemic.

The entire CQT team should be celebrated for their flexibility, trouble-shooting, dedication, and heart as we navigated the stresses, anxieties, and uncertainties of the pandemic ourselves while exceeding all of our deliverables. We always take the mission of “bringing the consumers’ voice to the table” seriously, and this mission had even more weight during the pandemic. We also completed the most feedback meetings with CEOs and local funding agencies in CQT’s history.

CQT experienced a 40% growth in funding during the pandemic due to two expansion grants. The first, which we received in the second quarter of FY 21, was to begin interviewing youth in community-based programs in one jurisdiction. We were awarded this grant as a direct result of the impact of our feedback meetings with Maryland’s Behavioral Health Administration. Interviewer Hye Mi Ahn was promoted to youth psychiatric rehabilitation program manager to lead this new initiative. We completed our virtual relationship-building meetings with these new providers and began virtually interviewing youth in November of 2020. The outcomes were very positive; youth reported benefiting from the programming, even if they were experiencing Zoom fatigue.

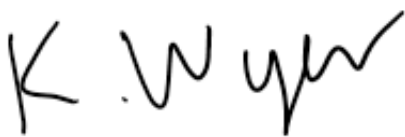
Behavioral Health Systems Baltimore awarded the second expansion grant. It was for a six-month planning period to begin to map out CQT’s role in interviewing adults who have used the Here2Help hotline, mobile

Letter from the Director cont.

crisis response, or residential crisis beds in Baltimore City. We formed a steering committee, conducted several virtual meetings with providers, and outlined our plan for FY 22. Substance Use Program Team Manager Erin Knight was promoted to deputy director to facilitate these partnerships. As a result of this promotion, Program Coordinator John Flowers was promoted to substance use team manager, and Interviewer Tim Luo was promoted to program coordinator. These expansion grants not only increased CQT's outreach to diverse populations, they also allowed dedicated staff to grow in their responsibility and roles within CQT. The team maintained "CQT Connections" throughout the pandemic, a placeholder meeting on Microsoft Teams to share our lunch breaks. Our work is profoundly team-based and collaborative, and it felt imperative that we carve out time to stay connected while we were safe at home. These small breaks ended up being very important to the overall morale.

As you review the data on the following pages, you'll see consumers voicing what was important to them: their successes and shoutouts, their concerns and needs, their wants. The feedback trended more positive than negative, and generally, staff and programming received high marks from those who chose to interview. You will see the addition of the quantitative metric as a complement to our qualitative interviews. On average, consumers rated their overall satisfaction with services as 4.35 on a scale of 1 to 5, with 5 being the best score.

I would again like to express my gratitude to The Mental Health Association of Maryland for providing the technology and policies to keep us connected, engaged, successful, and safe during the pandemic. Our partnerships with Maryland's Behavioral Health Administration, the local behavioral health authorities, providers, and CEOs are critical to the success of our program: thank you sincerely. I'm also sincerely grateful for each person who volunteered to interview with CQT. And thank you again to the entire staff of CQT. This was a year unlike any other, and I am glad we spent it (virtually) together.



Kate Wyer, Senior Director

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 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.

2021 Overview

FY 2020 ACCOMPLISHMENTS

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



445

Total site visits throughout MD



1442

Consumers interviewed



367.5

Training hours



564

Individual requests reported by 376 people



305

Safety concerns reported by 219 people



66

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

“ I got really depressed from being in isolation for so long, but now, being with people like me [at the program] has really helped. When I got back to [my program], it really helped me because I was so depressed; my depression is so much better now, and it’s nice to be around people. And I can reach out to [a staff member]; she tells me, “If you need anything else, let me know.”

- positive quote from a consumer

2021 Overview

These numbers illustrate an entirely virtual year for CQT. The interviews were conducted from our homes via HIPAA-compliant Zoom or by phone calls. The third quarter was our busiest with 131 site visits and 443 interviews. It also reflected the most positive feedback; conversely, consumers brought up the most allegations of safety concerns in this quarter. Consumers generally reported feeling supported during the pandemic. The largest negative trend was directly about the stay-at-home mandate, feeling bored and restless, and several people expressed the desire to return to a new normal. The following chart makes reference to percentages of positive, negative, and neutral consumer comments.

FY 2021 QUARTERS: STATE TOTALS

Quarter 1	Quarter 2	Quarter 3	Quarter 4
296 Interviews	338 Interviews	443 Interviews	378 Interviews
90 Site Visits	107 Site Visits	131 Site Visits	113 Site Visits
68% Positive Feedback	64% Positive Feedback	70% Positive Feedback	67% Positive Feedback
24% Negative Feedback	26% Negative Feedback	26% Negative Feedback	29% Negative Feedback
8% Neutral Feedback	10% Neutral Feedback	4% Neutral Feedback	4% Neutral Feedback
66 Safety Concerns reported by 48 people	66 Safety Concerns reported by 47 people	92 Safety Concerns reported by 64 people	81 Safety Concerns reported by 60 people

It's a weird moment in time [given the pandemic], so I don't know what the norm [at this program] is, but I'd like to see the counselors more often. Sometimes they call instead of coming to the house, and it's just a fifteen minute conversation.

- negative quote from a consumer

2021 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:

"I picked up weight—forty pounds—and I'm getting rid of clothes that no longer fit. I've gained so much weight. I think it's a side effect [of the medication] ...As long as you can [find out]—find out why I'm picking up too much weight."

Staff reported they are fully aware of this concern. The consumer used to come to the program three days per week, but they are "now lying in bed all day" because of COVID-19 restrictions. The consumer's family is trying to find a new nutritionist for the consumer, and staff are trying to organize more exercise groups for them. Staff added that some of the consumer's weight gain is a side effect of the medication they're taking. Staff mentioned that the consumer is typically "really resistant to communication," and so they were pleased that the consumer chose to speak with CQT. They will continue to follow up with the consumer and their family and continue to provide support.

CQT also reported this concern to the jurisdiction's local behavioral health authority, who provided the following feedback: The staff continues to support the consumer and their family by providing resources to fruits and vegetables and encouraging the consumer to engage in light physical activity through the program's virtual exercise group.

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 concern:

"I am trying to move; it is not safe [at my private residence.] My fiancé is violent—he is verbally abusive but has not hit me yet. I have told staff. I would like to stay in the day program and move to [another program's] RRP."

CQT shared this concern with program staff immediately after the interview. Staff stated they are assisting them with getting set up with an RRP through a different program, which should happen in the coming weeks.

CQT also reported this concern to the jurisdiction's local behavioral health authority, who provided the following feedback: Staff reports the consumer has been accepted into [another program's] RRP. The consumer will move sometime early this month. They will continue to attend the day program while living in the other program's residential rehab program.

2021 Overview

FY 2021 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 • Groups, including music and OT 	<ul style="list-style-type: none"> • Staff attitudes/performance • Groups are boring • Program (generally, no trends)
Youth (RTC/RICA)	<ul style="list-style-type: none"> • Staff is supportive and helpful • Programming • Groups • Vocational 	<ul style="list-style-type: none"> • Program is not meeting needs • Program: “[This unit] is loud—people yelling at each other. Not even two seconds, a kid is yelling. Every day there’s an argument about something. It’s a kid problem.” • Staff : “Staff on [my unit]—you never know who you’re dealing with. The rules change every day. Staff come in with their own set of rules—particular staff do that.” • Food
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"> • Disruptions in groups; requests for new material
Youth PRP	<ul style="list-style-type: none"> • Staff, helpful • Program 	<ul style="list-style-type: none"> • Programming, screen-fatigue from virtual programming

2021 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.

FY 2021 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	173	614	73%	19%	8%	56 by 49	188 by 120
WRC	17	78	80%	15%	5%	5 by 5	12 by 9
RICA/RTC	78	254	51%	43%	6%	54 by 47	118 by 79
INPATIENT	119	279	51%	41%	8%	161 by 91	204 by 132
SUD	35	160	77%	22%	1%	24 by 20	34 by 30
YOUTH PRP	357	1321	59%	29%	12%	284 by 188	506 by 377
TOTALS	445	1442	66%	28%	6%	305 by 219	564 by 376

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

Overview

STATE TOTALS OVER TIME

FY 19 Totals	FY 20 Totals	FY 21 Totals
1773 Interviews	1321 Interviews	1455 Interviews
429 Site Visits	357 Site Visits	441 Site Visits
67% Positive Feedback	59% Positive Feedback	66% Positive Feedback
33% Negative Feedback	29% Negative Feedback 12% Neutral Feedback	28% Negative Feedback 6% Neutral Feedback
796 Individual Issues	506 Individual Issues	564 Individual Issues
329 Safety Concerns	282 Safety Concerns	305 Safety Concerns

/// The staff and leadership of [a substance-use recovery program] sincerely appreciate the ongoing site visits and input from the CQT team. The discussions the teams conduct with our patients always give us valuable information about program and staff strengths and those areas which need our attention. The CQT team members are consistently caring and insightful and demonstrate their dedication to the improvement of clinical services for all SUD patients throughout the behavioral health care system. Thank you, CQT team members!

- quote from a provider

Overview

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).

METRIC - STATE AVERAGE FY 21: Q1, Q2, Q3, Q4

State Average	Therapeutic Groups Rating (scale 1 - 5)	Staff Rating (scale 1 - 5)	Overall Program Rating (scale 1 - 5)	Questions Asked, Not Answered
FY21: Q1 90 Site Visits 296 Interviews	4.28	4.4	4.4	14%
FY21: Q2 107 Site Visits 338 Interviews	4.27	4.38	4.28	22.85%
FY21: Q3 131 Site Visits 443 Interviews	4.27	4.53	4.36	20.14%
FY21: Q4 118 Site Visits 384 Interviews	3.37	4.45	4.38	24%

Financials

REVENUE EXPENDITURES	TOTAL
Federal	937,495
State	196,076
Behavioral Health Systems Baltimore	255,763
TOTAL REVENUE	1,389,334
Personnel	1,028,269
Advertising	1,309
Equipment	15,511
Postage	378
Telephone	15,280
Supplies	6,571
Insurance Legal/Accounting/Audit	41,852
Rent	89,812
Travel/Meetings	520
Printing	6,048
Training	-
Purchase of Services	147,749
Staff Development	9,114
Indirect/Other Costs	26,921
TOTAL EXPENDITURES	1,389,334