



Consumer Quality Team of Maryland

Annual Report | FY23





Letter from the FY23 Senior Director

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Change was the theme of FY 23 for The Consumer Quality Team. Staffing shortages in behavioral health impacted our recruitment and hiring, and critical staffing shortages in the hospitals impacted our ability to visit some of the inpatient facilities. These factors influenced our ability to meet our adult services grant deliverables. However, given these challenges, the impact on our site visit numbers could have been much more significant if it wasn't for the all-hands-on-deck effort of the team. We regularly performed more site visits per week per person than average. We met or exceeded our site visit deliverables in the new crisis and youth community-based expansions, substance use service lines, residential treatment for youth, wellness and recovery centers, and adult community programs. We did this while juggling role changes among the team and rolling out significant and profoundly different technology projects.

In FY 23, MHAMD moved to the HIPAA-compliant cloud, which allowed CQT to embed consumer names directly into CQT's site visit reports—something our provider partners have been asking for to streamline their ability to provide feedback promptly and efficiently. We also began typing our interview notes in real time! Before FY 23, all CQT's interview notes were handwritten and typed in site visit reports. We rolled out a digital content management system to process our data instead of using dozens of Excel documents to provide robust reporting on consumer satisfaction. We've also begun working on an automated scheduling tool to avoid time-consuming manual processes.

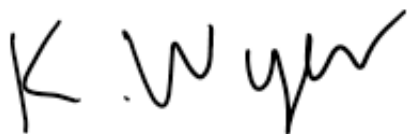
Finally, I decided to forge a new path for myself after fifteen years with the Mental Health Association. I completed six years as director here, and in that time, oversaw the team through the most contentious political

Letter from the FY23 Senior Director cont.

environment of our lives (to date), the MeToo movement, the COVID-19 pandemic, and racial justice reckonings. I have been deeply changed by my experience here. I have been privileged to talk to hundreds of people in the public behavioral health system—hearing about the joys of their recovery as well as their life-altering, painful events. I have paid deep, focused attention to their words and ensured those words were heard by people who could support the speaker and implement individual and systemic changes. I have been blessed to work with the most committed, mission-focused team imaginable. I leave this work to them and know it will not only carry on but improve.

Thank you to everyone who has ever interviewed with me, all the providers who have heard the consumers' feedback and acted on it, all the LBHAs and CEOs who have expressed appreciation for our data, and to the Behavioral Health Administration and MHAMD for providing the platform for centering consumer experience and voice.

In gratitude,

A handwritten signature in black ink, appearing to read "K. Wyer", with a stylized, flowing script.

Kate Wyer, FY23 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

2023 Overview

FY23 ACCOMPLISHMENTS

CQT exceeded all deliverables for FY23. From July 1st, 2022 – June 30th, 2023, CQT conducted:



403

Total site visits
throughout MD



1418

Consumers
interviewed



556

Training hours
completed



7966

Reported
Sentiments from
Consumers



81

Warm Line
Calls

These numbers represent a transition back into in-person interviews following the Covid-19 pandemic. This transition is viewed positively, as in-person site visits tend to result in higher consumer participation. Despite this transition, virtual interviews remain an ongoing option. In terms of feedback during this grant year, consumers generally expressed more positive sentiments than negative ones.

The most notable positive trends revolve around the program effectively meeting consumers' needs, with individual staff receiving commendation. On the flip side, the predominant negative trend pertains to concerns about staff turnover, understaffing, and personal safety.

The following chart shows the percentages of positive, negative, and neutral consumer comments.

FY23 STATE TOTALS BY QUARTER

	Q1	Q2	Q3	Q4	Total
Interviews	337	313	335	431	1418
Site Visits	101	86	103	113	403
Positive Comments (58%)	1316	1060	1128	1154	4658
Neutral Comments (2%)	47	13	25	1819	104
Negative Comments (40%)	987	585	787	843	3202

2022 Overview

FY23 STATE TOTALS BY QUARTER

Program Type	Sum of Total Number of Interviews
Adult Inpatient	258
Adult PRP	615
Crisis	44
HCAM	48
RICA/RTC	145
SUD	97
WRC	136
Youth Inpatient	4
Youth PRP	71
Total	1418

STATE TOTALS OVER TIME

FY20 Totals	FY21 Totals	FY22 Totals	FY23 Totals
1321 Interviews	1455 Interviews	1430 Interviews	1418 Interviews
357 Site Visits	441 Site Visits	440 Site Visits	403 Site Visits
59% Positive Feedback	66% Positive Feedback	63% Positive Feedback	58% Positive Feedback
29% Negative Feedback	28% Negative Feedback	34% Negative Feedback	40% Negative Feedback
12% Neutral Feedback	6% Neutral Feedback	3% Neutral Feedback	2% Neutral Feedback

2022 Overview

METRIC DATA FOR FY23

In FY19, CQT collaborated with an epidemiologist to develop a metric that would complement our qualitative interviews. Throughout FY20, we experimented with various versions of this metric. Since FY21, we continue collecting data on consumer satisfaction within three key domains: staff, groups, and overall program satisfaction.

After offering qualitative insights into these domains, consumers are asked to rate them on a scale of 1-5, with 5 representing the highest score. Consumers have the option to refrain from answering or provide a score that falls outside the metric. The frequency of these occurrences is also monitored.

	Groups	Staff	Overall Program
Adult PRP	4.36	4.61	4.57
WRC	4.82	4.75	4.83
RTC/RICA	3.95	4.06	3.97
Adult Inpatient	4.89	4.75	4.64
SUD	4.34	4.61	4.62
Youth PRP	4.71	4.87	4.82
Crisis	4.56	4.7	4.88

2023 Overview

TRENDS – POSITIVE, NEGATIVE

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	• Programming • Individual Staff by name	• Case management • Forensic Concerns • Assault Allegations
Community (PRP, Wellness and Recovery Centers)	• Staff • Program • Groups/Classes	• Staff Turnover
RTC/RICA	• Individual Staff by Name • Groups	• Personal Safety • Other Peers
Youth PRP	• Individual Staff by Name • Groups	• Other Peers
Crisis	• Staff • Programming	• Case Management Needs
Substance Use Disorder	• Staff • Programming	• Case Management Needs

Letter from FY24 Senior Director

It is both an honor and a privilege to extend my greetings to you as the newly appointed Program Director for the Consumer Quality Team. I joined MHAMD at the beginning of FY24, contributing over two decades of dedicated experience working closely with families and consumers affected by mental health and substance use challenges. Additionally, I bring substantial personal, lived experience as both a parent and a family member. I am excited to join this incredible team and eager to continue the impactful work that your support has made possible.

Your commitment to our mission has been a driving force behind our achievements, and I am truly grateful for the trust you have placed in us. As we navigate the opportunities ahead, I am enthusiastic about building upon the foundation laid by my predecessor and working collaboratively to reach new heights.

I look forward to the exciting journey ahead.

Warm Regards,

Christina Spangler

Program Director, Consumer Quality Team