



# 2009 Annual Report

June 30, 2008 to July 1, 2009

## **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 people who can address the problems. This process results in the rapid resolution of concerns and problems, many times on the same day as the CQT site visit.

## **CQT PROCESS**

CQT partners to solve problems in the public mental health system. We make site visits to mental health facilities in Maryland. During our visit, consumers volunteer for confidential interviews and share their satisfaction with the program, specific needs, and overall quality of life. Individual consumers may give permission for their name to be shared with facility staff to have a request or concern addressed. CQT concludes the visit with a verbal report of general comments to program staff as well as the names of individuals with specific requests. CQT then 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. Concerns brought up during site visits are addressed, referred or resolved at the table. Each funding agency provides CQT with a written report documenting actions undertaken to resolve consumer concerns. Each site is visited 3-6 times each year, ensuring that concerns from

**CQT is staffed solely by consumers and family members.**

previous visits have been addressed. The meeting also provides an opportunity for the attendees to hear consumers' general concerns, praise and suggestions about different programs and initiatives throughout the state.

## FY 08-09 ACTIVITIES

This was a year of growth for CQT. We significantly expanded the program and now make site visits to Psychiatric Rehabilitation Programs in the following ten jurisdictions, as well as to five inpatient facilities.

### Jurisdictions:

- Anne Arundel Co.
- Baltimore City
- Baltimore Co.
- Carroll Co.
- Cecil Co.
- Frederick Co.
- Harford Co.
- Howard Co.
- Montgomery Co.
- Prince George's Co.



### Inpatient Facilities:

- Eastern Shore Hospital Center
- Springfield Hospital Center
- Spring Grove Hospital Center
- Thomas B. Finan Hospital Center
- Upper Shore CMHC

To accomplish this work, we increased the size of our staff. CQT now consists of 6 part-time Interviewers, a full-time Interviewer, a full-time Program Assistant, as well as a Program Manager and a Director. The Program Assistant manages the office, handles all scheduling of site visits, answers phone calls, and documents consumer concerns phoned into CQT. Interviewers conduct site visits and interviews, meet with providers, write reports and direct consumer problems and concerns to the people who can address these issues.

## **FY 08-09 ACCOMPLISHMENTS**

- Conducted **170** site visits (**156** to PRPs, **14** to inpatient facilities)
- Interviewed **850** consumers (**645** in PRPs, **205** in inpatient facilities)
- Ensured that the individual concerns of the **435** consumers willing to be identified were addressed.
- Conducted **15** feedback meetings with Core Service Agencies and MHA
- Continued our marketing program by attending meetings of consumer and family groups, distributing brochures, updating and maintaining our website and conducting **28** Intro Meetings with provider staff.
- Recruited, hired and trained 6 candidates for new Interviewer positions and provided **150** hours of staff training, including *Mental Health First Aid* training for all staff.
- Worked with members of the Transition Age Youth Committee on consumer evaluation teams

- Continued collaboration with University of Maryland, Systems Evaluation Center on the program evaluation of CQT.

## **FY 08-09 FINDINGS**

The focus of the CQT program is ensuring that the public mental health system is delivering the services needed by individual consumers, not the collection of data. CQT only interviews those people who want to speak to us. This is not a random sample and the data that we collect does not constitute scientific findings. Therefore, this information cannot be used as a single source in the evaluation of individual programs. However, as CQT interviews a wide variety of consumers in a wide range of geographic areas, the collected comments do give some valuable information about the mental health system.

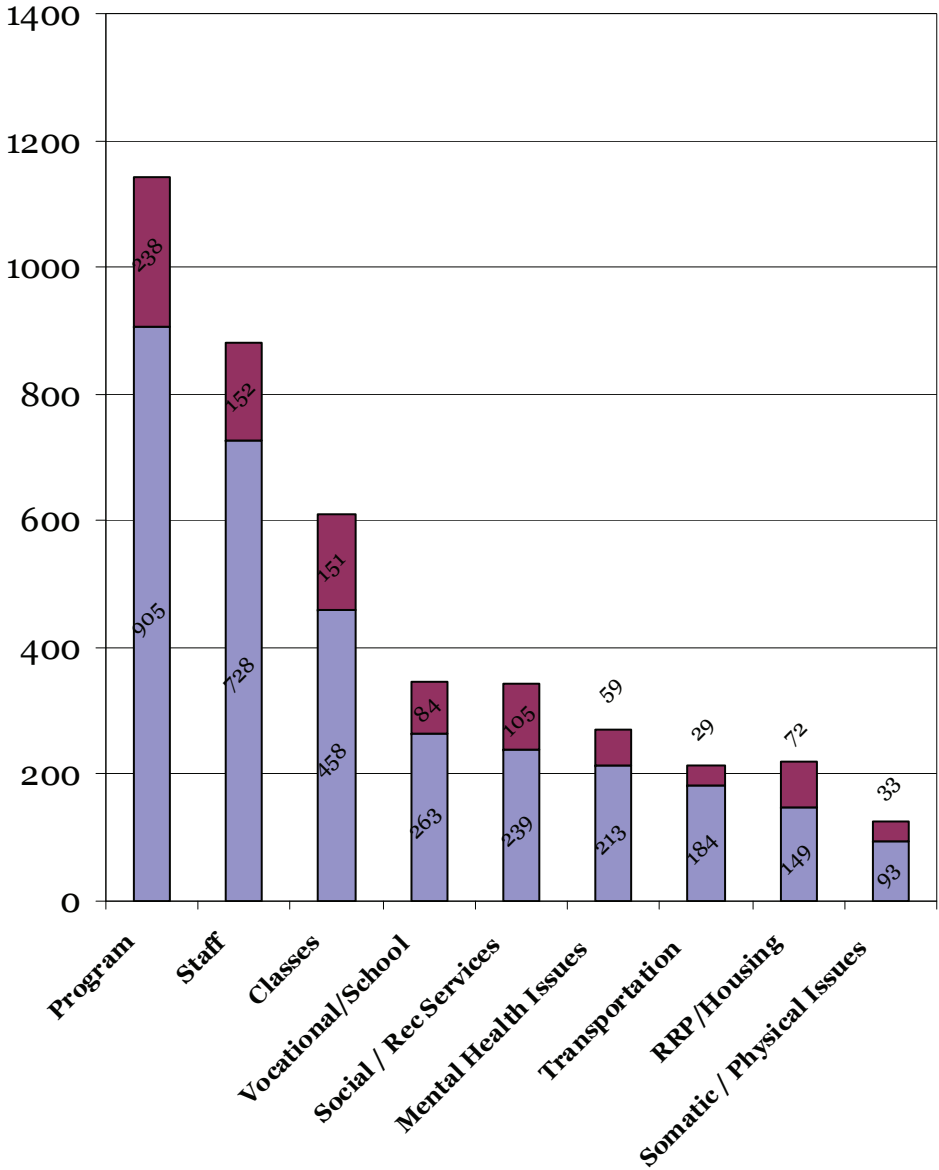
### **CONSUMER COMMENTS IN PRPs**

This fiscal year, as last, the majority of information shared by consumers in PRPs was positive. **Positive comments about the program, staff and classes outnumbered negative comments about these areas 4 to 1.** Areas where consumers shared problems and concerns include:

**Employment:** Consumers want to work. The barriers reported to CQT include the need for job training, the lack of available jobs, transportation problems, and a lack of support for this goal by the clinical and/or program staff.

## MOST FREQUENTLY HEARD TOPICS AT PRPs

Positive Comments
  Negative Comments



**Mental Health Issues:** Consumers are concerned about mental health issues. They want to have a better understanding of the available medications so they can make informed decisions; they want to see lower staff turnover so they can have consistency in their treatment teams; they want more education about recovering from mental illness.

**Programming/Classes:** CQT also heard negative remarks about programs. Often, this was in the same facility where other consumers made positive comments about the program. Many times, this was a reflection that a program that was good for many people was not a good fit for this particular consumer. Some negative comments were given when the consumer didn't want to attend a PRP; they would rather be in school or have a job.

**Social/Rec Services:** Interestingly, CQT heard about the cuts in social recreational programs less frequently this year. The reason is unknown, but could be that this is becoming less important to consumers or they've been told that there is no money to pay for these programs for so long that they have stopped talking about it.

**The most frequently heard comments at PRPs were positive statements about the program, followed closely by positive comments about staff and classes.**

**Transportation:** Especially at PRPs located in more rural areas, transportation to community activities and vocational/educational services was a concern. Many consumers' only option for transportation is the public transit available in their county. While many programs provide training and support in using public transit, the services are inefficient and insufficient.

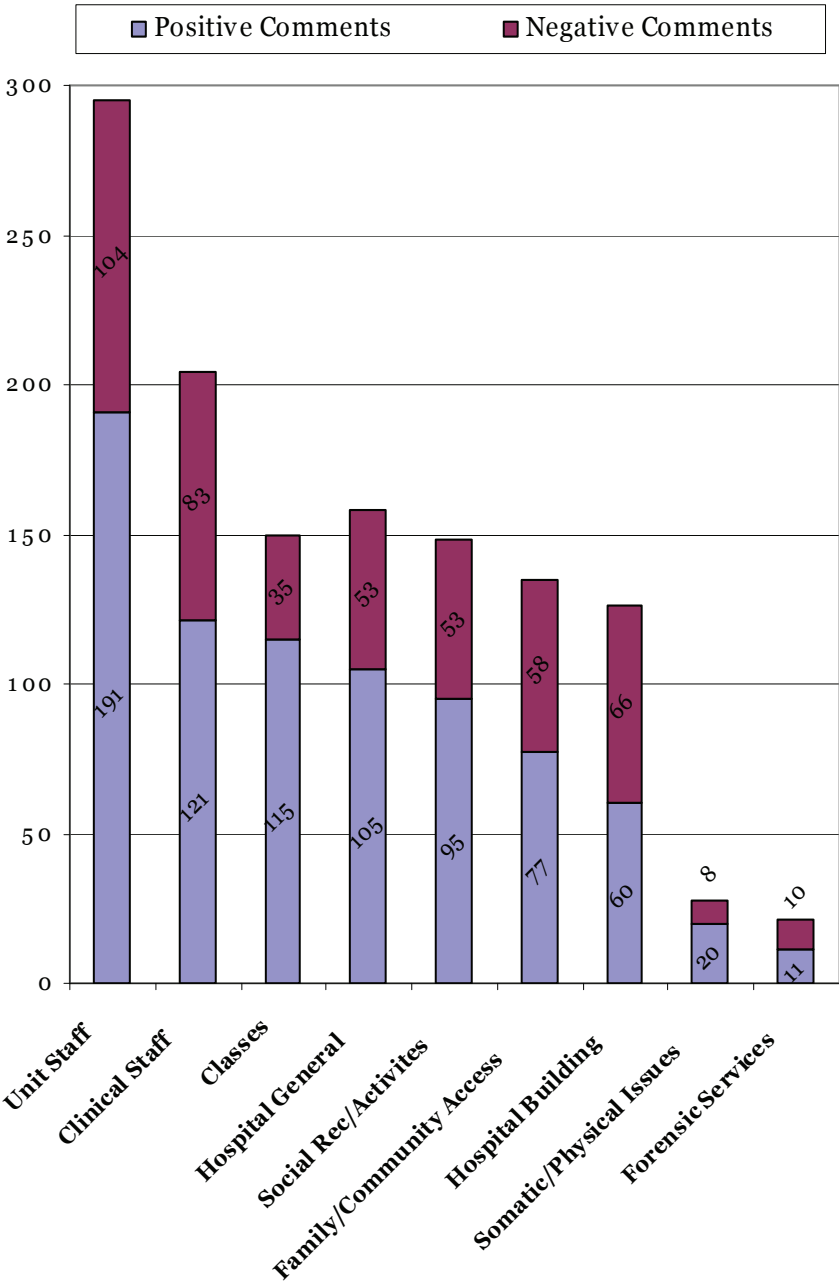
## **CONSUMER COMMENTS IN INPATIENT FACILITIES**

CQT began site visits to inpatient facilities in FY 07-08, but only in FY 08-09 have there been enough visits to all 5 inpatient facilities to see cross-facility trends. CQT usually hears different comments at the inpatient facilities, as the consumers tend to be focused on getting out of the hospital and back into the community; still, **positive comments about the staff top the list of comments.** The consumers tend to be very appreciative of the staff efforts, with frequent references to clinical staff.

Frequent topics in inpatient facilities are as follows:

**Forensic / Criminal Justice Services:** Many of the inpatient consumers' concerns center on the criminal justice system and forensic services. Some consumers perceive there are an increasing number of consumers with a criminal history sharing the inpatient facilities, and this makes them feel unsafe. Many consumers with a forensic history don't understand how the system works or why they are in the hospital. Most significantly, many consumers are not clear about what they can do, or what the hospital can or cannot do,

## MOST FREQUENTLY HEARD TOPICS AT INPATIENT FACILITIES



in order for them to get discharged. In most cases, this information has been given to the consumer, but the information is often confusing, or it is information that the consumer doesn't want to hear.

**Recreational Activities:** Recreational activities or the inability to take part in recreational activities is frequently mentioned as a concern. Many consumers with a forensic history are restricted to the unit, and cannot take part in athletic and arts activities offered by the hospitals.

**Facilities:** Many concerns center on the hospital buildings; the lack of equipment, the age and/or disrepair of equipment, and general cleanliness.

**Family/Community Access:** Consumers in inpatient facilities are assigned levels on the basis of their legal status and progress in the hospital. For consumers with low levels, access to services located outside the unit, the campus and community is denied or limited. Especially for those consumers whose legal status prevents them from achieving a higher level or being discharged from the facility, the inability to leave the unit is stressful and frustrating.

**Overall, most of the consumers who chose to be interviewed view their hospital time as an opportunity to learn new skills and improve their lives.**

## **FY 08-09 FINANCIALS**

### **Revenue**

|                            |                  |
|----------------------------|------------------|
| Federal Block Grant        | \$210,000        |
| <u>State General Funds</u> | <u>200,196</u>   |
| <b>Total Revenue</b>       | <b>\$410,196</b> |

### **Expenses**

|                           |                  |
|---------------------------|------------------|
| Personnel                 | \$340,188        |
| Equipment                 | 4,995            |
| Leasing                   | 1,000            |
| Postage                   | 1,700            |
| Telephone                 | 5,208            |
| Supplies                  | 1,900            |
| Payroll                   | 1,000            |
| Insurance                 | 1,500            |
| Accounting                | 500              |
| Rent                      | 26,000           |
| Travel/Meetings           | 10,179           |
| Printing                  | 6,641            |
| Advertising               | 85               |
| Training                  | 3,000            |
| <u>Purchased Services</u> | <u>6,300</u>     |
| <b>Total Expenses</b>     | <b>\$410,196</b> |

## **CQT STAFF**

Joanne Creaney Meekins, *Director*

Kathryn (Katie) Rouse, *Program Manager*

Dona Wiggins, *Program Assistant*

Katy Bradford, *Interviewer*

Marion Ehrlich, *Interviewer*

Brinda Parker, *Interviewer*

Sabrina Schram, *Interviewer*

Scepter Spainbey, *Interviewer*

Greg Voigt, *Interviewer*

Kate Wyer, *Interviewer*

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*Please visit our website for more information on CQT's purpose, program activities and findings.*