



2011 Annual Report

July 1, 2010 to June 30, 2011

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 staff and systems that can address them. This process facilitates in the rapid resolution of reported concerns and problems, many times on the same day as the CQT site visit.

FROM THE CQT DIRECTOR

Five years ago, a promising event occurred for Maryland's consumers of mental health services. After years of research, planning and advocacy, a group of consumers, advocates and providers led by the Mental Health Association of Maryland finally obtained funding from the Mental Hygiene Administration to pilot the Consumer Quality Team of Maryland. The leaders envisioned a program that would:

- Help individual consumers obtain needed services promptly
- Present providers with consumer feedback
- Provide employment for consumers and family members
- Bring the voices of more consumers to the table

I was fortunate enough to be hired as the program director. As I write this letter, I find myself reflecting on our impact and growth over the five years.

Our first six months were spent visiting similar programs in other states, meeting with consumers and providers around Maryland, designing the program protocols, and hiring our first staff members. The pilot was conducted in the psychiatric day programs (PRPs) in Howard and Anne Arundel Counties and Baltimore City. Our staff of four made our first site visit in January 2007.

Consumers were surprised and pleased to learn that CQT is a consumer-run organization, and many people willingly shared their stories with the team. Acting as reporters, we were able to recount many favorable comments about the programs we visited. The problems and concerns shared by consumers were addressed quickly by both the providers and the Core Service Agencies.

With positive feedback from both consumers and providers, in December 2007, MHA began funding CQT's expansion. We gradually expanded our geographic range over the next few years, and our teams

currently visit PRPs in 16 counties as well as the various units in four inpatient facilities. Concurrently, we nearly tripled our staff in order to complete three to five visits to each of these sites every year. Learning from experience and with input from our many supporters, we have continually improved our internal operations. We are scheduling visits more efficiently, writing more thorough and accurate reports, and better utilizing available tools to collect and report data.

From the start of our site visits, most consumer comments about the providers and programs have been positive, and FY 11 is no exception. However, CQT has seen a significant shift in what consumers are identifying as unmet needs. While the reduction in social/recreational activities was the most frequently reported concern in earlier years, today an increasing number of people tell us they are looking for ways to bring more hope and meaning into their lives. Many, many consumers want jobs and recognize the need for more training and/or education to improve their employment opportunities. Consumers tell us they are also looking for ways to give back and promote recovery by helping other consumers as peer supporters, sharing their knowledge by teaching classes at their programs. or volunteering in the community.

As you read through this report, please note the comments in italics. These are quotes from consumers throughout the state; they are illustrative of their hopes, desires and passions. Listening and responding to the consumers' voice has been paramount in the transformation and improvement of Maryland's public mental health system.

I want to thank the Mental Hygiene Administration, the Core Service Agencies, inpatient facility CEOs, the CQT Steering Committee and the many consumers and providers who have contributed to CQT's success. Thanks also to our colleagues at the Mental Health Association of Maryland for all their continuing hard work and support. Finally, thanks to the CQT staff for the best five years of my life... none of this could have happened without you!

Joanne Meekins

CQT DIRECTOR

CQT PROCESS

CQT makes site visits to public mental health facilities in Maryland. During our visit, consumers volunteer for confidential, qualitative interviews to share their thoughts, suggestions and level of satisfaction with the program or services they receive, as well as any specific needs or quality of life concerns. Individual consumers may give permission for their name to be shared with facility staff in order to have a request or concern addressed. 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 monthly with representatives from the funding agencies, provider associations and the Mental Hygiene Administration to discuss *Site Visit Reports* for visits made to PRPs. CQT meets quarterly 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 each year, ensuring that concerns from previous visits have been addressed.

These *Feedback Meetings* with local and state administrators also provide an opportunity for the attendees to hear consumers' general concerns, praise and suggestions about different programs and initiatives throughout the state.



PROGRAM ACTIVITIES

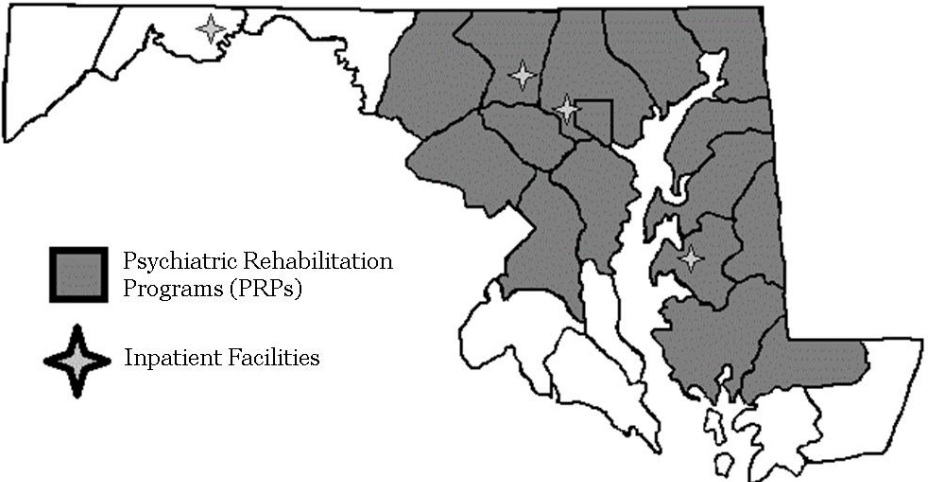
CQT currently makes announced and unannounced site visits to 52 community PRP programs with onsite services in the following 16 jurisdictions:

Anne Arundel	Dorchester	Montgomery
Baltimore City	Frederick	Prince George's
Baltimore County	Harford	Queen Anne's
Caroline	Howard	Talbot
Carroll	Kent	Wicomico
Cecil		

CQT also makes site visits to 33 units in 4 inpatient facilities:

- Eastern Shore Hospital Center (*Cambridge*)
- Spring Grove Hospital Center (*Catonsville*)
- Springfield Hospital Center (*Sykesville*)
- Thomas B. Finan Hospital Center (*Cumberland*)

AREAS SERVED



FY 2011 ACCOMPLISHMENTS

From July 1, 2010 to June 30, 2011, CQT conducted:

- **282 Site Visits** (178 to PRPs, 104 to inpatient facilities)
- **1,112 interviews** with consumers (731 in PRPs, 381 in inpatient facilities) and processed **484 Individual Requests/Concerns** (270 in PRPs, 214 in inpatient facilities)
- **18 Feedback Meetings** with MHA (2), Inpatient Facility CEOs (6) and CSAs (10)
- **134 training hours** for CQT staff
- **Conference Presentations:** CQT staff presented workshops on the development, implementation and operation of Maryland's CQT at two annual conferences: *Alternatives 2010*, held in Anaheim, CA and *NAMI -MD Annual Education Conference*, held in Towson, MD.
- **Committee Work:** CQT staff served on a variety of mental health advocacy boards and committees, including: JHBMC's Centers of Excellence in Recovery Project Leadership Council; Baltimore County Mental Health Advisory Board; Maryland Consumer Leadership Coalition, Maryland Association of Peer Support Specialists; Main Street Housing, Inc. Board of Directors; JHU Sar Levitan Center Workforce Development, Consumer Advisory Committee; Mental Hygiene Administration Recovery Committee.
- **Upper Shore:** At the request of the Mental Hygiene Administration, in 2009 CQT began an initiative to track the 63 consumers who were discharged as a result of the closing of the Upper Shore Community Mental Health Center in 2010. CQT continued this project through FY 11, maintaining contact with 48 consumers and continuing to work with CSAs, Value Options Maryland and MHA to locate the remaining 15 consumers. (*Three of the original 63 consumers are deceased.*)

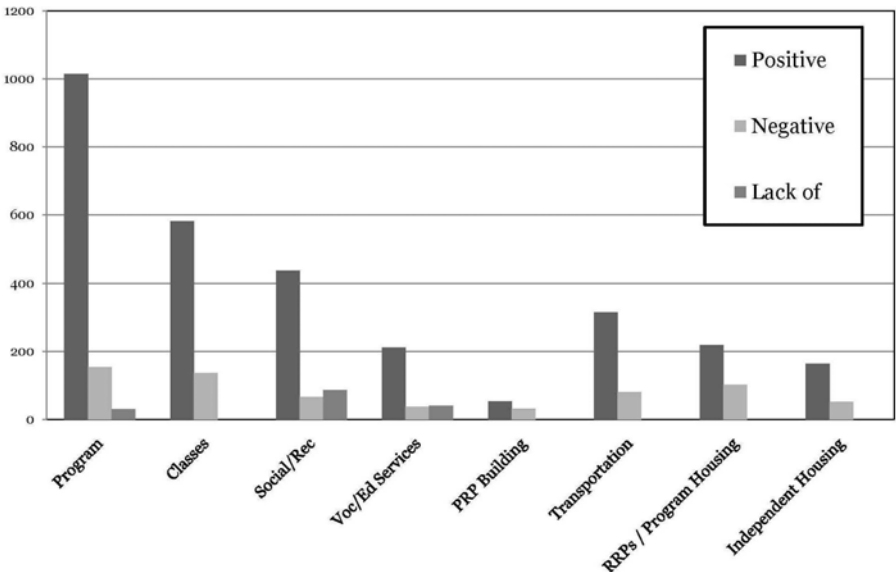
FY 2011 FINDINGS

The focus of the CQT program is to ensure that the public mental health system is delivering the services needed by individual consumers. CQT only interviews those consumers who volunteer to speak with us. Interviews are not done as a random sample, and the analysis of consumer comments does not constitute scientifically valid findings. This information cannot and should not be used to evaluate individual programs. However, the types of comments, requests, suggestions and concerns heard by CQT across multiple areas throughout Maryland do give some information about current trends in our public mental health system.

COMMENTS IN PRPs

In FY 11, CQT made 178 site visits to 52 PRPs across 16 counties in Maryland, conducting 731 voluntary, qualitative interviews with consumers. We received 270 individual requests or concerns, which were addressed by the program staff and/or the CSA staff.

PRP Comments: Program Services



As in previous years, consumers' comments about the **program they attend were overwhelmingly positive:**

This place is great and more than I ever expected. I'm in an environment where I enjoy life and have a purpose when I get out of bed in the morning. I have a good handle on where I've been, where I am now, and where I want to go.

I am new to the program. I have never been to a place like this. It's different and positive and I am learning things about myself I didn't know. I had a stigma towards the consumers at first, but I learned quickly that they are very smart. I love the people here.

I'm doing good. It's a really good program. The program gets you out in public, gets you socializing. We get to know and respect each other. I can connect with people with similar life experiences. I don't have any suggestions for the program because it works wonderfully for me now.

I enjoy this program. I'm now on the right path for a better future instead of sitting at home and being sad.

The program is good; it helps. It's good for the state of Maryland because it gets people to recover from mental illness. It's good for people outside of the program, too, because they can learn about recovery.

Many consumers told CQT about the ways they have seen programs **include the consumers' voice** and become **more recovery-oriented:**

We have leadership and peer committees. The welcome committee greets new members. I like how involved consumers are here.

Staff don't correct us; they help us. Staff looked up a phone number on the computer for me to get my glasses. She didn't call for me; she gave the number to call myself.

Each day we have a Daily Recovery Challenge and at the end of the day they ask if we have met our goal for the day. Recovery group is good peer support. We conduct the classes by talking about our goals. That could be anything, like exercising or getting housing. We ask questions and have worksheets. We talk about life problems, emotions and stress. I like it fine.

They are beginning to use consumer's ideas. About two weeks ago they started a comment box. They do seem to take our suggestions into consideration. I put a suggestion in the suggestion box that we need an exercise group, and now we have one.

The group level system was demeaning and was tearing our self-esteem apart. Everyone's name was listed and everyone knew if you were in a certain group that meant you couldn't read. The consumer council fought it and brought it down.

I would like to lead a peer mediation group once a week to help solve arguments between consumers. I told staff about this and they seemed supportive.

The consumer consciousness group talked to staff and created a panel review. Thirteen years ago they showed us Yogi the Bear forest videos. I was like, "Hello, mental illness and intelligence are not exclusive." But now the groups have gotten so much better. We watched NOVA. They thought it was over our heads, but we were on the edges of our seats — just like anyone else. The groups are now thought provoking, interesting and up-to-date.

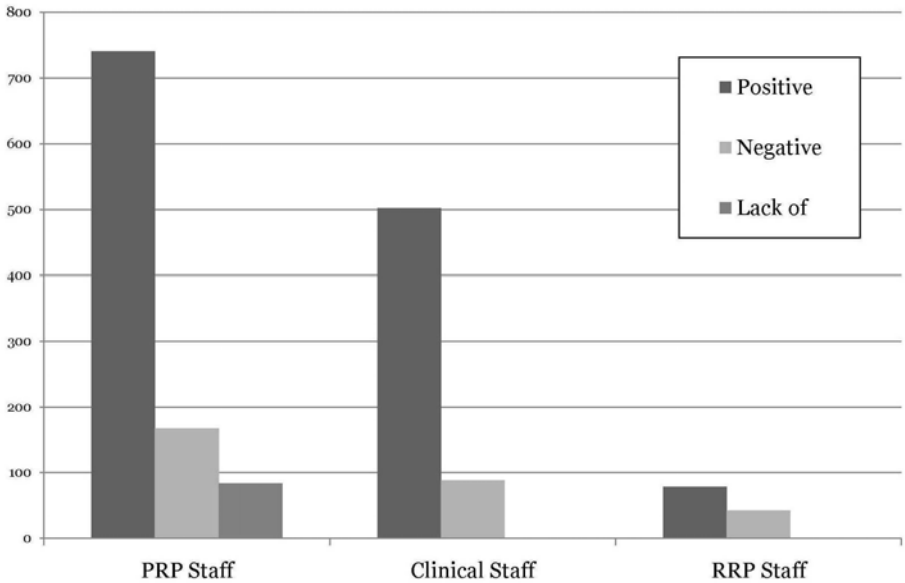
Some groups are beneficial; some are not of my interest. They are improving the groups. They used to be mundane and I would lose interest. Now they are talking about things I can relate to.

***“We are always doing something new.
We are learning how to fit back
into the community.”***

Consumers had **high praise for staff:**

The staff is incredible, from the management to the rehab workers. Everyone is very helpful and responsive. You can talk to anyone if you have a problem. Management has an open door policy. They will take the time to help you.

PRP Comments: Staff



The PRP Director is a wonderful person. She is interested that people treat us with respect. She gives us a chance to do things and doesn't say "you can't do this."

I like staff; they are very helpful. If you stop them in the hallway to talk about something they don't brush you off. Instead, they will stop and talk about whatever you need to talk about. If you are working with someone with whom you don't work well, they will transfer you to someone else.

I have good communication with staff; never had any problems. Staff puts things on the table and they are upfront. They give you options, choices, and help you see where you can profit instead of telling you what to do.

They should pay staff and drivers more, and pay them on-time. If you take care of the staff, the program runs well.

The overnight staff are incredible. I didn't expect it. I had to call them in the middle of the night when I was released from the hospital. They were ready with the paperwork to get me. They are right there. They are gentle and fixed on my needs.

Concerns about staff generally centered around a **lack of respect**:

Staff should treat us as an equal, but our credibility is an issue because of our mental illnesses. Staff doesn't think you had life before you got sick. I have mutual respect for them; I don't try to prove myself.

I may have a mental disorder, but that doesn't mean I don't have common sense.

I live in residential. If one person messes up, everybody has to suffer. Staff yells at me all the time. I have to get permission to go to the bathroom.

Consumers shared about their favorite **classes** and stressed the need for **variety and quality** in programming:

The groups at the program taught me great lessons about real life - how I can make a good life by using the skills staff taught me.

I like all the groups. All the teachers are excellent. In group we talk about crisis situations, communication, and they give good advice. It's all things that apply to my life.

They have a recovery group, but we need a trauma group.

There are music listening groups, astronomy, art, medication and Wii fitness groups. Biography is my favorite. We are watching a biography of Billy the Kid.

I like groups, especially the role-playing game group that I founded. I also like communication, non-denominational bible study, wellness, affirmation, and coping with depression. They are thought-provoking and helpful.

I like self esteem, networking, exercise and job skills classes. I am getting a pretty broad education here.

Classes aren't just the same old, same old. They have six week rotations; it's great. I like that you get to choose which class you get to go to and that you don't have to do one class over and over again.

Some consumers pointed out where **groups** could be improved and offered **suggestions**:

Right now they're focused on the same routine, like you're not going anywhere with your life. They're constantly reminding you that you have a mental illness. People are so used to it here. We should have more groups preparing for jobs and getting individual housing.

I don't like the reading group. I dread that group. The books are very childlike and we should be able to give feedback on what we would like to read.

Things are pitiful. Some groups don't stand up to their commitment. For example, teachers don't come in and there are not enough materials.

I would suggest that we change group topics. I've been here nine years. It's the same stuff over and over. In groups we just read off a paper. I don't think that does anything other than keep people out of trouble and have something to do. It's not making them better. I would like staff to ask us what we want to get out of groups.

I would like to see more consumer-run groups because it would be on our level. I've led groups here twice. They listen to me. They should give us more responsibility. We have a lot of life experience.

SKILL BUILDING, EMPLOYMENT AND ENTITLEMENTS

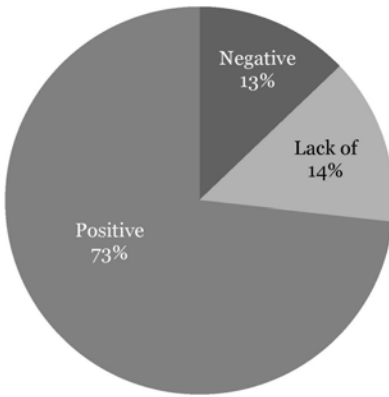
FY 11 saw an increase in consumers' interest in **educational groups**, **vocational skills training**, **employment opportunities** and **volunteering** – and many described the difficulties in finding a job:

I'd like to get a job. I have an appointment to talk about it. Without a job I feel like a nobody. If this program can get me a job, I think the employer will understand me better.

I'm working on my GED. My test date is coming up. After I get my GED, I want to look into GNAC classes to become a nursing assistant. Staff is helping me look online at options.

Social Security says I can work, but I can't because I'm afraid.

PRP Consumer Comments: Vocational/Educational Services



I just learned that I could go back to school for free! I wish they could go over and explain information – like benefits – more.

The staff helped me get employment here at the program. I don't make much, but it's enough to buy some jeans and get take-out when I want it.

I get job interviews, but because I went to jail my background doesn't check out. So I don't get the job.

I don't need a job. I got money. I'm not trying to work. No one would hire me anyway.

I'm on disability. I'm working towards employment. I have a lot of anxiety around people that I don't know, so I need a behind-the-scenes job.

I'm looking for a job, but I'm concerned about my SSI being cut. My case manager wants to help, but can't do much about it.

Volunteering was named as an activity that helps with self-esteem, job skills, and building relationships with the community.

They took us out to the park to see nature and get away from the regular routine. We picked up trash and it showed us that we can make a difference. We are here, people know we're here, and they know we're interested in making a difference.

I want to try and volunteer up at a residential community for people with Alzheimer's. I figure if I volunteer first, they can't fire me. Then maybe I can work my way up to apply for a job there.

I volunteer at the hospital. I insert letters and I make cards for patients. I devoted my whole life to taking care of my family, and now no one needs me. It is terrible not to be needed.

I've been working as a volunteer at two different places for four years — serving dinner to the homeless and at the animal shelter.

We are part of this system and involved. We write letters to senators. We write letters to soldiers in Iraq. We are voters; they take us to vote. We reach out and volunteer at soup kitchens on Thanksgiving. We are proactive because staff has taught us to be. If you don't feel useful, depression sets in.

Many consumers requested better access to **computers**, including **Internet access** to help them develop job skills and research employment and community resources:

We have one computer for fifty people. The Internet is slow going. I have to go online to apply for jobs. We need more computers.

The computers were just replaced. They took them away because someone used them inappropriately.

I'm learning how to use the Internet here. The computer classes are very helpful. I wish we had more time for computer class. You only get ten or fifteen minutes to use them.

We use computers here. We have six or seven computers and they have a computer skills class. There is no Internet because people abused it.

Consumers reported the impact of **budget cuts** and **rising costs** on ancillary activities that support their recovery:

It would be nice to go more places; maybe the library, or dollar tree, or a museum or art gallery.

I understand budget cuts, the cost of gas and stuff. We used to go to the library and the gym. I miss it.

I would like to go to NAMI meetings. They use to have them here, but not anymore. I have problems with transportation and can't get to them.

I don't go on outings because the van is broken most of the time. We haven't had any trips in the past two to three months.

We go on trips to the mall, go bowling, go to movies... they're doing the best they can with what they've got. I wish that we could have more activities because it helps a lot. We used to, but the budget cuts changed things.

Our outings turn into public spectacles so I don't go. People look at us because the staff yells at us and the staff uses food stamps to pay for our food. The staff makes a big production out of everything.

Obtaining or maintaining **entitlements** was described as a long process with many roadblocks:

They talk about entitlements, but they need to give more information about SSI. They want people to be independent but don't give us enough information.

My doctor was slow getting my record to DORS. They had to reschedule my meeting. He was slow for the paperwork for housing, too. They had to follow up with him twice. I could gotten into housing earlier if not for this delay.

There is one entitlement lady for everyone! She has to handle all the checks and benefits! That's too many to coordinate.

My Social Security disability check was being cut, but the program staff helped me fill out the appeal papers and now I'm getting my checks again.

My case manager confuses me. She is supposed to be helping me. She wants me to sign some papers, but she doesn't explain the paperwork to me.

I was approved and accepted for public housing. I was offered two places, but I turned them down because I felt they were dangerous for my children.

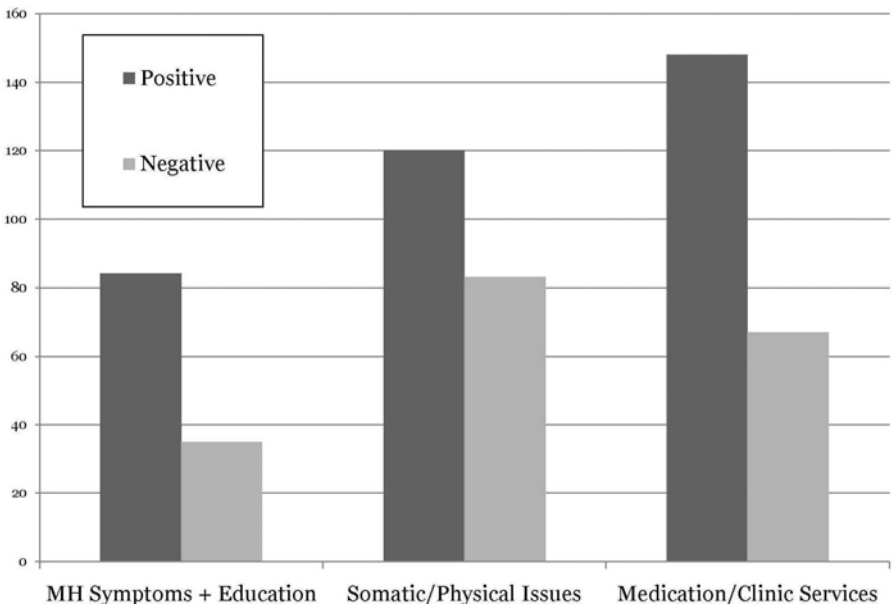
HEALTH AND WELLNESS

Consumers all over Maryland spoke to CQT about their increased focus on **wellness and somatic health** as a part of their recovery. Many consumers were enrolled in the clinical research study of the ACHIEVE Program – an exercise and nutrition program adapted for mental health consumers – being conducted by the Johns Hopkins School of Medicine.

I'm in the ACHIEVE study and I lost almost 196 pounds. I try to control my portions of food.

I am saving some to get dentures. That will help with my self-esteem. My case worker will help set me up with that.

PRP Comments: Wellness



They should have exercise group or a room with music. They should take advantage of the good weather and take us outside and stretch or do exercises.

I go to the gym with the program. I never thought I'd be in a gym!

My favorite class is the ACHIEVE exercise. I am no longer pre-diabetic.

I lost 100 lbs over the past year because the doctor switched my meds.

They used to get passes for the local gym where we could just show our ID and get in, but they don't want people with mental illness at the gym using the weights when they don't know how to.

The exercise program, ACHIEVE, has helped me lose twenty pounds. When it stops, staff is going to continue the program. It's going to be very beneficial.

ACHIEVE is about losing weight, staying in shape. They have a nutrition class. I lost 17 pounds over 9 months with ACHIEVE.

One of my goals is to lose some weight. I take the aerobics class here.

I have a smoking cessation group today. I'm not making much progress, but I go to the group and that's a start.

I have diabetes and high blood pressure and high cholesterol and it's all under control now. I'm going for my physical next month. The program talks to my medical doctor every day about the meds I take for my health conditions.

I'm having a hard time with my eyes. I'm losing my eyesight and I'm losing my awareness. I talked to my doctor and he is trying to get me free glasses.

They let me run a group on second Wednesdays. I put on an exercise tape. Sometimes people don't come, but I need to do it for my health.

They have a gym here. We have two treadmills, barbells, a bike, and mats. They had a golf tournament and the proceeds went to get us the gym.

There is too much talking, too many groups. People need more activities. They are gaining weight.

“I have more somatic issues than I do psychiatric issues.”

“If I could change anything, it would be healthier meals.”

Food was one area where consumers requested more **healthy options** and more involvement in **menu planning**:

The food is unbelievable! We take part in making the food. We had a soufflé the other day.

Food is one of the best things about the program. Getting breakfast really starts your day in the right way. Being out of work makes eating hard sometimes.

The food is okay here. There is no breakfast, only lunch. I'm a vegetarian so I don't eat here much. The program could probably work out a vegetarian diet for me if I asked.

The meals could be better. They serve a lot of meals with mayo. I stopped eating lunch here a year ago. I just eat a big breakfast. They could serve more fruit, more beans, more healthy foods.

The food is good. Breakfast is better than lunch. Because of ACHIEVE we have light yogurt instead of McDonald's-like breakfast sandwiches.

I would change the food, the lunches in particular. They need more variety. We eat too much chicken! We need more salads.

The food isn't great. The quality is not what I would like and the food is not healthy. We are on medications which make us gain weight and they should improve the diet.

I'd like us to get educated about nutrition. Good nutrition can get you a good aura in your heart and mind.

Consumers praised **clinical staff** who partnered with them and took the time to explore options for supporting their well-being:

My doctor is wonderful. In 11 years, she is the first to get my medicines right. She even took my blood pressure. She is patient and I can talk to her. I adore the way she practices. She is professional, firm, and she listens.

The doctors are on their jobs. They always ask how my weekends went. I can see that my meds are working and I feel comfortable talking to my doctors if I need to.

Most of staff and doctors are pretty fair, although I may not always agree with what they say. I'm working with my doctor to try and reduce the amount of medication I am taking. He's working with me.

The psychiatrist only talks for one minute and then gives me a prescription. I don't like him.

I get medications. I stopped taking one medication because it gave me bad feelings and makes me afraid, and it makes me gain weight. I haven't told the doctor that I stopped, but I will talk to them.

The clinician I see, I don't think he gets me. The kind of neighborhood I live in, I see graphic stuff. They don't believe me, that this is my reality.

Sometimes I can't make it to the doctor; we have strikes against us if we don't go to see them. Even if you call in, you get a strike against you.

I have a new psychiatrist. I just started to see him. It was my choice to change to him—I like him better than my other doctor.

I have very little time with my psychiatrist. It used to be like you had time for a conversation but now it's: get in, get your meds, get out.

I'm thinking about changing my therapist because she doesn't ask me enough questions, but there aren't a lot of therapists to choose from right now. I'm satisfied for now.

My therapist is very nice. He wants me to call him by his first name instead of "doctor". He read a lot of my file and caught up with me. He is a very smart man.

GOALS AND CHALLENGES

Consumers shared their **accomplishments**:

When my job coach read my paper at my goal meeting, it proved that I can grow.

I've accomplished a lot. I got my own apartment through the program.

I'm going to leave next year. I signed a contract. They said I've outgrown the program. They taught me how to live. They've given me opportunities.

It's awesome here. I'm 52 and I have never reached this point of wellness until now.

The last time CQT was here, I had a list of complaints. Now, I don't really have any.

... and named some **barriers to recovery**:

I wish I didn't have to come here the rest of my life. I've been here five or six years. Right now it's good to come. I want a full-time job and to live by myself. They said I can't have a car at the program and that makes it hard to find work.

The counselors have told me I can't date anyone in the program or take them to the movies because they live in group homes and I am independent.

There are different staff people at the residential housing and turnover is stressful. I have to trust they are doing the right thing. I can't be too aggressive and complain because I have a violent history and staff assume I will be violent. The residential boss comments that I am negative.

Some of the changes are overwhelmingly confusing. For example, we now have to give twenty-four hour notice before visiting friends at residential housing.

They had a meeting about what I think about the program—about what I don't like, etc. I told them I wanted a more upbeat, up-to date place with consistent help, not just help once in a while.

COMMENTS IN INPATIENT FACILITIES

In FY 11, CQT made 104 visits to 33 units at 4 inpatient hospitals, during which we conducted 381 voluntary, qualitative interviews with consumers. We received 214 individual requests, which were addressed by the unit staff, the division director or the inpatient facility CEO.

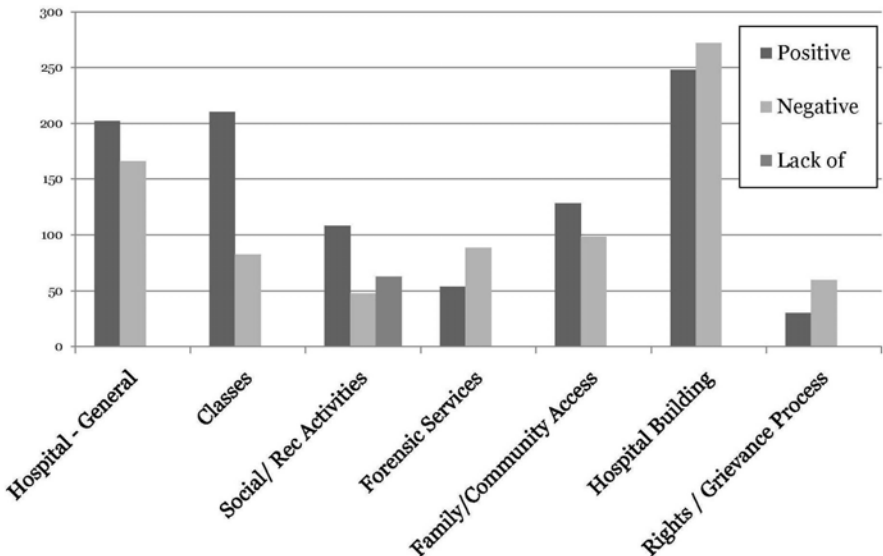
The highest number of positive comments concerned the **staff** and **classes**. Consumers talked about how their hospital stay has helped them to get back on track with support and encouragement:

I see a doctor and a psychiatrist. It's going well. My meds are working for me and I'm at a good place. I feel comfortable talking with my treatment team. They always have time to talk, especially if I need to increase or decrease my meds. The unit doctor and social worker are working on a treatment plan and discharge placement for me.

I got to the point in a group that I wanted to move on and leave space for someone else who needs it.

My treatment team is okay; they are talking about my progress and the possibility of leaving.

Inpatient Comments: Services



I'm in the stages of getting better. Being here makes me never want to come back, but I'm glad I'm here. Being here makes me never want to get to that place again, mentally.

I'm going to be released next week. I feel ready; I feel stable to be back in the community again. My psychiatrist doesn't do anything in my favor; they don't think I'm ready.

It's nice seeing how one of my peers is doing on this unit. He no longer tries to get into fights like he did on the other unit.

Consumers talked about the **activities** they found **helpful**:

I go to groups here. We have anger management, community living skills, drug recovery program and we get to go to the canteen. My favorite group is drug and alcohol group.

I attend groups and work out in the gym. I like health group and music listening. Music soothes my nerves. We have relapse prevention. It's very educational. They have WRAP group and prescription drugs group.

I am in task group, discharge planning group and my favorite, the schizophrenia group. We have a manual with chapters: understanding schizophrenia, understanding your symptoms. The manual is loaded with good things.

We have point cards here. You get points for attending groups. If you get seventy five points and turn in your card, you can get rewards up to one dollar.

I go to groups. My favorite is activity group on Wednesday. They give us prizes and it's real fun. Two people lead the group.

Self-esteem group really helps. I have felt better about myself. What we do is write one positive comment about the person to the right of us and then we read it out loud.

I sign up for a lot of the groups like volleyball, basketball and ABC in recovery. All the groups are good.

I go to cooking group and stress management. They are my favorite groups. I'm pretty busy all week long, except Saturday.

I can type an hour once a week in the library to record my story. They have co-occurring group and relapse prevention, exercise and spirituality. Co-occurring is the best group you can get something out of.

We do volunteer work with the OT. She should be commended. We go to volunteer at the park and the animal shelter. She does a good job and we miss her.

The groups are good. They are well-rounded. We have health and gym, leisure, stress management and cooking. The staff that teaches them are really good.

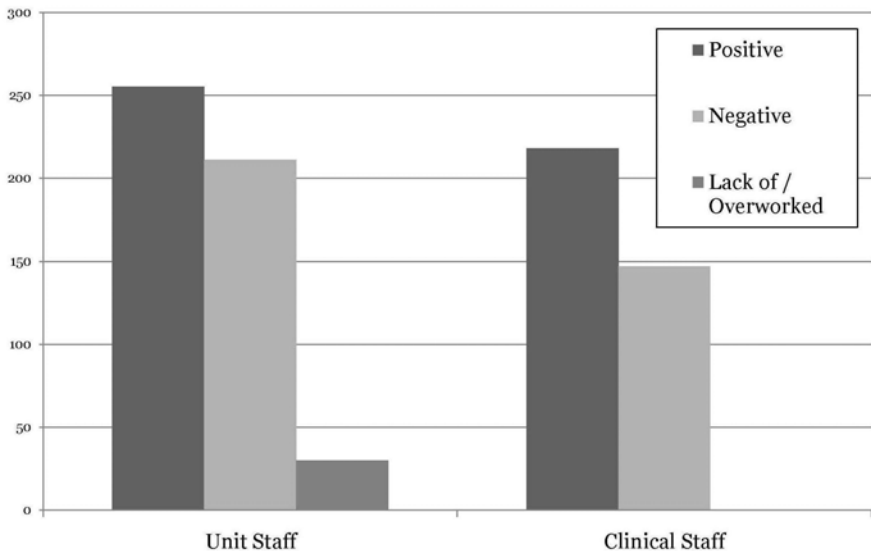
I'm doing a WRAP book and now I have another tool. The peer specialist is helping with it.

Unit and clinical staff received **mostly positive** comments:

Some of the floor staff is really cool. This is the best, most caring staff and I know because I've been in three State hospitals.

The staff is a tremendously great help to all. They work hard.

Inpatient Comments: Staff



The staff at the hospital treat me well. They write good reports, they listen, and they work with me on problems.

Staff takes pride in their jobs. Rights Advisors are genuine people. The charge nurse is good and takes pride in her job. The maintenance man takes pride in his cleaning.

I think the nurses are wonderful. They talk to people. You can ask them something, talk one-on-one.

Staff treat me alright. Staff stays so busy that it's hard to talk to them.

The doctor is on an everyday level. He is approachable. He's not in a suit, being stand-offish. It makes all the difference in the world if you feel like you can talk to them.

A staff member wasn't treating us like adults, she was treating us like three or four year olds. Now she is challenging us. We are doing cross-words. She has stepped up her game. Now we are having a ball. The groups help us learn about each other. They bring down the hate.

The treatment team here is stretched thin. They are worth more than gold and diamonds.

Some of the staff is supportive and some are not. The majority of staff can be okay. Some are very hard workers with their job.

Staff treats me terrific. They are friendly and treat all consumers the same, with dignity and respect.

Staff is trying to find ways to help me feel better. Staff is looking out for me.

Staff on this unit is caring, kind and sweet. They are more understanding and play cards with us.

Staff treats us well. Every now and again they will have a bad day - but they have problems like us too, and it's rare.

The doctor is an excellent doctor and is very down to earth. I'm treated with respect and I can talk about anything. There is also good communication between unit staff and the doctor.

Consumers also reported how they have been **discouraged** by some staff's **stigmatizing attitudes**:

I had a negative interaction with a CNA, so I went to tell a nurse about it. While I was telling the nurse, I could see the CNA in my peripheral vision. They were making faces, making fun of me.

The doctor should retire. The doctor has problems remembering names and says things like "run along now," like we are children.

Staff says I'm stupid behind my back. I hear them say it. They don't think I understand them.

Staff is okay, but when I'm having a meeting with my treatment team in the conference room, they come into the room to get coffee and they overhear things. They talk about what they hear.

We're supposed to exercise a "triangle of choices". Staff are already ready with the medicine – with the PRN, the needle. Staff needs to realize that we have the triangle and they should utilize all of the tactics. They overreact. They intimidate the patients. They should deescalate the situation without needing to give a PRN just so they can be calm and feel better.

Whenever there is a code and someone has to be put in restraints, we can hear staff talking and laughing when it's settled.

Staff need to learn how to treat the patients right. The patients learn manners from staff and they aren't showing a good example. Some people disrespect the staff here.

CHANGING NEEDS AND NEW CHALLENGES

Unlike the community programs, there are several areas where negative comments exceeded positive ones. The most notable areas concerned **forensic services**, the hospital **building**, and **health and wellness issues**.

Consumers in every unit across all hospitals, requested having **more time outside** and pointed to the **level system** as one of the major barriers:

We only get outside three of four minutes a day. We need to be outside more.

I wish I could help with the garden today - the outdoor activities are fun and I love nature. But, I don't have the level so I can't go outside.

It's slow getting a new level. I joked about drugs and they wouldn't increase it. Now I can go to the canteen and walk on campus.

We don't get to go outside as much. We need more fresh air. We have to go out with staff and in the summer we only went out for 5 minutes, but since its cooler we go for 15 minutes.

Many consumers reported confusion and frustration about **forensic issues and services**:

I'm here for evaluation under court order. They keep postponing the court date.

This should not be run as a hospital. They will soon be putting a security guard on every unit.

I can't go on some outings because I'm under court order.

The competency hearing every 6 months is a mockery of justice.

I went to court in September. I was supposed to leave after court, but I'm still here. Then they said December, but I don't have any discharge plans. They just tell you dates over and over.

“My transition date out of the hospital is a major unknown due to my court case.”

I've been back and forth to court over eight times, but it's fair, considering what they're trying to do. My public defender says I don't have to go back to court.

I am on a court order and staff won't help me out with my treatment plan. The doctor brushes me off. I went to my Rights Advisor; they are not helping me. The Rights Advisor sends me back to unit staff. My court date is next week. It's a repeated cycle for me. I can't afford my meds without help. If I go to jail, I know there's no help after. I'll get out and I'll go back to street drugs and jail.

My social worker is helping me, but there is not much she can do because of my situation. She tells me that there is nothing she can do to help out about the courts.

The numbers by the phone are wrong. I asked for updated phone numbers and they didn't give them to me. They took the Rights Advisor number down because someone kept calling the number. The lawyer's number listed is a dead end, too. It's wrong.

I'm confronted by four or five people at the competency hearing. That is overwhelming for anyone. They act like they are judges with criminal justice power.

Crowding and lack of privacy were also areas of dissatisfaction:

Staff locks the bedroom doors for a large part of the day, between 1 - 4:30 p.m. It would be nice to be able to go into our rooms to rest.

I have two roommates. There are thirty-eight people on the ward. I don't feel comfortable with thirty-seven other patients. It's too much for me.

They took the doors off of our locked cupboard cabinets. It's not fair that we can't keep our things concealed.

My laundry basket has my Social Security number on it. That's not good. My treatment card has it too. That's not right. I don't want anyone to see it. I told staff about this and they told me to not pay attention to it.

Two guys had been waking me up by watching the TV late or talking. After I told staff about it, they came back to me and said that I must have been the one who said something since I'm the only one who keeps their door open at night. I apologized to the guys and they have been respectful by turning down the TV.

A nurse starts waking us up at 6 a.m. even though we don't have breakfast until 8 a.m. She turns the bright lights on at 6:15 a.m. or 6:30 a.m. We don't have to get out of the room until 7 a.m. I would like to wake up a little later.

In the area of **health and wellness**, consumers had **mixed** comments:

My medication is working well. If there is a side effect I can talk to my doctor. I don't feel rushed when I talk to my doctor.

The food is the same. We complain to people about it, but it never changes. We have to eat what they give us.

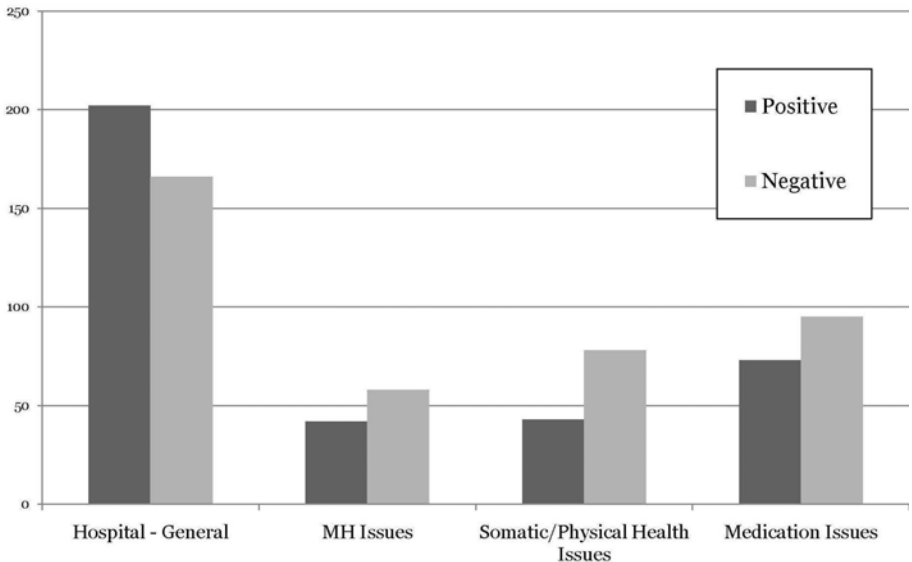
The medications used to make me sleep, but the doctor changed them and now I am okay.

The new CEO makes us eat healthy food here. If I want good food I have to get my family to bring it in.

Food is a negative eight on a scale of one to ten.

The food is good; it could be better. Dinner is always good. Breakfast is okay. They could do more for special diets, such as lactose intolerant.

Inpatient Comments: Wellness



I am quitting smoking after twenty-five years. The doctors helped get me gum. I stopped twelve days ago.

I couldn't refuse my meds once a couple weeks back. It upset me. I didn't want to sedate my mind with Thorazine.

Things are okay here, but my Nicorette gum was a problem as I needed it every two hours. Some of the staff thought I was demanding and withheld the Nicorette. A couple of medication nurses withheld the gum, so I filed a complaint with my Rights Advisor and I got the Nicorette.

I feel they overmedicate you. When I came back here I was against taking medication. I spoke to the doctor about meds I took 2 years ago that worked. I've been on them for a week with minimal side effects. The interaction with the doctor is much better than last time.

Some consumers had **suggestions** about where hospitals could **improve services** and the experience of being on an inpatient unit:

I want to listen to a variety of radio stations for knowledge, but there are three guys that dominate the TV and radio. There was a fight about it when someone tried to change the station, and then staff said no one can listen to the radio. The people who had their own headphones and were dancing and jamming – and it's not fair. I'd like to be able to listen to different stations.

My interpreter comes three times a week. I have no one else to talk to on the unit, because no one else speaks my language.

I've been going to groups. When I first started it was okay, but now I've been here eleven years. I'd like to get out.

It's so much monotony. They should schedule more groups.

People are sleeping on the chairs because the doctors are putting them on the meds that are knocking them out. It's a contradiction to expect them to go to groups.

We need basic clothing. I need ladies clothes in a size that the thrift store doesn't have. I am lucky; I can afford to buy shoes.

This place needs more smiles from everyone. That would make a difference and bring everybody's spirits up.

FY 2011 FINANCIALS

Revenue

Federal Block Grant	\$210,000
<u>State General Funds</u>	<u>224,151</u>

Total Revenue **\$434,151**

Expenses

Personnel	\$363,794
Equipment	2,030
Leasing	2,186
Postage	1,769
Telephone	6,210
Supplies	3,541
Insurance	800
Accounting	3,700
Rent	20,000
Travel/Meetings	15,891
Printing	4,833
Advertising	120
Training	3,211
<u>Purchased Services</u>	<u>6,066</u>

Total Expenses **\$434,151**

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Visit our website for more information on CQT's purpose, current activities and findings.

CONSUMER COMMENTS ABOUT CQT

*“Talking to CQT helped me
talk to staff about
things that I needed.*

It felt good.

*I count you as a part of my success;
I’m so glad you are
part of my recovery.”*