

RESIDENT GRIEVANCE SYSTEM

Maryland Department of Health
Behavioral Health Administration
BHA Inpatient Facilities
Fiscal Year 2021



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Table of Contents

PART I – RESIDENT GRIEVANCE SYSTEM	2
Background & Structure of Patients’ Rights Program	3
Resident Grievance System	3
Legal Assistance Providers	5
CLASSIFICATION OF RIGHTS	5
Grievances	6
Stage One	6
Stage Two	6
Stage Three	6
Stage Four	7
Clinical Review Panels	7
Information and Assistance	8
Rights Categories	8
Annual Data	12
PART II – FACILITY DATA	13
Section A: Grievance Data	14
Aggregate BHA Facilities	14
Eastern Shore Hospital Center	16
Thomas B. Finan Hospital Center	18
Clifton T. Perkins Hospital Center	20
Springfield Hospital Center	22
Spring Grove Hospital Center	24
RICA Baltimore	26
RICA Rockville	28
Section B: Information and Assistance Data	30
Aggregate BHA Facilities	30
Eastern Shore Hospital Center	32
Thomas B. Finan Hospital Center	34
Clifton T. Perkins Hospital Center	36
Springfield Hospital Center	38
Spring Grove Hospital Center	40
RICA Baltimore	42
RICA Rockville	44
Section C: Clinical Review Panel Data	46
Aggregate BHA Facilities	46
Eastern Shore Hospital Center	48
Thomas B. Finan Hospital Center	50
Clifton T. Perkins Hospital Center	52
Springfield Hospital Center	54
Spring Grove Hospital Center	56

PART I

***RESIDENT GRIEVANCE SYSTEM
Behavioral Health Administration (BHA)
Inpatient Psychiatric Facilities
Fiscal Year 2021***

Background & Structure of the Resident Grievance System

The Resident Grievance System (RGS) was established in 1985 as part of a negotiated settlement of the class-action lawsuit, *Coe v Hughes, et al.* The negotiated settlement, titled the Coe Consent Decree, created a two-tiered advocacy program to enforce patient rights guaranteed by federal and state laws and regulations; assist patients with claims for benefits and entitlements; achieve deinstitutionalization; and assist patients in resolving civil legal problems. The program is governed by the Code of Maryland Regulations (COMAR) 10.21.14, entitled Resident Grievance System, adopted March 28, 1994, and amended January 26, 1998.

The RGS is under the auspices of the Deputy Secretary for Behavioral Health within the Maryland Department of Health (MDH).¹ The program provides services for residents of the seven Behavioral Health Administration (BHA)² Psychiatric Inpatient Facilities - Spring Grove Hospital, Springfield Hospital, Clifton T. Perkins Hospital, Eastern Shore Hospital, Thomas B. Finan Center and the two Regional Institutes for Children and Adolescents (RICAs) located in Rockville and Baltimore. The Director of the program is responsible for hiring, evaluating, and assigning Rights Advisors (RAs) to each of the seven BHA facilities. On July 1, 2000, by order of the Secretary of MDH, the program was expanded to provide rights advocacy to the two Developmental Disabilities Administration (DDA)'s State Residential Centers (SRC). In January 2009, RGS began providing services to the Secured Evaluation and Therapeutic Treatment (SETT) Unit³.

Resident Grievance System

The first tier of Maryland's patient rights program is the Resident Grievance System (RGS). The RGS is a four-stage administrative grievance procedure designed to protect the rights of patients in the BHA and DDA facilities and to provide a timely, fair, efficient, and complete mechanism for receiving, investigating, and resolving residents' complaints. The central function of the RGS is the resolution of grievances through mediation, negotiation, or reconciliation while representing the best interest of the patients. It is designed to be non-adversarial and to ensure that both clinical and legal considerations are properly balanced.

The RGS collaboratively works with the Office of Health Care Quality, Disabilities Rights Maryland (DRM) and other stakeholders, to ensure patient safety and protection of their legal rights. RAs are responsible for investigating and mediating allegations of rights violations and providing patient rights' education to residents and staff in BHA and DDA facilities. They also help protect the civil rights (voting, confidentiality, etc.) of patients and serve as advocates for patients at forced medication panels. RAs are co-located at the facilities. They attend and participate in various committees and facility meetings to address patients' concerns and advocate for patients' rights. To ensure patient services are not interrupted for any reason, all RAs are trained to provide RGS services within any of the psychiatric inpatient facilities.

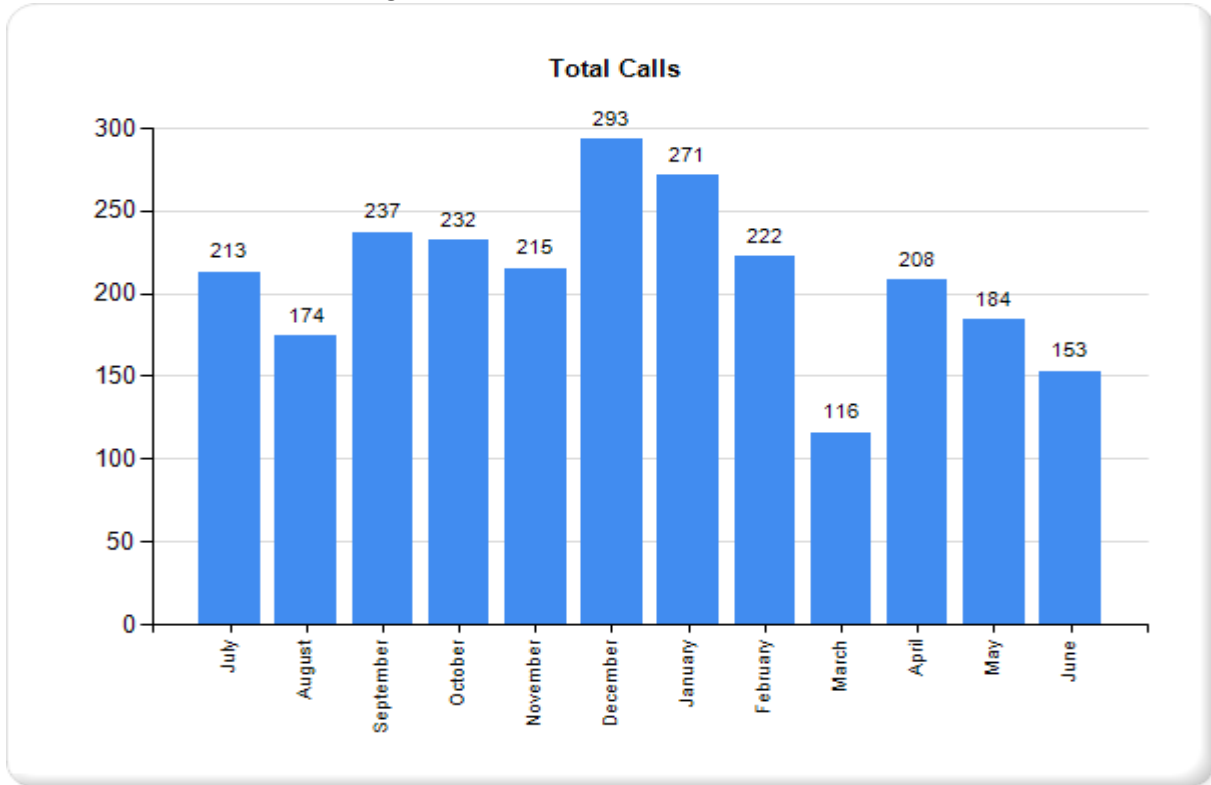
In January 1996, the RGS implemented toll-free telephone access. This service allows residents to have immediate contact with the RGS and has enhanced the ability to respond rapidly to patient concerns. Referrals to the RGS can be made directly to the assigned RA or the Central Office by using the toll-free

¹ *Effective July 1, 2017, the Department of Health and Mental Hygiene was renamed to the Maryland Department of Health (MDH).*

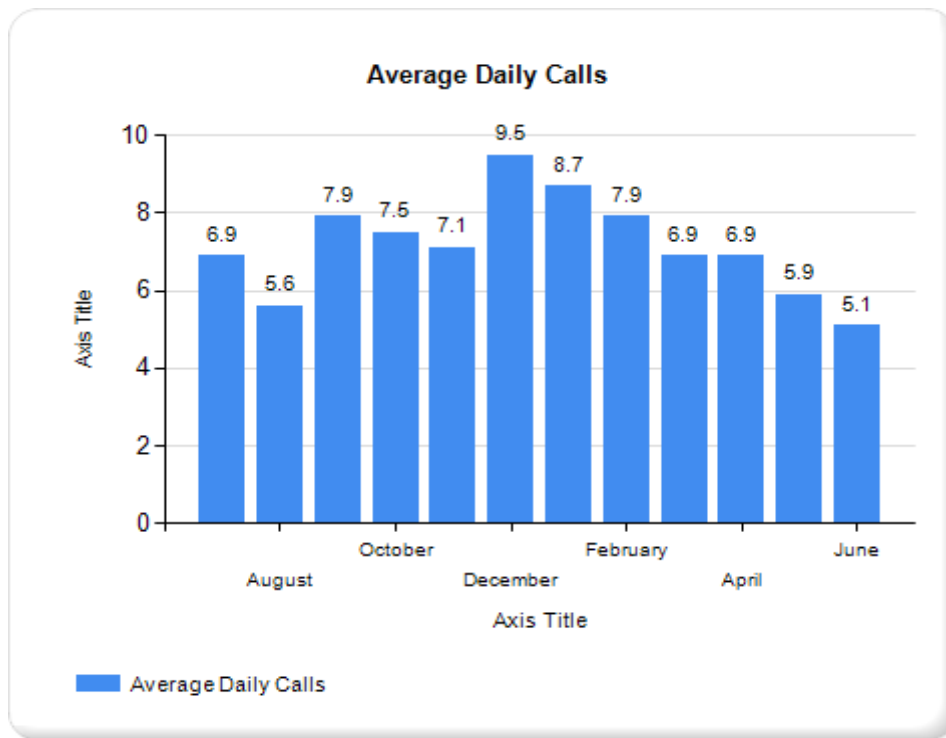
² *Effective July 1, 2014, the Mental Hygiene Administration and Alcohol and Drug Abuse Administration combined to become the Behavioral Health Administration (BHA).*

³ *Effective November 16, 2016, the two DDA Secure Evaluation Therapeutic Treatment (SETT) units merged into one SETT unit, located on the grounds of Springfield Hospital Center.*

number, 1-800-747-7454. During FY 21, RGS received a total of 2528 calls via the toll-free number



Total calls received from the toll-free number by the month for FY 2021



The average daily calls per month received from the toll-free number for FY 2021

Legal Assistance Providers

Legal Assistance Providers (LAPs) are the second tier of the patient rights program. LAPs are a group of independent attorneys, contracted by RGS, to provide specific legal assistance and representation to residents. LAPs offer several services to residents, including legal assistance at stages three and four of the grievance process; legal case reviews to identify legal issues for residents that are not otherwise being addressed; referrals for residents requesting general legal services to another pro bono legal firm; and representation at Clinical Review Panel (forced medication) appeals.

A priority of the LAP is the representation of residents in obtaining benefits and entitlements. Following admission to a BHA facility, the social work staff discusses benefits and entitlements with the individual and assists them in completing and submitting applications. If benefits are denied and the resident has elected to appeal the decision, the resident provides written authorization for a referral to the LAP for representation.

The process to resolve a benefit or entitlement claim can be lengthy. However, if the referral is made while the resident is in the BHA facility, the LAP can continue to provide representation, even if the resident has been discharged prior to the resolution of the claim. LAPs are prohibited from accepting any percentage of the monies awarded to the resident. These benefits and entitlements are provided for residents to obtain community services necessary for discharge.

In fiscal year 2021, the LAPS were successful in obtaining \$7,885.54 in lump sum benefits and \$ 0.00 in monthly benefits for clients. The total amount of benefits awarded in a lump sum and monthly payment were \$ 7,885.54.

CLASSIFICATION OF RIGHTS

RGS Regulations, COMAR 10.21.14, define "Rights Issues" broadly as "an alleged violation of a resident's rights, guaranteed by Federal and State constitutions, statutes, regulations, common law, or policies of the Department, Behavioral Health Administration, and the facility." When the RGS was created, there was a general understanding that all rights issues are not stipulated in the law. Therefore, the RGS remains responsible for protecting all residents' rights, including those rights not stipulated in the law. The RGS Director has the responsibility for developing and updating the classification system (described below) and providing guidelines for its use.

The classification system developed by the RGS Director is divided into three major classifications and 16 rights categories. The three major classifications are grievances, clinical review panels, and information and assistance. Additionally, RGS sorts each case into one of 16 major rights categories for purposes of data collection.

AGGREGATE MAJOR CLASSIFICATIONS BY FACILITY

Facility	Grievances	Information Assistance	Clinical Review Panel	Facility Total
<i>Clifton T. Perkins Hospital Center</i>	85	88	67	240
<i>Eastern Shore Hospital Center</i>	17	288	26	331
<i>RICA – Baltimore</i>	11	16	0	27
<i>RICA - Rockville</i>	10	15	0	25
<i>Spring Grove Hospital Center</i>	39	893	98	1030
<i>Springfield Hospital Center</i>	62	408	78	548
<i>Thomas B. Finan Center</i>	22	134	19	175
Activity Total =	246	1842	288	2376

I. Grievances

A “Grievance” is defined as a written or oral statement which alleges either A) that an individual’s rights have been unfairly limited, violated, or are likely to be violated in the immediate future, or B) that the facility has acted in an illegal or improper manner with respect to an individual, or a group of individuals. Grievances can be initiated by the individual, an employee of the facility, a family member of the individual, or an interested party.

Grievance management, a major responsibility of the RA, includes receipt, investigation, and resolution of complaints, as well as compliance with the systematic and orderly four-stage grievance process. At each stage, grievances are determined to be Valid, Invalid, or Inconclusive. A grievance is Valid when evidence is sufficient to prove an allegation. When there is insufficient evidence to prove an allegation, a grievance is Invalid. A grievance is Inconclusive when sufficient evidence does not exist to prove or disprove an allegation. The four stages of the grievance process are described below:

Stage One -- This is the beginning of the four-stage grievance process. During Stage One, the RA receives a complaint from a resident or an individual filing the grievance on behalf of the resident. Once received, the RA determines an appropriate course of action for investigating the grievance, which may include (1) interviewing everyone involved; (2) requesting documents, statements and correspondence related to the grievance; or (3) discussing the clinical review panel process to residents who refuse to take medication prescribed for the treatment of a mental disorder. The RA has 10 working days from receipt of a grievance to gather information, complete an investigation and render a decision. The resident, or the individual filing the grievance on behalf of the resident, is informed of the decision and the right to appeal to the next stage. RAs make every effort to negotiate, mediate and work toward the achievement of a mutually satisfactory resolution at Stage One.

Stage Two -- If unresolved at Stage One, a grievance proceeds to Stage Two for review, investigation, and recommendations by the Unit Director. The unit director shall (1) review the RA’s report; (2) discuss the matter with all involved individuals; and (3) within five working days of receipt of the report, render a written decision regarding the grievance and return it to the RA. The RA informs the grievant of the Stage Two decision and their right to appeal to Stage Three.

Stage Three -- If unresolved at Stage Two, the grievance proceeds to Stage Three for review, corrective action if applicable, and/or recommendations by the Chief Executive Officer (CEO), with an optional review by the Resident’s Rights Committee (RRC). Stage Three is divided into two stages – Stage 3A and Stage 3B.

- I. Stage 3A - The grievant has a right to request a review by the RRC at Stage 3A, prior to the 3B review by the facility’s Chief Executive Officer (CEO). If the grievant requests a review by the RRC, the Committee will meet within 15 working days of receipt of the grievance to review the RA’s report and the unit director’s decision. At this stage, the grievant has the right to attend and present information to the Committee, and to be represented by the LAP. Once all relevant reports and information presented are reviewed, the RRC will forward written recommendations to the CEO.
- II. Stage 3B – Upon receipt of the grievance, the CEO will review all information from the previous stages. If the CEO finds the grievance to be Valid, the CEO will document in the report, the corrective action to be taken to remedy the violation against the resident. If the CEO finds the grievance Invalid, the decision is forwarded to the RA. The resident is informed of the decision and the right to appeal to Stage Four. The CEO may find the grievance Inconclusive and

recommend the grievance is forwarded to Stage Four for a decision by the Central Review Committee.

Stage Four -- Unresolved Stage Three grievances are referred to Stage Four, where they are reviewed by the Central Review Committee (CRC). A CRC appeal is the last and final appeal level of the RGS. An RA is required to make every effort to negotiate, mediate, and resolve the grievance during earlier stages of the RGS. However, the ultimate decision to resolve or appeal the grievance belongs to the patient or the individual submitting the grievance on behalf of the patient. If the patient elects to appeal, the RA is required to assist the patient in filing the appeal, even though the RA may not believe that the grievance has merit.

The CRC is composed of three members: Director of the RGS, Chief of Hospital Administration, and Clinical Director of BHA Psychiatric Hospital Quality Assurance, or their designees. The Committee reviews all prior information and recommendations concerning the grievance and may request additional documents or records from the facility, prior to rendering a decision. At the conclusion of the review, the Committee issues a written decision to the facility based on its findings and makes recommendations for corrective action, if warranted. The RGS Director is responsible for monitoring the implementation of all corrective action recommended by the Committee. Residents are notified in writing of the Stage Four decision and the RA provides the patients with additional community resources in the event they are still not satisfied with the Stage Four decision.

The RA has oversight of the grievance process, ensuring that the four stages are completed within 65 working days, as required by COMAR 10.21.14.

In fiscal year 2021, RAs processed 246 grievances. Of those grievances, 97 (40%) were resolved at Stage One, 43 (17%) were resolved at Stage Two, 87 (35%) were resolved at Stage Three, and 19 (8%) were resolved at Stage Four. The following chart identifies the Stage Four appeals by the facility.

Stage 4 Grievances Appealed to the Central Review Committee (CRC)	
Facility	Number of Appeals
Clifton T. Perkins Hospital Center	13
Eastern Shore Hospital Center	1
Springfield Hospital Center	2
Spring Grove Hospital Center	3
Thomas B. Finan Center	0
TOTAL	19

During FY 21, there were 19 grievances appealed to Stage Four for review by the CRC. This chart lists the number of appeals for each BHA facility that submitted grievances to the CRC for review.

II. Clinical Review Panels

In accordance with the Annotated Code of Maryland, Health-General § 10-708, a Clinical Review Panel (CRP) is a panel comprised of clinically trained staff who meet to determine whether to approve the administration of medication over a patient’s objections and refusal to take the prescribed medication. In the absence of CRP approval, patients cannot receive medication against their will. **Because**

adolescents have legal guardians that approve all medications prior to admission, there are no CRPs held within either of the adolescent facilities – Regional Institute for Children and Adolescents (RICA) Baltimore and RICA Rockville.

RAs assist and advocate for patients at all CRPs. They also file for administrative hearings for patients who choose to appeal the CRP decision and assist them in obtaining legal representation by a LAP, at both the administrative and Circuit Court appeals. In fiscal year 2021, a total of 288 CRPs were held.

<i>Facility</i>	<i>Clinical Review Panel</i>
<i>Clifton T. Perkins Hospital Center</i>	67
<i>Eastern Shore Hospital Center</i>	26
<i>Spring Grove Hospital Center</i>	98
<i>Springfield Hospital Center</i>	78
<i>Thomas B. Finan Center</i>	19
Activity Total =	288

The chart details the total FY 21 CRP cases for each BHA Adult Facility.

III. Information and Assistance

Cases classified as Information and Assistance (IA) do not allege a rights violation but are contacts in which the patient is seeking information, clarification, or assistance with a concern. In fiscal year 2021, Rights Advisors provided Information/Assistance for 1,842 patients, 78% of the total 2,376 patient contacts with RGS.

IV. Rights Categories

All patients are entitled to certain rights guaranteed by, and explained in, Health-General Article of Maryland’s Annotated Code, Sections 10-701 to 10-713. The sixteen major categories have been developed to uniformly identify and assign patient complaints to the stipulated rights of patients in Health-General Article Annotated Code of Maryland. Based on patients’ rights guaranteed by Federal and State laws and regulations, the sixteen major rights categories have been identified below and are subject to any reasonable limitation that a facility or guardian may impose.

1. **Abuse** – Patients have the right to be protected from physical, mental, or verbal harm. Abuse is defined as cruel or inhumane treatment or an intentional act that causes injury or trauma to another person. Physical abuse is an intentional act that causes injury or trauma by physical, bodily contact, such as hitting, grabbing, shoving, punching, or kicking. Sexual abuse is an intentional, unwanted, forced sexual act or threat used to take advantage of an individual not able to give consent, such as unwanted touching, forced sex, or sexually suggestive language. Mental abuse is an intentional act that causes emotional injury or trauma resulting in a diminished sense of self-worth, dignity, or identity, such as yelling, swearing, name-calling, insults, threats, intimidation, humiliation, or bullying.
2. **Admission / Discharge / Transfer:**
 - Admission - Upon admission, patients have a right to receive information which describes the patient’s admission status, the availability of legal services, the right to talk to a lawyer of choice and their rights while in the hospital. The person has a right to ask questions concerning their admission status and should be provided that opportunity.

- Discharge - The hospital must discharge any patient not committed by the court who is not mentally ill. If committed involuntarily, the treatment team determines when an individual's condition has stabilized sufficiently for that person to return to the community. Court-appointed patients must receive approval from the judge prior to discharge.
 - Transfer – The hospital may transfer patients to another State facility if the patient can benefit from or receive better care or treatment at another facility, or if it is for the protection, safety, or welfare of others. However, the patient has a right to be notified of the transfer and have a hearing held prior to the transfer unless an emergency exists, such as a violent assault on another individual. In the event of an emergency transfer to Clifton T. Perkins Hospital, the patient has a right to a hearing within 10 days after the transfer.
3. **Civil Rights** – Patients have the same basic rights as all citizens in society. Patients may not be deprived of any civil right such as the right to vote, to receive hold, and dispose of property, or to practice the religion or faith of choice, solely because the individual is in a facility for a mental disorder.
 4. **Communication / Visits** - Patients have the right to send and receive mail, have reasonable use of the telephone, and receive visitors during reasonable visiting hours that are set by the facility.
 5. **Confidentiality** – Patients have the right to have their medical records and information kept confidential. They have the right to review their medical record, upon request, within a reasonable timeframe.
 6. **Environmental** – Patients have the right to live with dignity in a safe, clean, and sanitary facility. Environmental rights include the right to bathe and have personal hygiene needs to be met, to have clean clothes and bed linens, and to have nutritious meals provided daily.
 7. **Freedom of Movement** – Patients' personal liberty can only be restricted based on treatment needs and applicable legal requirements. They have the right to be free from restraint or seclusion except when used during an emergency in which the behavior of the patient places the patient or others at serious threat of violence or injury. The restraint or seclusion must be ordered by a physician, in writing. It can be directed by a registered nurse if a physician's order is obtained within 2 hours of the action. Patients have the right to voluntarily request the use of the Quiet Room.
 8. **Money** – Patients have the right to a bank account, to have the facility hold money for safekeeping and to access their funds when requested. Patients also have a right to apply for State and federal entitlements and benefits.
 9. **Neglect** – The definition of neglect is the failure to properly attend to the needs and care of a patient. Patients have the right to have staff attentive to their needs, to feel safe and to be taken care of with dignity and respect.
 10. **Personal Property** – Patients have the right to a reasonable amount of personal property that is not considered contraband or a danger to the patient or others. Patients have a right to receive and store personal property in secure containers and applicable storage units provided by the facility to prevent theft, loss, or destruction of their property.

11. **Rights Protection System** – Patients have a right to complain and to get assistance to resolve complaints. The RGS is responsible for ensuring that the rights of patients in BHA and DDA facilities are fully protected, and allegations of rights violations are investigated and resolved in a timely manner.
12. **Treatment Rights** – Patients have the right to participate in their treatment and the development and periodic updating of their treatment plans. They have the right to be told in an appropriate and understandable language:
 - The content and objectives of the plan;
 - The nature and significant possible adverse effects of recommended treatments; Information concerning alternative treatment or mental health services that are available, when appropriate;
 - The right to have a family member or an advocate, participate in treatment team meetings; and
 - The right to refuse medication used for the treatment of a mental disorder except in an emergency, when there is a present danger to life or safety of the patient or others; or in a non-emergency, when involuntarily committed or court-ordered for treatment by the court, and the medication is approved by a CRP.
13. **Other Rights** – Patients have the right to seek assistance, either from a LAP, pro bono legal firm such as Disability Rights Maryland, Public Defender, or private attorney, for legal issues outside the jurisdiction of the RGS.
14. **Resident to Resident Assault** – A patient who is assaulted by another patient has the right to press charges against the other patient. RAs do not investigate the incident unless the assault occurred because of staff’s neglect. The RA informs the victim that they have one year and a day to report (in person) to the police department and press formal charges.
15. **Death** – All deaths in a State-funded or operated program or facility, are required to be reported immediately, to law enforcement within the jurisdiction in which the death occurred, to the Secretary of MDH, the Health Officer in the jurisdiction where the death occurred, the Office of Health Care Quality, the designated State protection and advocacy agency (Disability Rights Maryland) and the Director of RGS.
16. **No Rights Involved** – This category is for cases that do not involve a rights violation. Listed in charts A and B below is the number of grievances and IA cases that fell into each of the sixteen rights categories described above.

Depending on the alleged rights violation, grievances and IAs can be assigned to one of the major sixteen rights categories. CRPs *only address* the “treatment right” - the right of a patient to refuse medication prescribed for the treatment of a mental disorder, except (1) in an emergency when the patient presents a danger to self or others; or (2) in a non-emergency when court-ordered and the medication is approved by a CRP. As a result, CRPs are listed as a major classification, but cannot be divided into all sixteen rights categories.

Chart A - Grievances

RIGHTS CATEGORIES	EASTERN SHORE HOSPITAL	THOMAS B. FINAN HOSPITAL	CLIFTON T. PERKINS HOSPITAL	RICA BALTIMORE	RICA ROCKVILLE	SPRINGFIELD HOSPITAL	SPRING GROVE HOSPITAL
ABUSE	7	5	6	6	2	21	29
ADMISSION / DISCHARGE / TRANSFER	0	0	3	0	0	1	0
CIVIL RIGHTS	8	2	31	5	8	28	4
COMMUNICATION / VISITS	0	1	2	0	0	3	0
CONFIDENTIALITY	0	1	1	0	0	0	0
ENVIRONMENTAL	0	6	23	0	0	7	1
FREEDOM OF MOVEMENT	0	2	7	0	0	1	0
MONEY	0	1	0	0	0	1	0
NEGLECT	0	0	3	0	0	0	1
PERSONAL PROPERTY	0	3	0	0	0	0	4
RIGHTS PROTECTION SYSTEM – RGS	0	0	0	0	0	0	0
TREATMENT RIGHTS	2	1	9	0	0	0	0
OTHER	0	0	0	0	0	0	0
NO RIGHTS INVOLVED	0	0	0	0	0	0	0
RESIDENT TO RESIDENT ASSAULT	0	0	0	0	0	0	0
DEATH	0	0	0	0	0	0	0
TOTAL	17	22	85	11	10	62	39

Chart A lists the breakdown of grievances by categories for each BHA facility

Chart B - Information/Assistance

	EASTERN SHORE HOSPITAL	THOMAS B. FINAN HOSPITAL	CLIFTON T. PERKINS HOSPITAL	RICA BALTIMORE	RICA ROCKVILLE	SPRINGFIELD HOSPITAL	SPRING GROVE HOSPITAL
ABUSE	1	0	0	0	1	4	22
ADMISSION /DISCHARGE/ TRANSFER	6	12	8	15	8	53	92
CIVIL RIGHTS	31	6	0	0	1	121	47
COMMUNICATION / VISITS	9	10	3	0	0	18	104
CONFIDENTIALITY	5	2	1	0	0	1	5
ENVIRONMENTAL	45	22	6	1	3	24	140
FREEDOM OF MOVEMENT	1	5	0	0	0	1	61
MONEY	7	1	18	0	0	6	42
NEGLECT	0	0	0	0	0	0	0
PERSONAL PROPERTY	8	2	0	0	0	4	19
RIGHTS PROTECTION SYSTEM – RGS	3	5	9	0	2	10	20
TREATMENT RIGHTS	47	8	1	0	0	30	136
OTHER	38	5	0	0	0	14	1
NO RIGHTS INVOLVED	53	16	0	0	0	5	2
RESIDENT TO RESIDENT ASSAULT	34	40	42	0	0	117	202
DEATH	0	0	0	0	0	0	0
TOTAL	288	134	88	16	15	408	893

Chart B lists the breakdown of I/A cases by categories for each BHA facility

ANNUAL DATA – GRIEVANCES, IA CASES AND CRPs

Chart C below depicts the total cases *within* each major classification - grievances, IAs and CRPs - for all seven BHA facilities combined. The total number of grievances, IA cases, and CRPs are input into the RGS database for each facility by the RA(s) assigned to that facility. In turn, the information is collected, and aggregate totals are calculated by combining individual facility totals. However, current year data alone cannot provide any information regarding trends or discrepancies in the data from year to year.

Observing data over time can determine whether an actual change has occurred. Comparing data within and between the two major classifications across a five-year span can point out significant increases or decreases, reveal significant patterns, and point out significant changes. The data in the chart below provides information regarding the annual total grievance, IA and CRP cases across a five-year span (2017-2021).

Annual Data 2017 - 2021

YEAR	2017	2018	2019	2020	2021
Grievances	393	343	288	242	246
IAs	1338	1439	1558	1682	1842
CRPs	238	202	224	222	288
Total	1969	1984	2070	2146	2376

Chart C: In the last five years, there has been a steady decline in the number of grievances processed; CRP data indicates a slight increase in FY21 from the last 4 years; IAs reflect a steady increase and remains the largest

number of cases handled by RAs.

**PART II
FACILITY DATA
FISCAL YEAR 2021**

This section provides facility data for each of the BHA facilities reported by the three types of patient interactions—grievances, IA cases, and CRPs. The major interactions are, in turn, reported by data and percentages within three demographic categories - gender, age group, and race. The numbers and percentages for each category are listed in a chart, followed by a set of graphs. The first chart in each section – A (grievances), B (IA cases) & (CRPs) - reports aggregate information for all BHA facilities combined. Data for the individual facilities are then listed. The charts and graphs provide valuable information regarding the “number,” “percentage,” and “type” of complaints received and the demographic profile of the patients initiating the cases, specific to each facility.

In each section, the category “Race” lists several specific sub-categories – African American, Caucasian, Asian, Hispanic and Native American. Also listed are the sub-categories – Other, Unknown and Class. “Other” represents information collected from residents who selected this category as their gender and/or race. “Unknown” represents information collected from residents who chose not to identify gender and/or race. “Class” represents a class-action grievance or IA case initiated by a group of residents who cannot be assigned to any gender, age group, or race.

Section A reports grievance data by gender, age group and race. The first chart and set of graphs list the total grievances and percentages for all BHA facilities. Following the aggregate BHA grievance data, each individual facility has a chart and set of graphs that list that facility’s grievances by gender, age group, and race.

Section B reports IA data by gender, age group and race. Aggregate BHA IA information is provided for all facilities, followed by IA numbers for each individual BHA facility.

Section C reports CRP data by gender, age group, and race. The aggregate number of CRPs conducted for all the adult BHA facilities are listed, followed by the total number of CRPs conducted for each individual adult facility. Because adolescents have legal guardians that approve all medications prior to admission, there are no CRPs held within the two adolescent facilities – Regional Institute for Children and Adolescents (RICA) Baltimore and Rockville.

SECTION A: GRIEVANCE DATA - FY 2021

Aggregate Grievance Cases by Gender, Age, and Race – BHA

GENDER	#	%	AGE	#	%	RACE	#	%
Male	198	80.5	<18	24	9.8	African American	94	38.2
Female	44	17.9	18-44	125	50.8	Caucasian	131	53.3
			45-64	87	35.4	Asian	2	0.9
			65+	6	2.4	Hispanic	6	2.4
						Native American	1	0.4
Class	4	1.6	Class	4	1.6	Class	4	1.2
Other	0	0	Other	0	0	Other	5	1.6
Unknown	0	0	Unknown	0	0	Unknown	3	2
Total	246	100		246	100		246	100

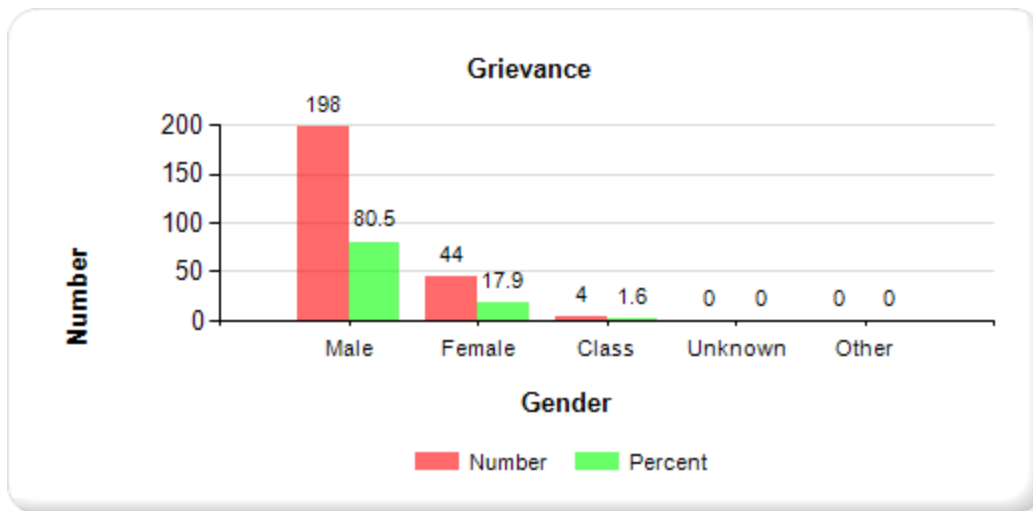
Chart 1: During FY 21, the seven (7) BHA inpatient psychiatric hospitals had a total of 246 grievances.

Other = information collected from residents who selected this category as their gender and/or race.

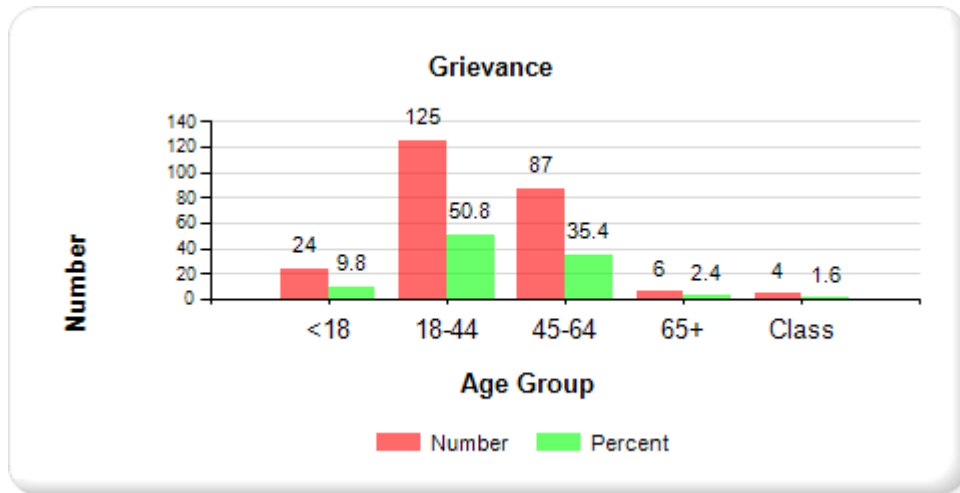
Unknown = information collected from residents who chose not to identify gender and/or race.

Class = a grievance or IA case initiated by a group of residents who cannot be assigned to any gender, age group or race.

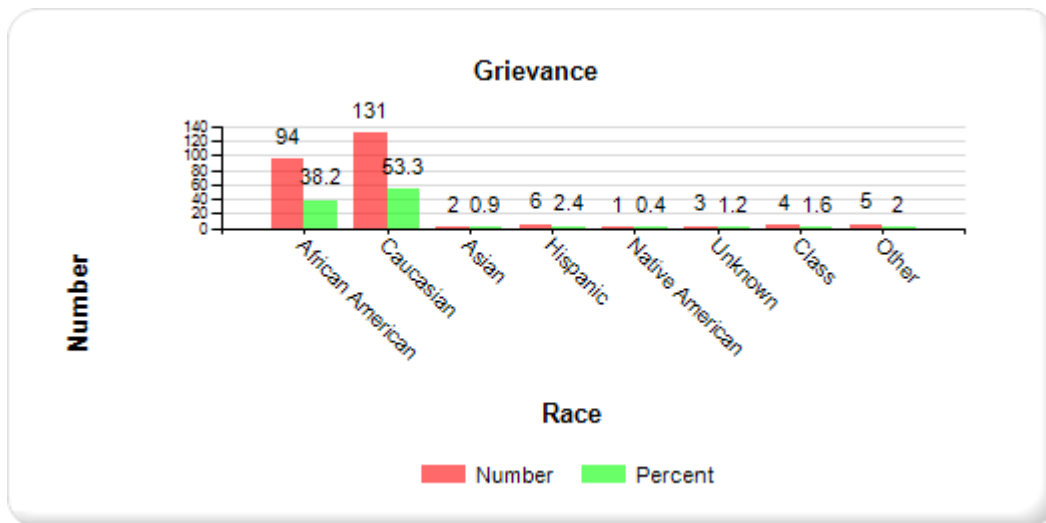
Graphs 1A-1C represent BHA aggregate grievance data.



Graph 1A: BHA grievance data (n=246) by gender.



Graph 1B: BHA grievance data (n=246) by age.



Graph 1C: BHA grievance data (n=246) by race.

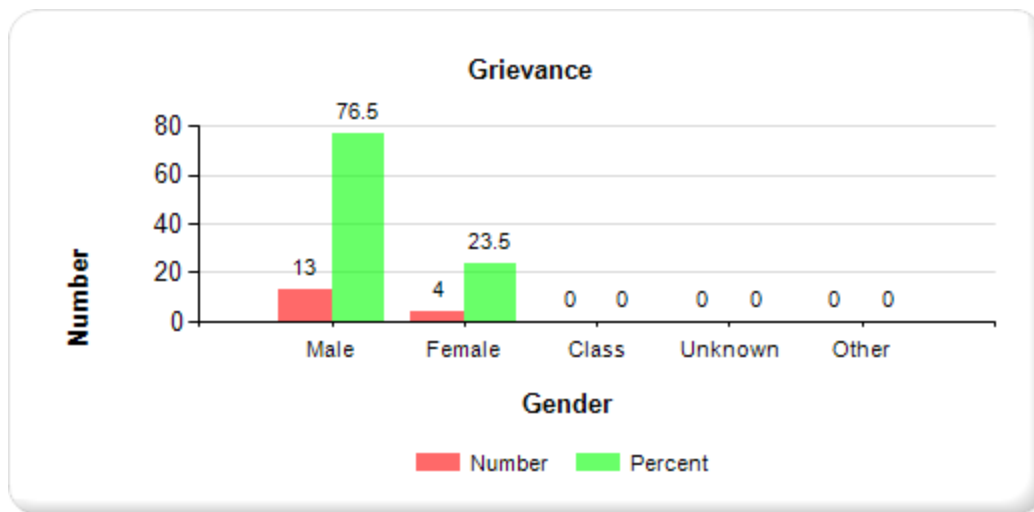
Eastern Shore Hospital Center (ESHC)

Grievance Cases by Gender, Age, and Race

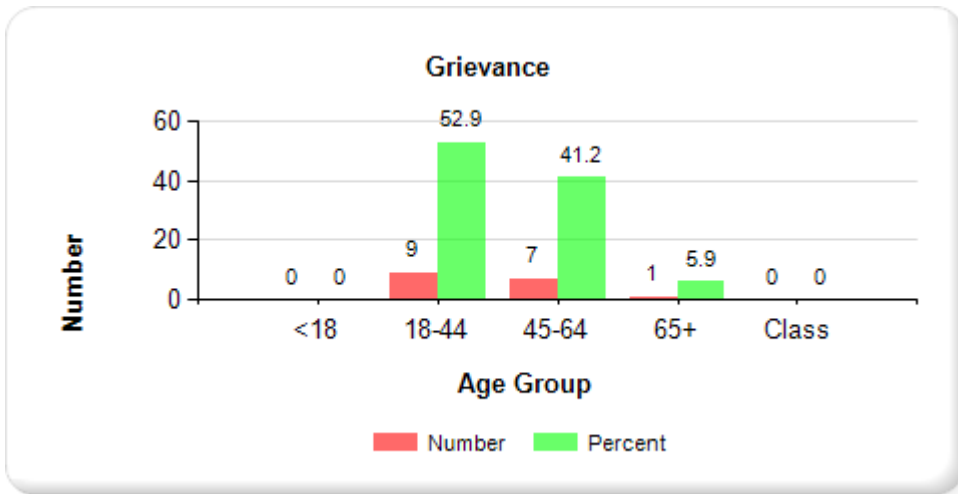
GENDER	#	%	AGE	#	%	RACE	#	%
Male	13	76.5	<18	0	0	African American	7	41.2
Female	4	23.5	18-44	9	52.9	Caucasian	10	58.8
			45-64	7	41.2	Asian	0	0
			65+	1	5.9	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	17	100	Total	17	100	Total	17	100

Chart 2: During FY 21, ESHC had a total of 17 grievances.

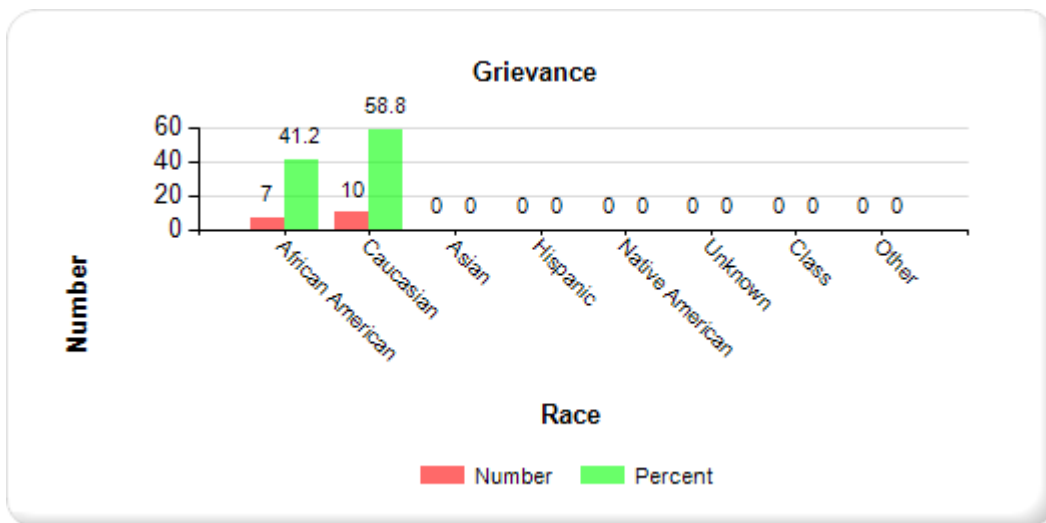
Graphs 2A-2C represent grievance data for ESHC.



Graph 2A: ESHC grievance data (n=17) by gender.



Graph 2B: ESHC grievance data (n=17) by age.



Graph 2C: ESHC grievance data (n=17) by race.

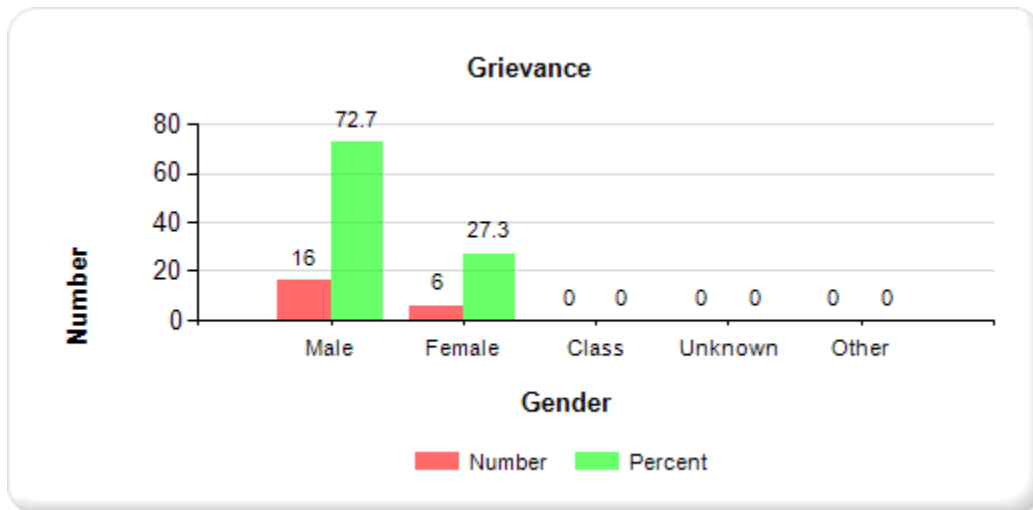
Thomas B. Finan Center (TBFC)

Grievance Cases by Gender, Age, and Race

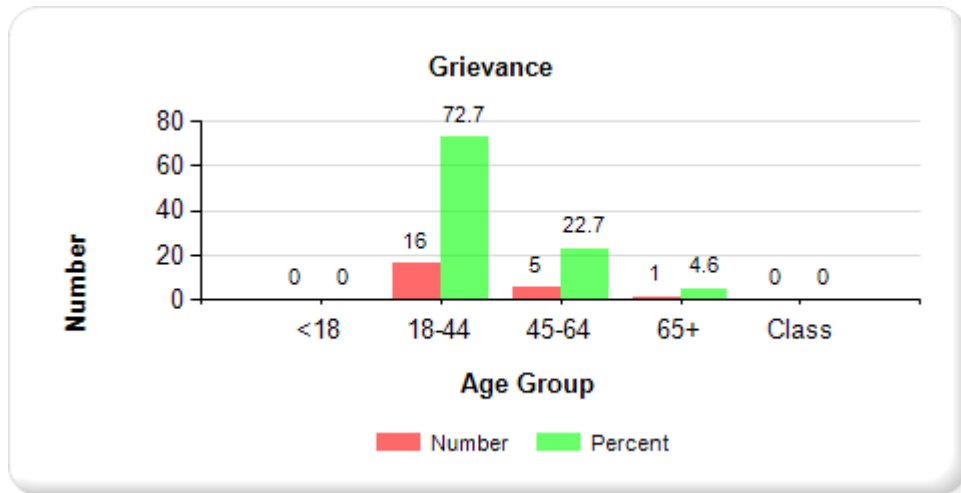
GENDER	#	%	AGE	#	%	RACE	#	%
Male	16	72.7	<18	0	0	African American	10	45.5
Female	6	18.6	18-44	16	72.7	Caucasian	12	54.5
			45-64	5	22.7	Asian	0	0
			65+	1	4.6	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	22	100	Total	22	100	Total	22	100

Chart 3: During FY 21, TBFC had a total of 22 grievances.

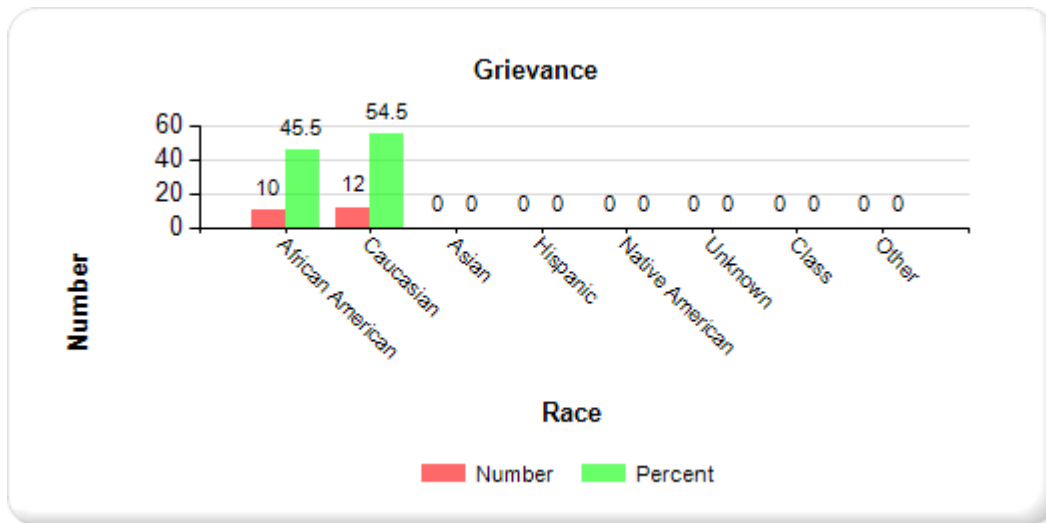
Graphs 3A-3C represent grievance data for TBFC.



Graph 3A: TBFC grievance data (n=22) by gender.



Graph 3B: TBFC grievance data (n=22) by age.



Graph 3C: TBFC grievance data (n=22) by race.

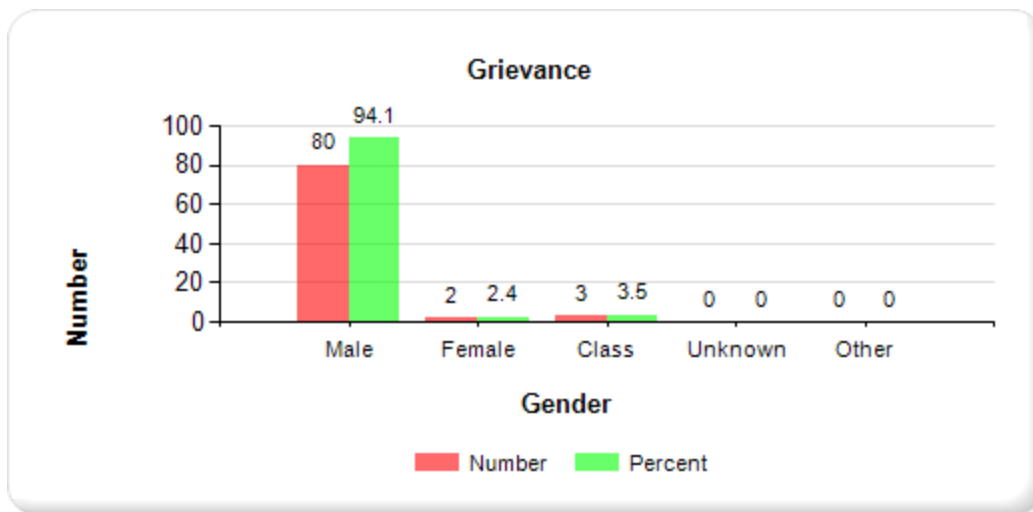
Clifton T. Perkins Hospital Center (CTPHC)

Grievance Cases by Gender, Age, and Race

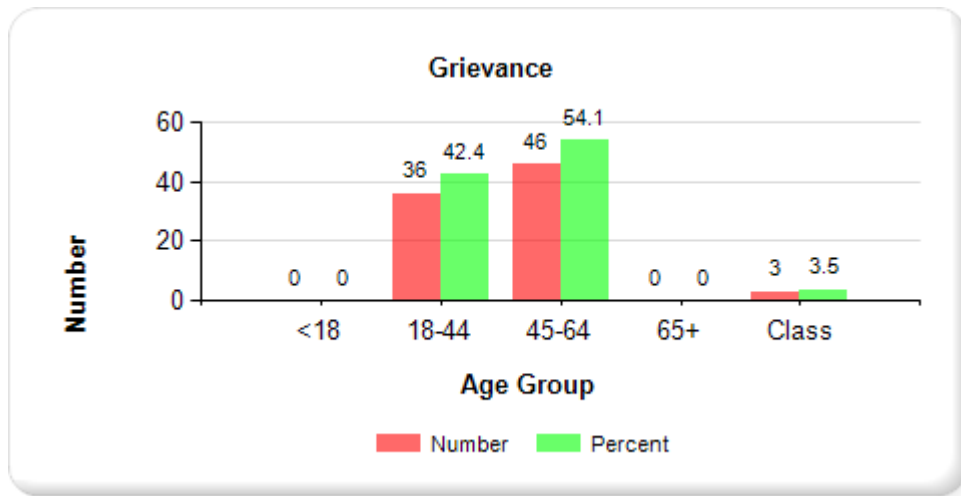
GENDER	#	%	AGE	#	%	RACE	#	%
Male	80	94.1	<18	0	0	African American	11	12.9
Female	2	2.4	18-44	36	42.4	Caucasian	67	78.9
			45-64	46	54.1	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	3	3.5	Class	3	3.5	Class	3	3.5
Other	0	0	Other	0	0	Other	3	3.5
Unknown	0	0	Unknown	0	0	Unknown	1	1.2
Total	85	100	Total	85	100	Total	85	100

Chart 4: During FY 21, CTPHCs had a total of 85 grievances.

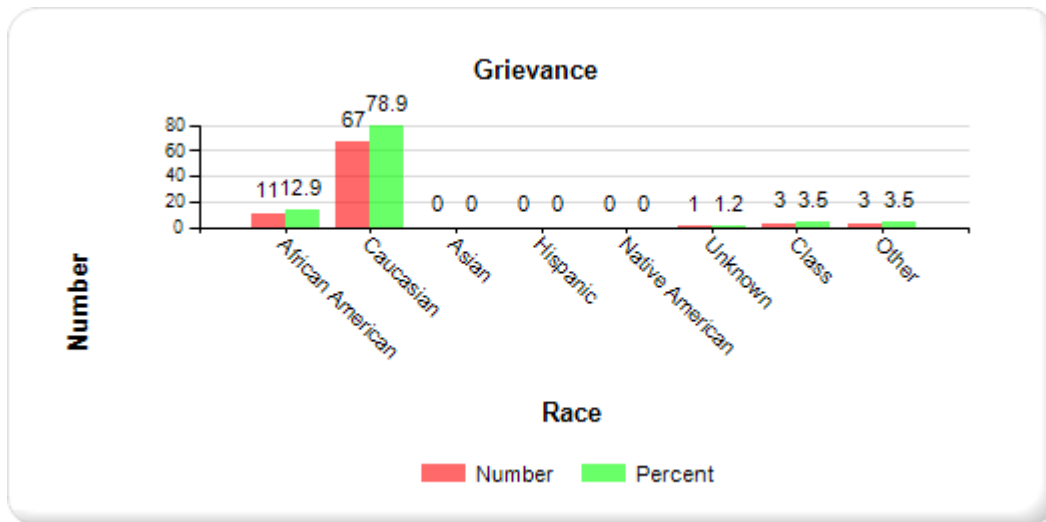
Graphs 4A-4C represent grievance data for CTPHC.



Graph 4A: CTPHC grievance data (n=85) by gender.



Graph 4B: CTPHC grievance data (n=85) by age.



Graph 4C: CTPHC grievance data (n=85) by race.

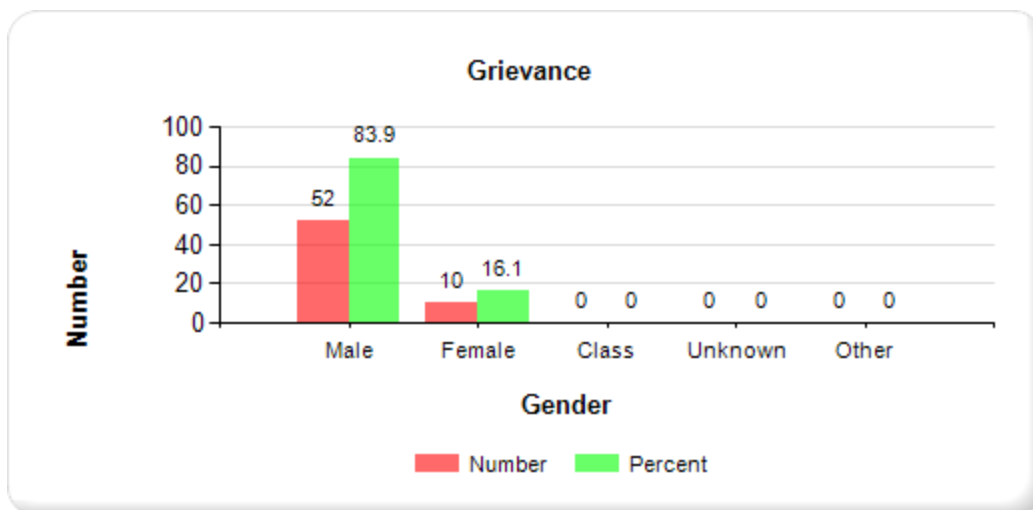
Springfield Hospital Center (SFHC)

Grievance Cases by Gender, Age, and Race

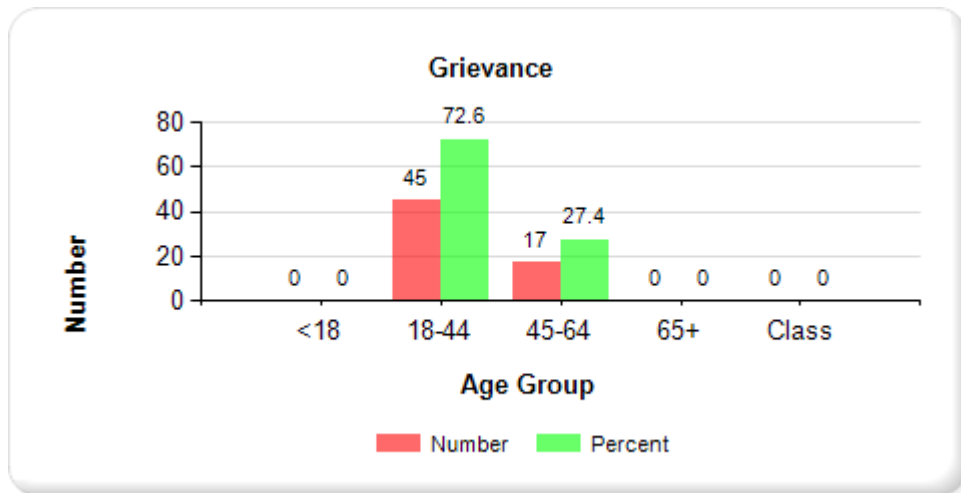
GENDER	#	%	AGE	#	%	RACE	#	%
Male	52	83.9	<18	0	0	African American	31	50
Female	10	16.1	18-44	45	72.6	Caucasian	24	38.7
			45-64	17	27.4	Asian	0	0
			65+	0	0	Hispanic	6	9.7
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	1	1.6
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	62	100	Total	62	100	Total	62	100

Chart 5: During FY 21, SFHC had a total of 62 grievances.

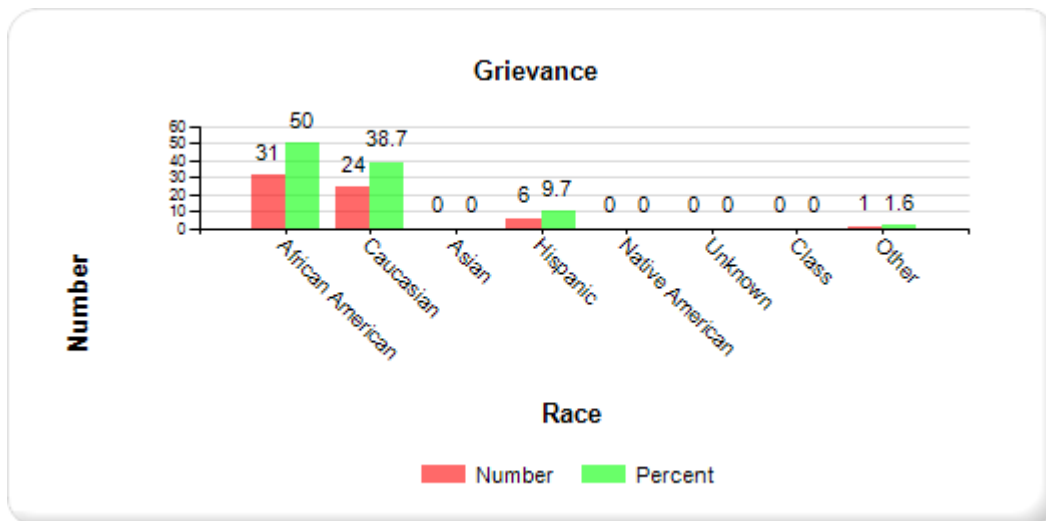
Graphs 5A-5C represent grievance data for SFHC.



Graph 5A: SFHC grievance data (n=62) by gender.



Graph 5B: SFHC grievance (n=62) by age.



Graph 5C: Springfield grievance data (n=62) by race.

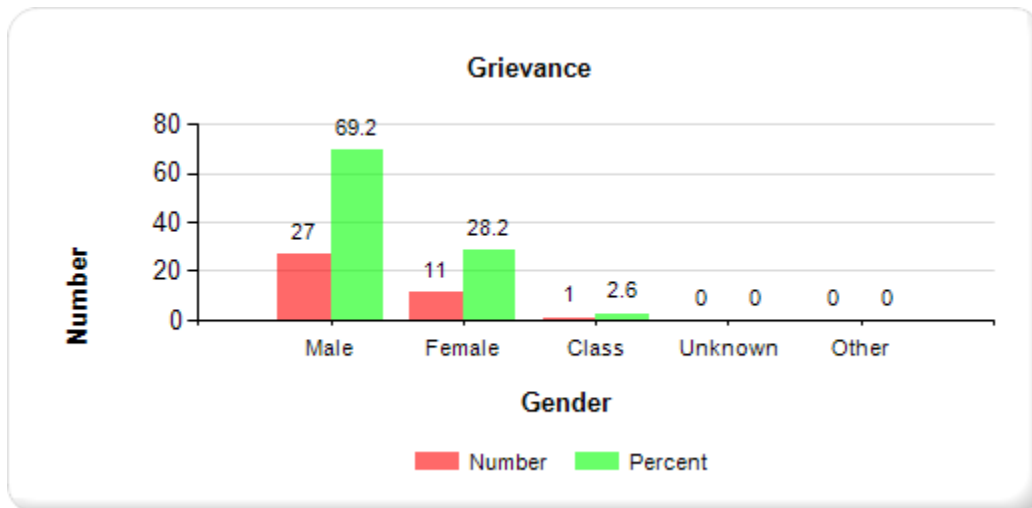
Spring Grove Hospital Center (SGHC)

Grievance Cases by Gender, Age, and Race

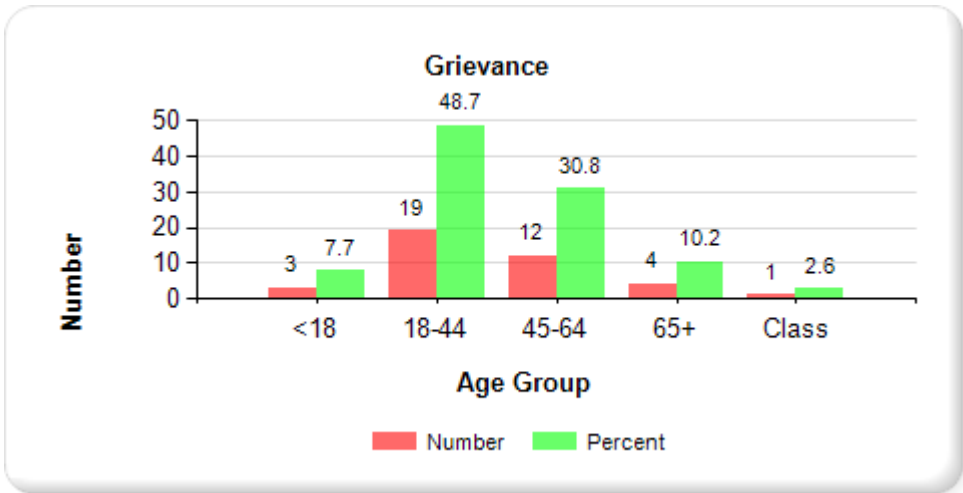
GENDER	#	%	AGE	#	%	RACE	#	%
Male	27	69.2	<18	3	7.7	African American	24	61.5
Female	11	28.2	18-44	19	48.7	Caucasian	11	28.2
			45-64	12	30.8	Asian	2	5.1
			65+	4	10.2	Hispanic	0	0
						Native American	1	2.6
Class	1	2.6	Class	1	2.6	Class	1	2.6
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	39	100	Total	39	100	Total	39	100

Chart 6: During FY 21, SGHC had a total of 39 grievances.

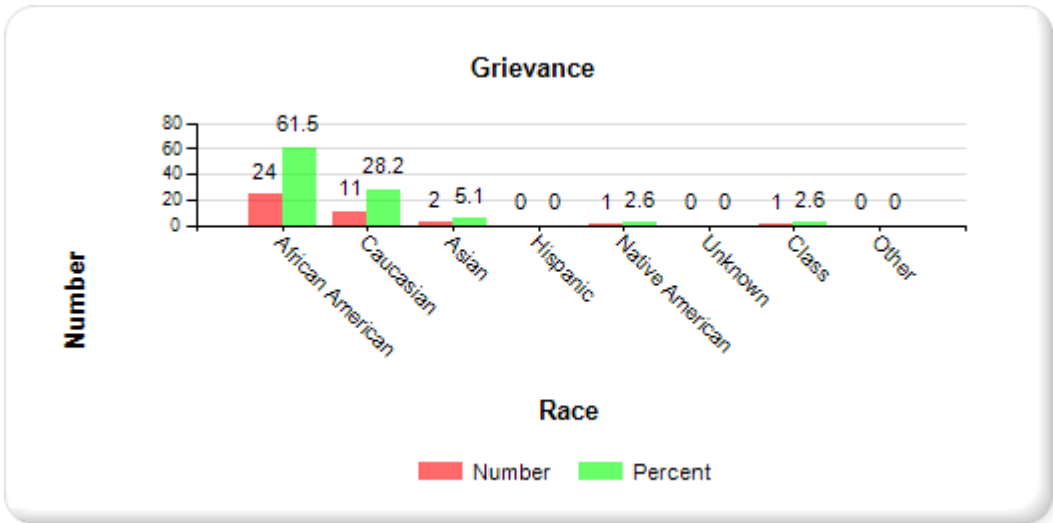
Graphs 6A-6C represent grievance data for SGHC.



Graph 6A: SGHC grievance data (n=39) by gender.



Graph 6B: SGHC grievance data (n=39) by age.



Graph 6C: SGHC grievance data (n=39) by race.

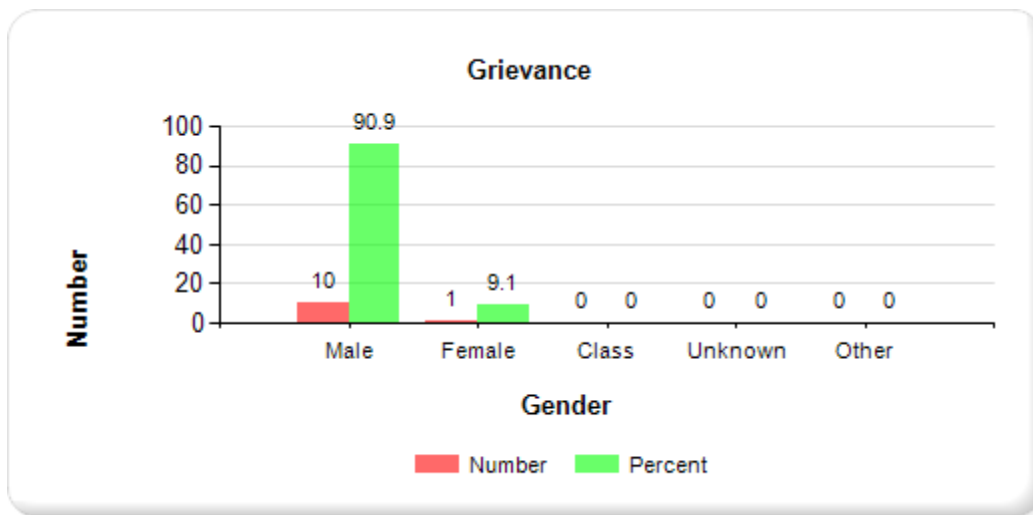
Regional Institute for Children and Adolescents (RICA) - Baltimore

Grievance Cases by Gender, Age, and Race

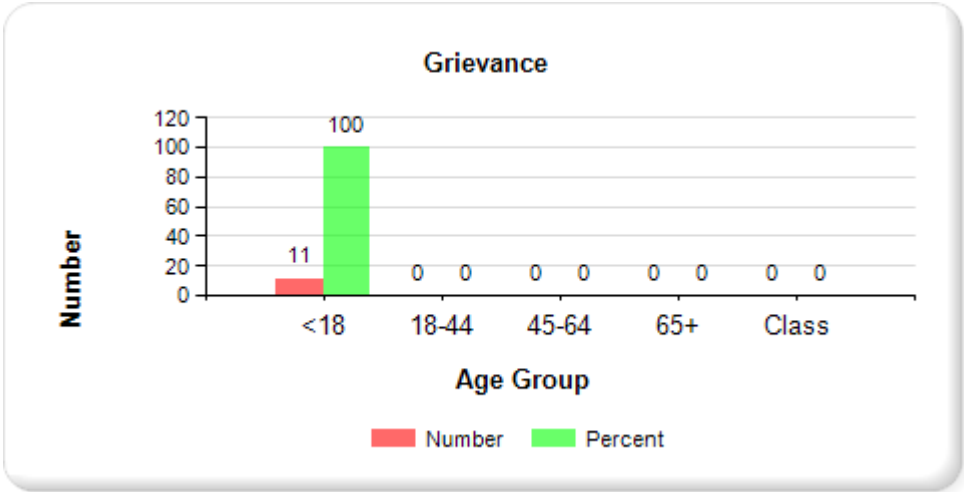
GENDER	#	%	AGE	#	%	RACE	#	%
Male	10	90.9	<18	11	100	African American	4	36.4
Female	1	9.1	18-44	0	0	Caucasian	5	45.4
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	2	18.2
Total	11	100	Total	11	100	Total	11	100

Chart 7: During FY 21, RICA Baltimore had a total of 11 grievances.

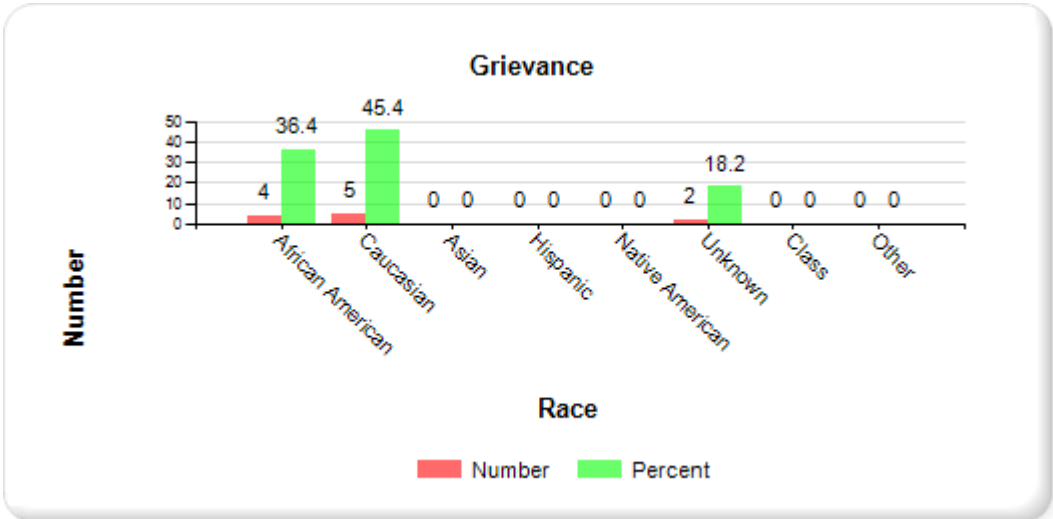
Graphs 7A-7C represent grievance data for RICA Baltimore.



Graph 7A: RICA Baltimore grievance data (n=11) by gender.



Graph 7B: RICA Baltimore grievance data (n=11) by age.



Graph 7C: RICA Baltimore grievance data (n=11) by race.

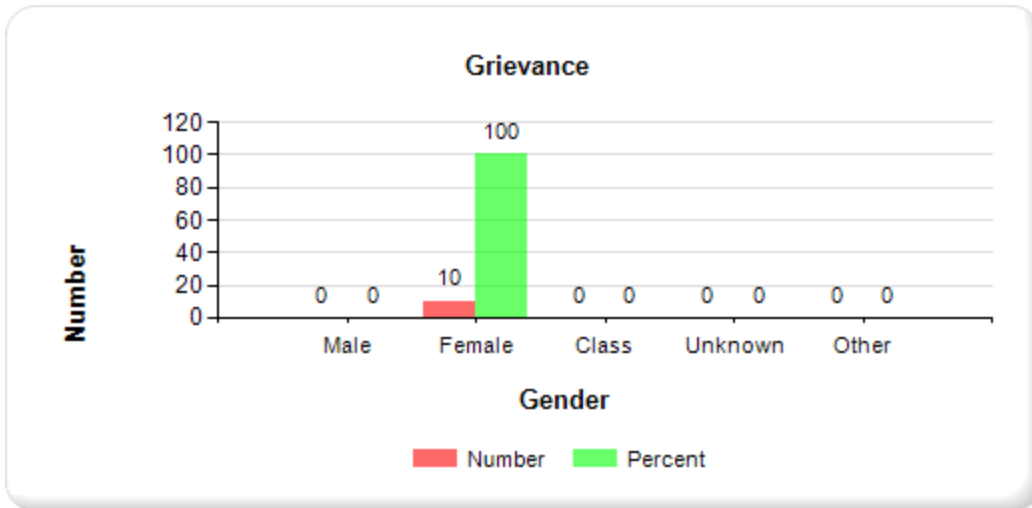
Regional Institute for Children and Adolescents (RICA) - Rockville

Aggregate Grievance Cases by Gender, Age, and Race

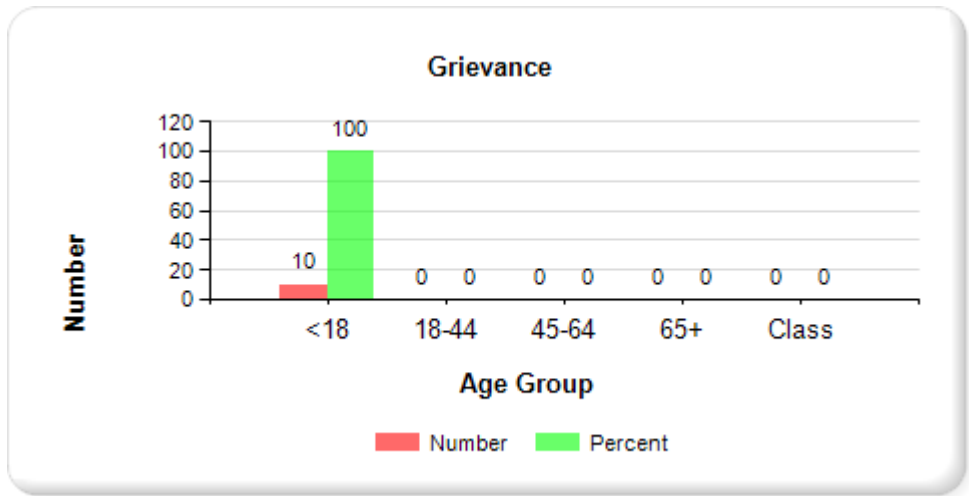
GENDER	#	%	AGE	#	%	RACE	#	%
Male	0	0	<18	10	100	African American	7	70
Female	10	100	18-44	0	0	Caucasian	2	20
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	1	10
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	10	100	Total	10	100	Total	10	100

Chart 8: During FY 21, RICA Rockville had a total of 10 grievances.

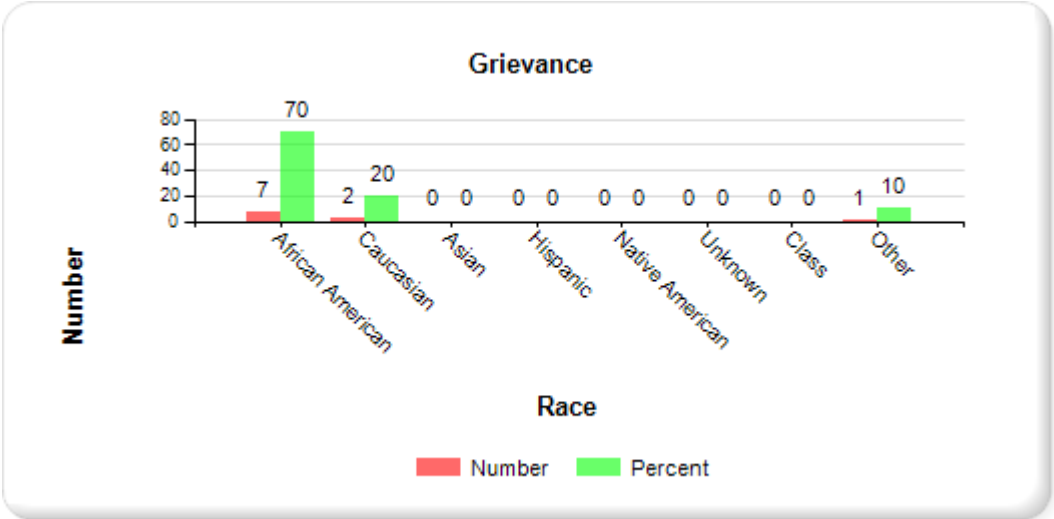
Graphs 8A-8C represent grievance data for RICA Rockville.



Graph 8A: RICA Rockville grievance data (n=10) by gender.



Graph 8B: RICA Rockville grievance data (n=10) by age.



Graph 8C: RICA Rockville grievance data (n=10) by race.

SECTION B: INFORMATION/ASSISTANCE (IA) DATA - FY 2021

Aggregate IA Cases by Gender, Age, and Race – BHA

GENDER	#	%	AGE	#	%	RACE	#	%
Male	1352	73.4	<18	71	3.8	African American	1081	58.6
Female	456	24.7	18-44	877	47.6	Caucasian	625	33.9
			45-64	690	37.5	Asian	22	1.2
			65+	170	9.2	Hispanic	34	1.9
						Native American	2	0.1
Class	34	1.9	Class	34	1.9	Class	34	1.9
Other	0	0	Other	0	0	Other	22	1.2
Unknown	0	0	Unknown	0	0	Unknown	22	1.2
Total	1842	100	Total	1842	100	Total	1842	100

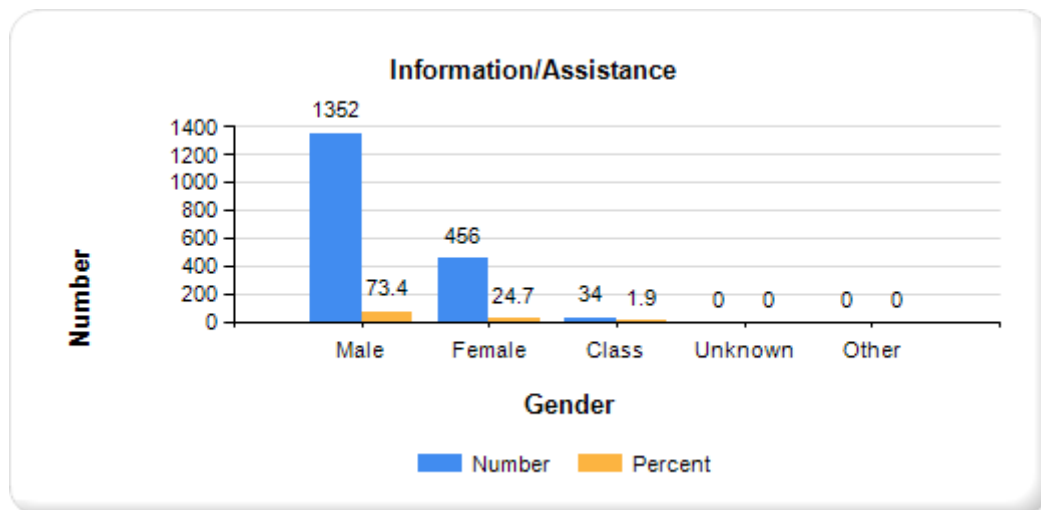
Chart 9: During FY 21, the seven (7) BHA inpatient psychiatric hospitals had a total of 1842 IA cases.

Other = information collected from residents who selected this category as their gender and/or race.

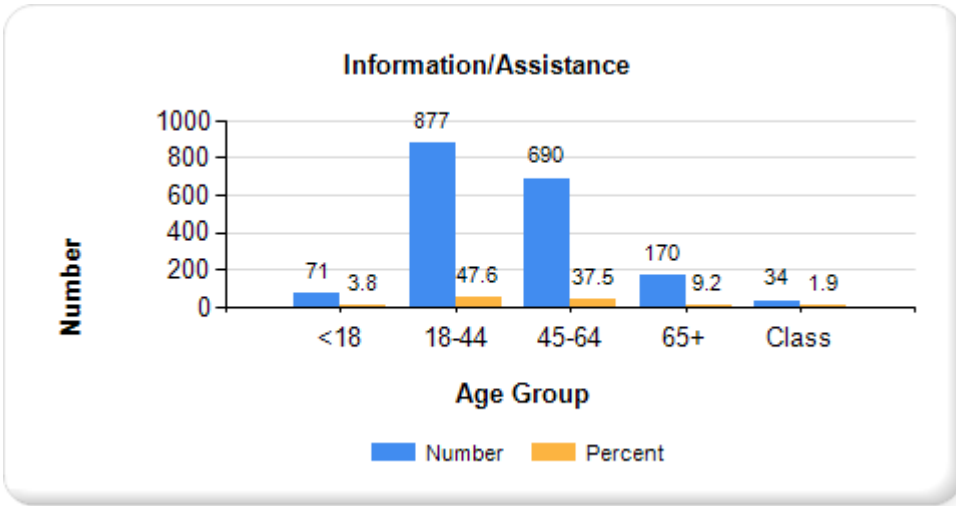
Unknown = information collected from residents who chose not to identify gender and/or race.

Class = a grievance or IA case initiated by a group of residents who cannot be assigned to any gender, age group or race.

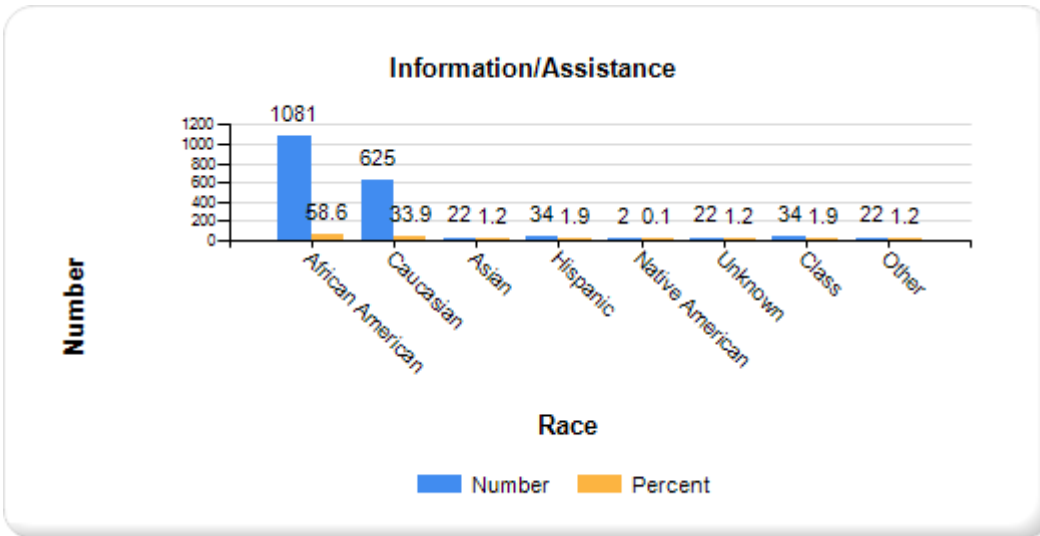
Graphs 9A-9C represent BHA aggregate IA data.



Graph 9A: BHA aggregate IA data (n=1842) by gender.



Graph 9B: BHA aggregate IA data (n=1842) by age.



Graph 9C: BHA aggregate IA data (n=1842) by race.

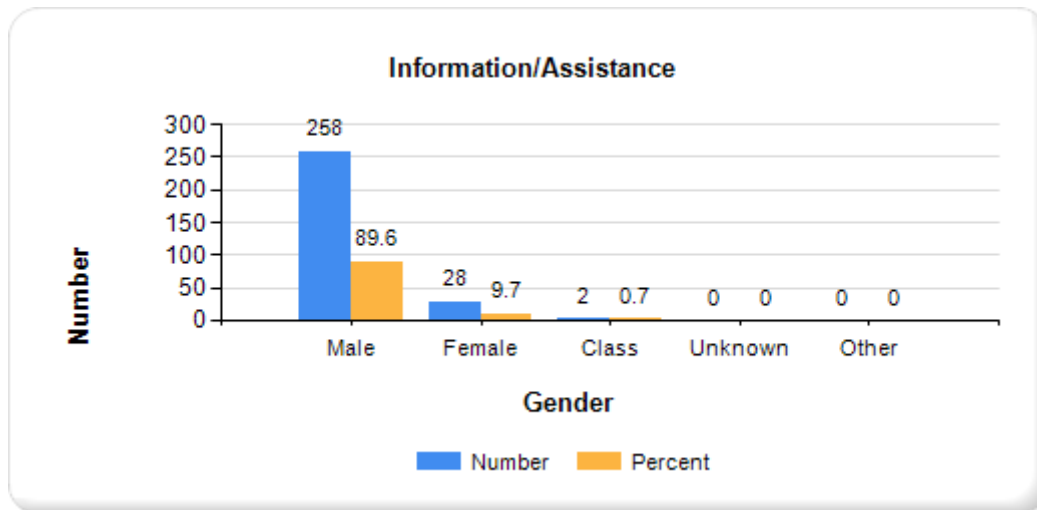
Eastern Shore Hospital Center (ESHC)

IA Cases by Gender, Age, and Race

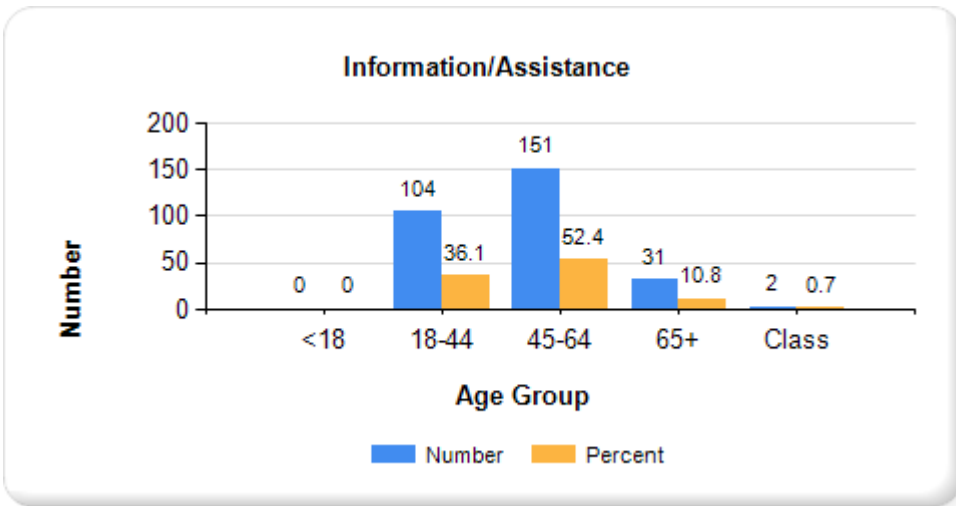
GENDER	#	%	AGE	#	%	RACE	#	%
Male	258	89.6	<18	0	0	African American	130	45.1
Female	28	9.7	18-44	104	36.1	Caucasian	152	52.8
			45-64	151	52.4	Asian	0	0
			65+	31	10.8	Hispanic	0	0
						Native American	0	0
Class	2	0.7	Class	2	0.7	Class	2	0.7
Other	0	0	Other	0	0	Other	3	1
Unknown	0	0	Unknown	0	0	Unknown	1	0.4
Total	288	100	Total	288	100	Total	288	100

Chart 10: During FY 21, ESHC had a total of 288 IA cases.

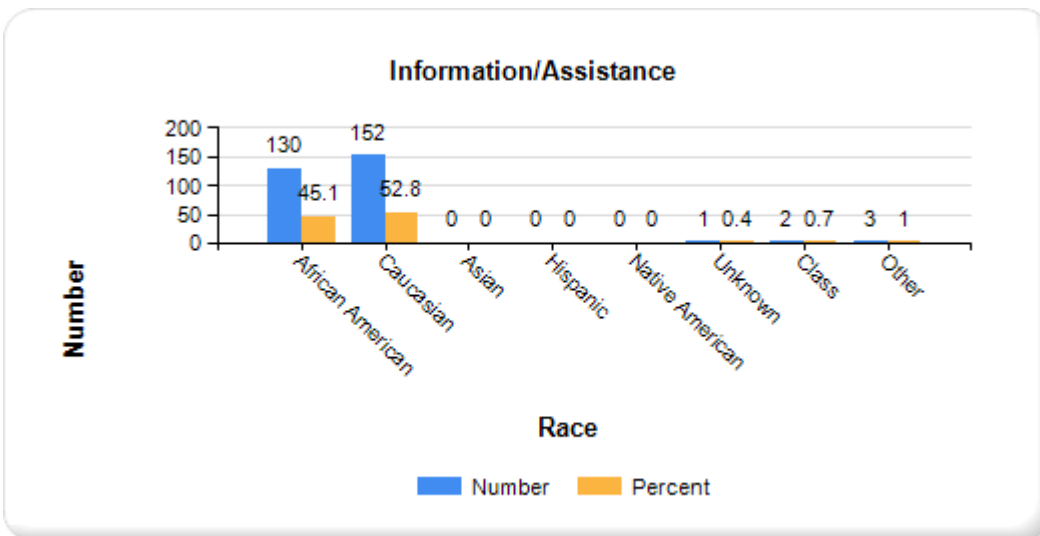
Graphs 10A-10C represent IA data for ESHC.



Graph 10A: ESHC IA data (n=288) by gender.



Graph 10B: ESHC IA data (n=288) by age.



Graph 10C: ESHC IA data (n=288) by race.

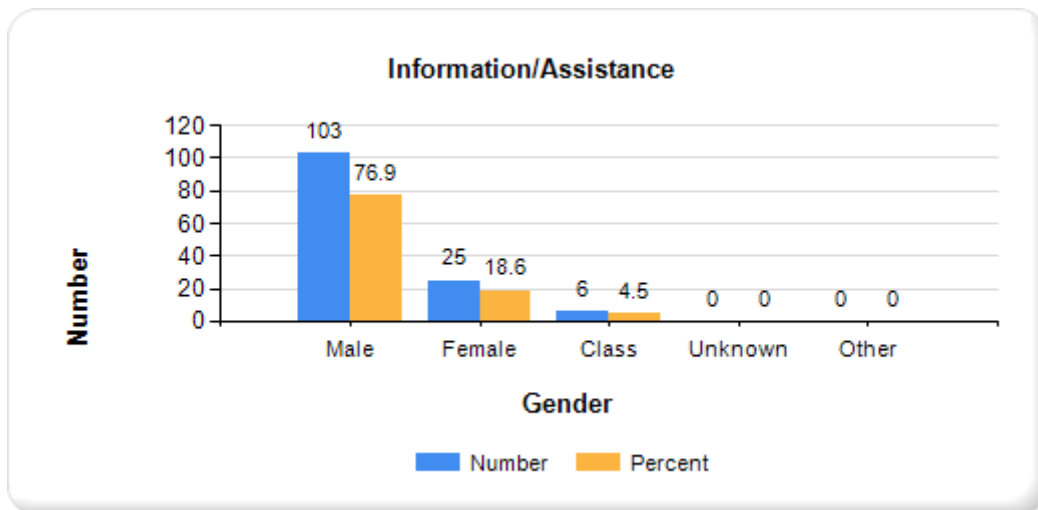
Thomas B. Finan Center (TBFC)

IA Cases by Gender, Age, and Race

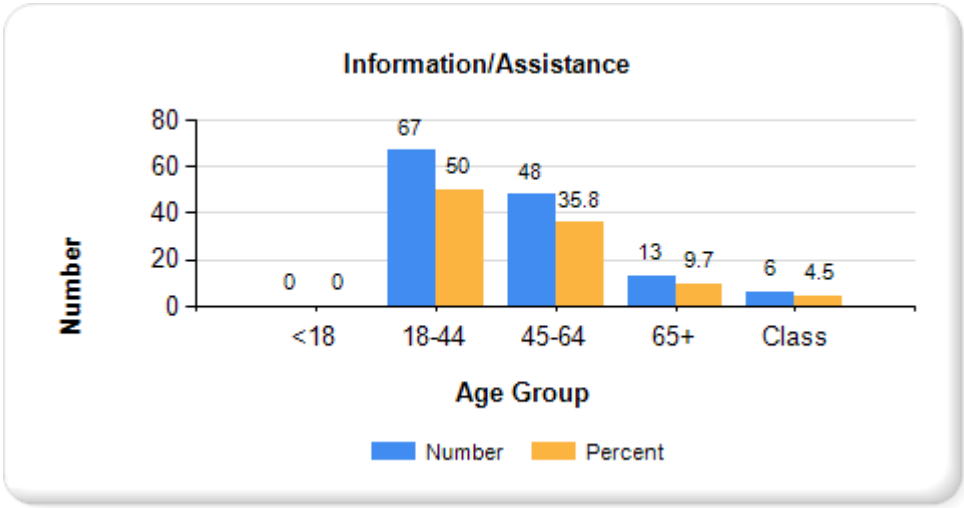
GENDER	#	%	AGE	#	%	RACE	#	%
Male	103	76.9	<18	0	0	African American	60	44.8
Female	25	18.6	18-44	67	50	Caucasian	63	47
			45-64	48	35.8	Asian	4	3
			65+	13	9.7	Hispanic	0	0
						Native American	0	0
Class	6	4.5	Class	6	4.5	Class	6	4.5
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	1	.7
Total	134	100	Total	134	100	Total	134	100

Chart 11: During FY 21, TBFC had a total of 134 IA cases.

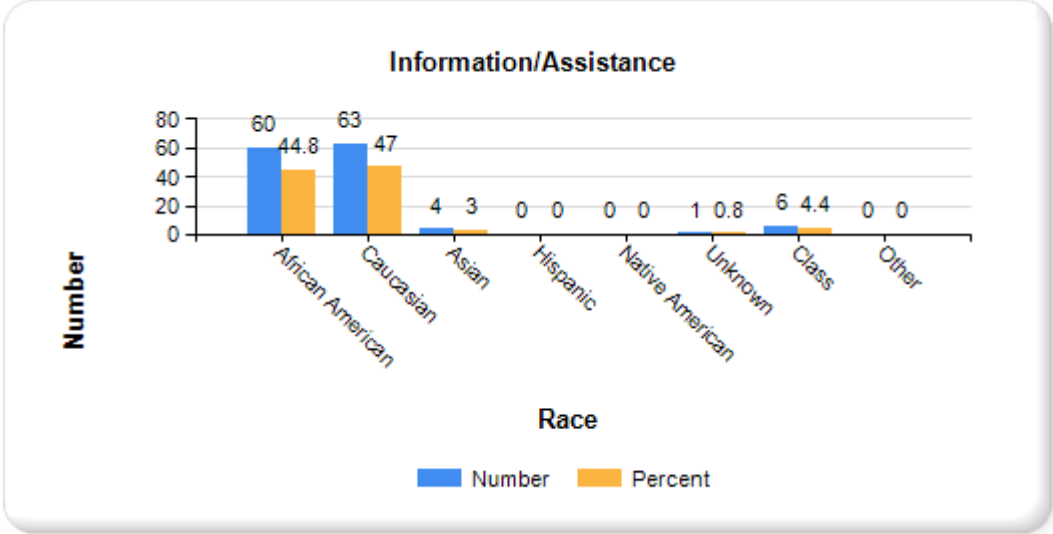
Graphs 11A-11C represent IA data for TBFC.



Graph 11A: TBFC IA data (n=134) by gender.



Graph 11B: TBFC IA data (n=134) by age.



Graph 11C: TBFC IA data (n=134) by race.

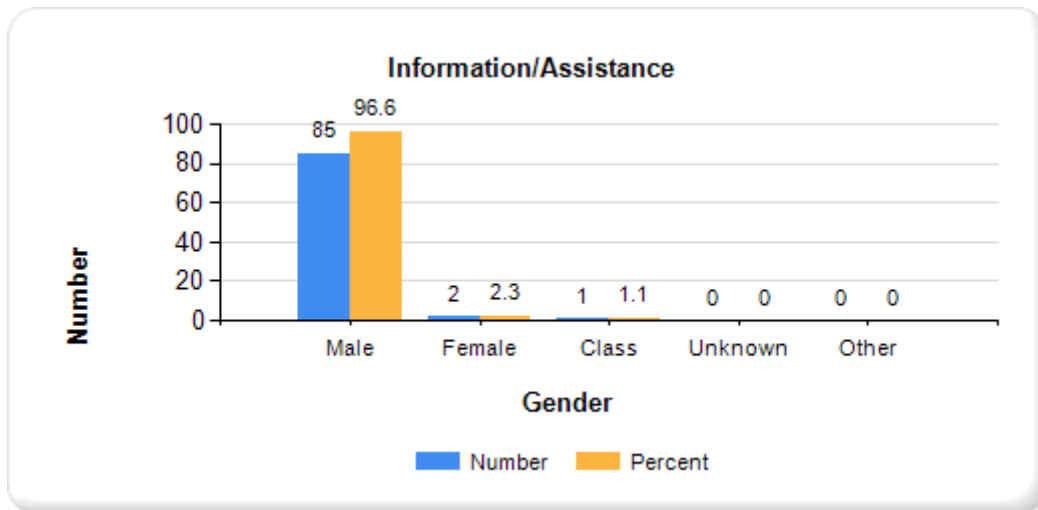
Clifton T. Perkins Hospital Center (CTPHC)

IA Cases by Gender, Age, and Race

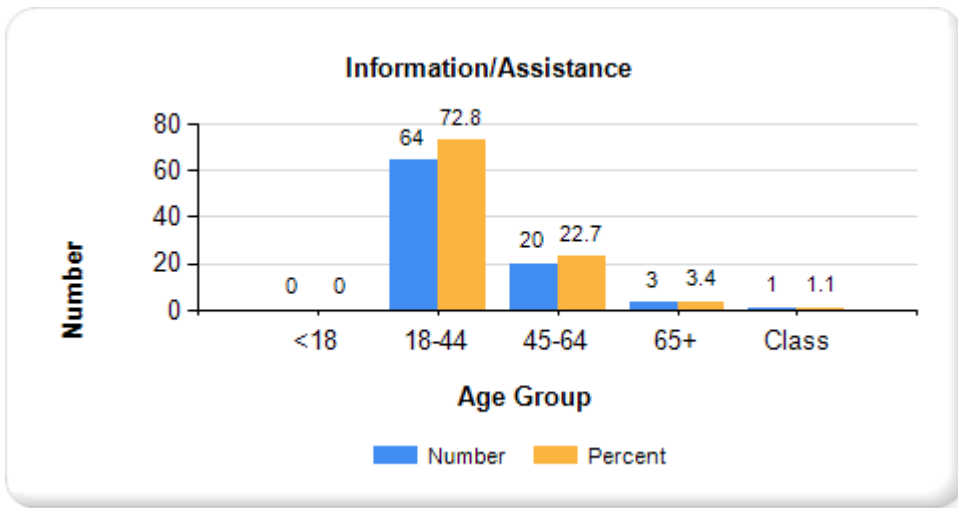
GENDER	#	%	AGE	#	%	RACE	#	%
Male	85	96.6	<18	0	0	African American	50	56.8
Female	2	2.3	18-44	64	72.8	Caucasian	27	30.7
			45-64	20	22.7	Asian	0	0
			65+	3	3.4	Hispanic	4	4.6
						Native American	0	0
Class	1	1.1	Class	1	1.1	Class	1	1.1
Other	0	0	Other	0	0	Other	3	3.4
Unknown	0	0	Unknown	0	0	Unknown	3	3.4
Total	88	100	Total	88	100	Total	88	100

Chart 12: During FY 21, CTPHC had a total of 88 IA cases.

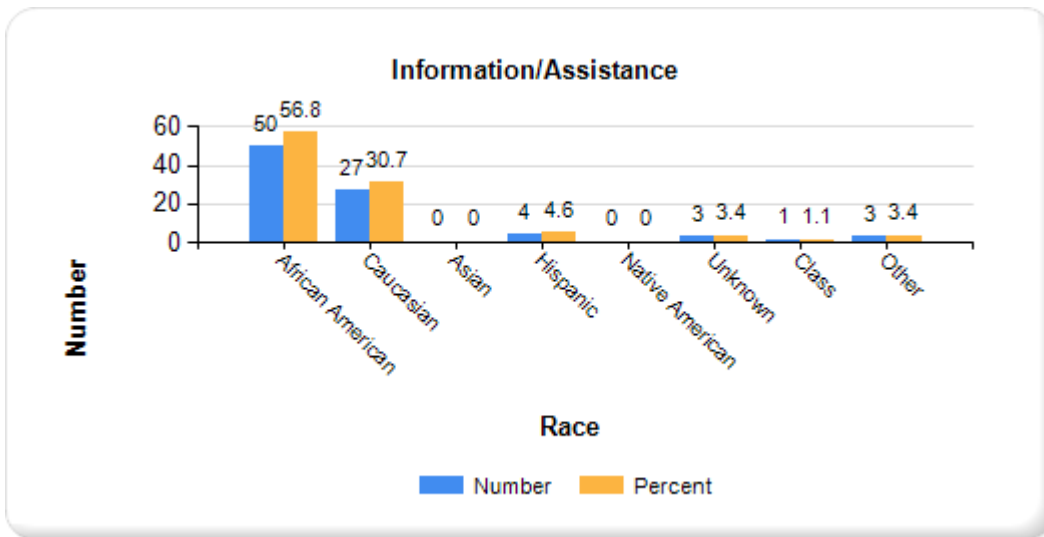
Graphs 12A-12C represent IA data for CTPHC.



Graph 12A: CTPHC IA data (n=88) by gender.



Graph 12B: CTPHC IA data (n=88) by age.



Graph 12C: CTPHC IA data (n=88) by race.

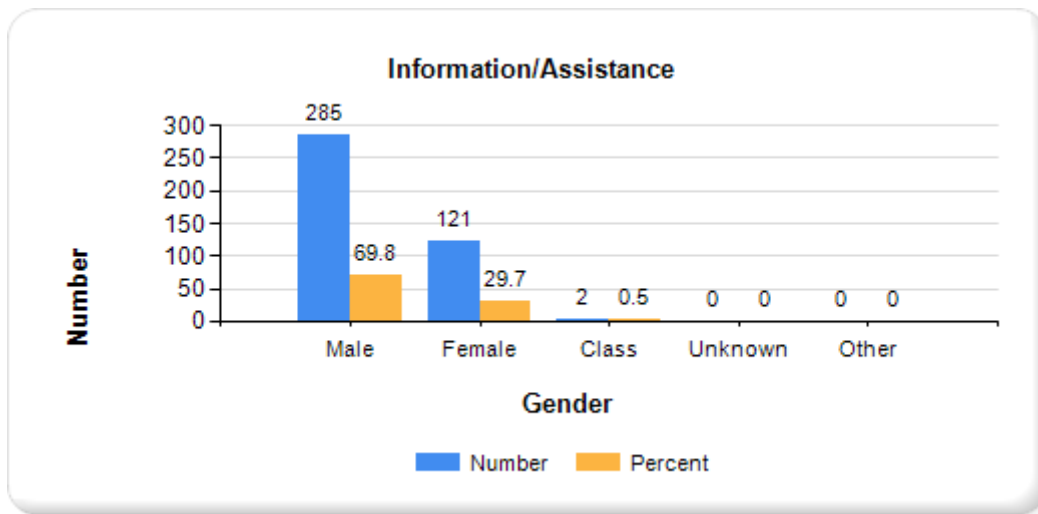
Springfield Hospital Center (SFHC)

IA Cases by Gender, Age, and Race

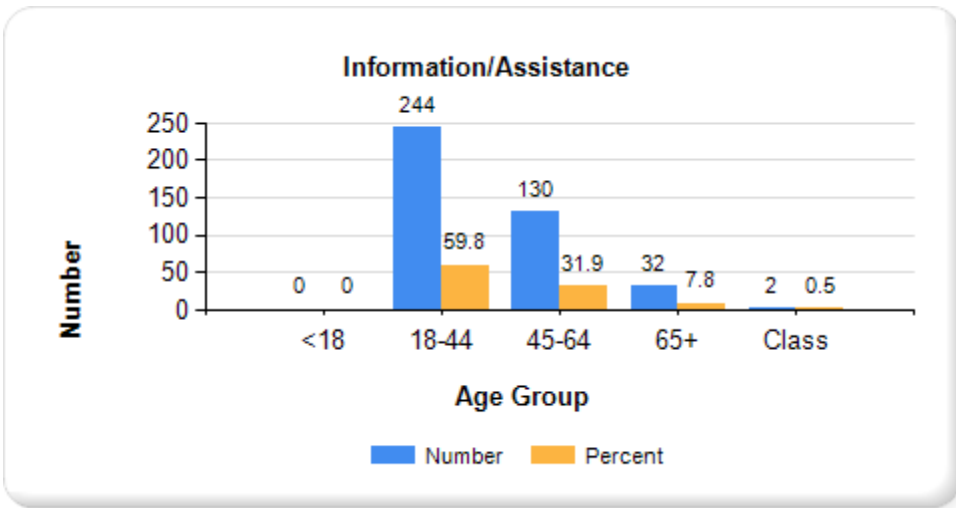
GENDER	#	%	AGE	#	%	RACE	#	%
Male	285	69.8	<18	0	0	African American	269	65.9
Female	121	29.7	18-44	244	59.8	Caucasian	104	25.5
			45-64	130	31.9	Asian	5	1.2
			65+	32	7.8	Hispanic	27	6.6
						Native American	0	0
Class	2	0.5	Class	2	0.5	Class	2	0.5
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	1	0.3
Total	408	100	Total	408	100	Total	408	100

Chart 13: During FY 21, SFHC had a total of 408 IA cases.

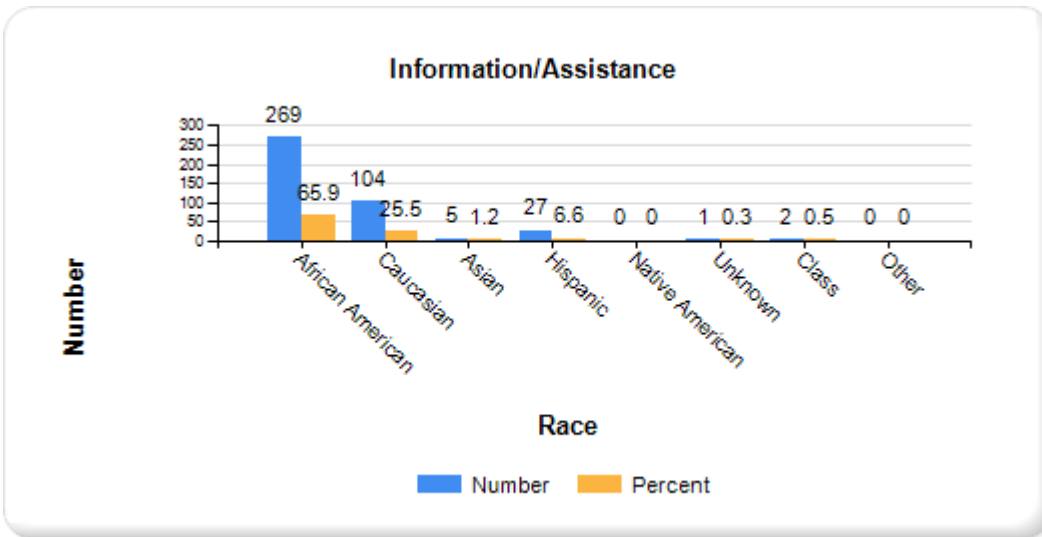
Graphs 13A-13C represent IA data for SFHC.



Graph 13A: SFHC IA data (n=408) by gender.



Graph 13B: SFHC IA data (n=408) by age.



Graph 13C: SFHC IA data (n=408) by race.

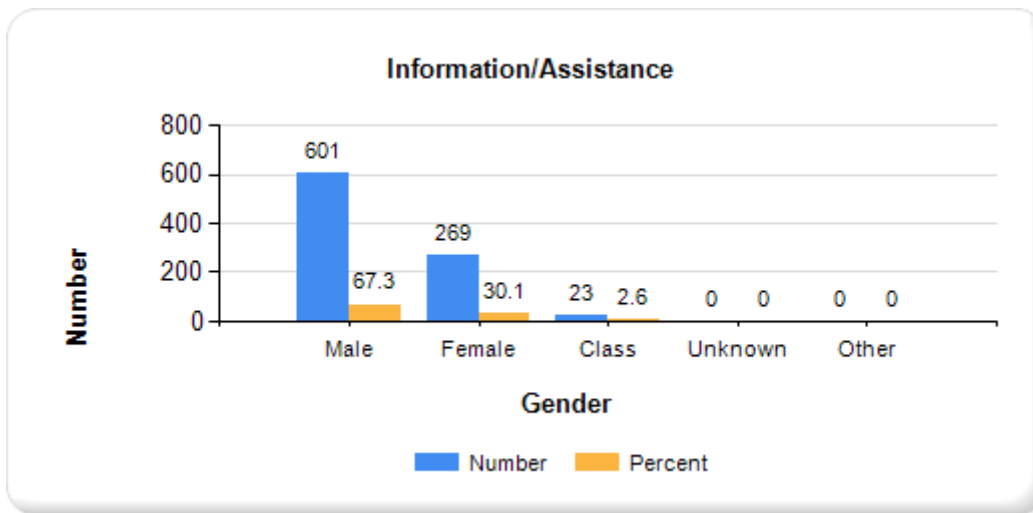
Spring Grove Hospital Center (SGHC)

IA Cases by Gender, Age Group and Race

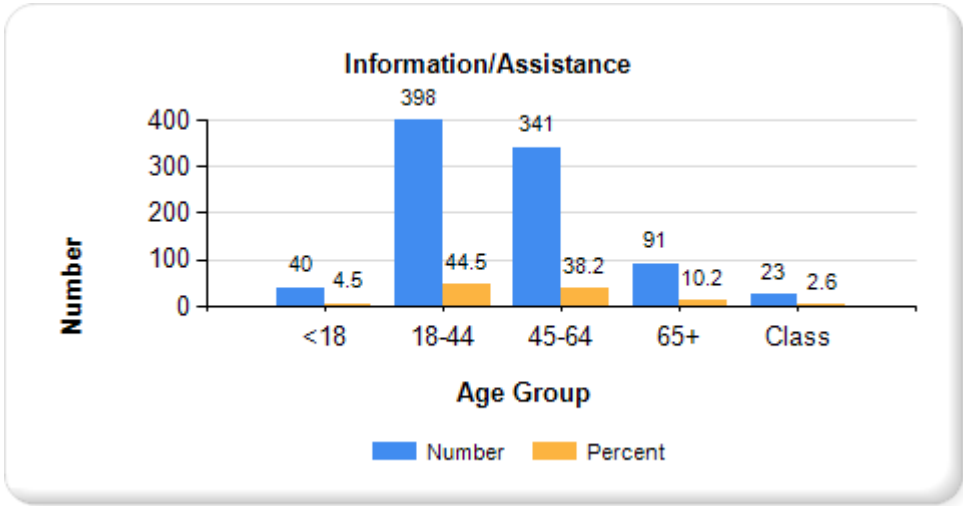
GENDER	#	%	AGE	#	%	RACE	#	%
Male	601	67.3	<18	40	4.5	African American	557	62.3
Female	269	30.1	18-44	398	44.5	Caucasian	269	30.1
			45-64	341	38.2	Asian	13	1.5
			65+	91	10.2	Hispanic	3	0.3
						Native American	2	0.2
Class	23	2.6	Class	23	2.6	Class	23	2.6
Other	0	0	Other	0	0	Other	13	1.5
Unknown	0	0	Unknown	0	0	Unknown	13	1.5
Total	893	100	Total	893	100	Total	893	100

Chart 14: During FY 21, SGHC had a total of 893 IA cases.

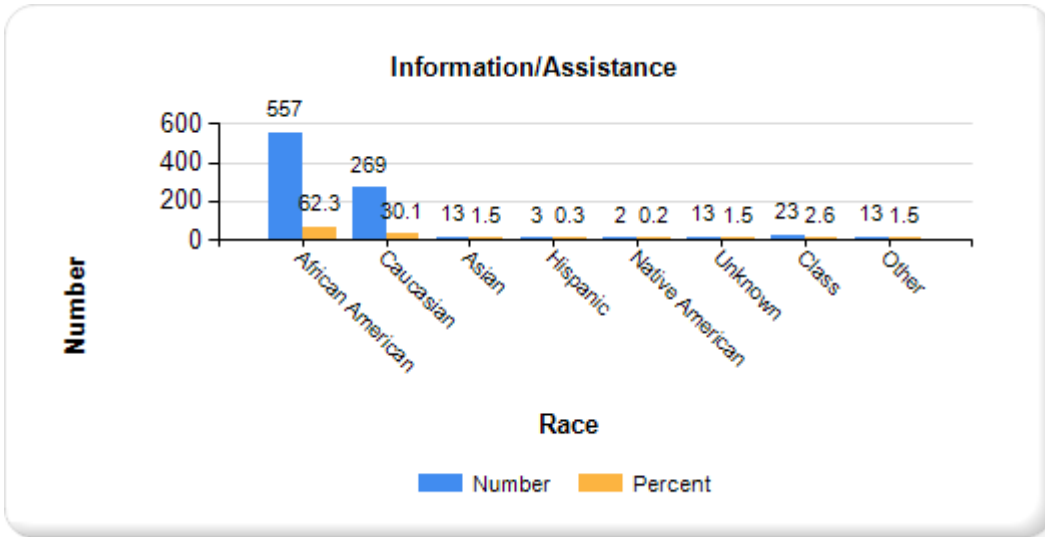
Graphs 14A-14C represent IA data for SGHC.



Graph 14A: SGHC IA data (n=893) by gender.



Graph 14B: SGHC IA data (n=893) by age.



Graph 14C: SGHC IA data (n=893) by race.

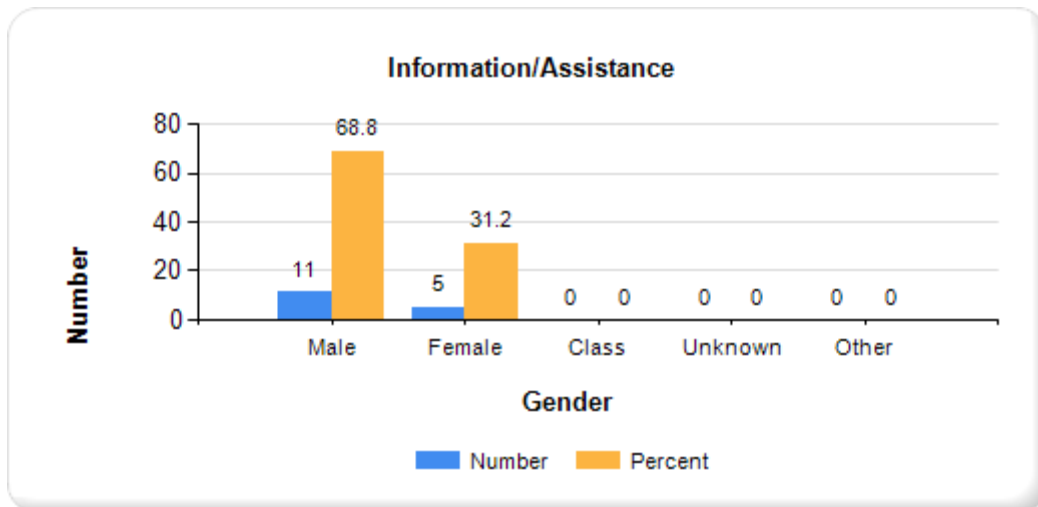
Regional Institute for Children and Adolescents (RICA) - Baltimore

IA Cases by Gender, Age, and Race

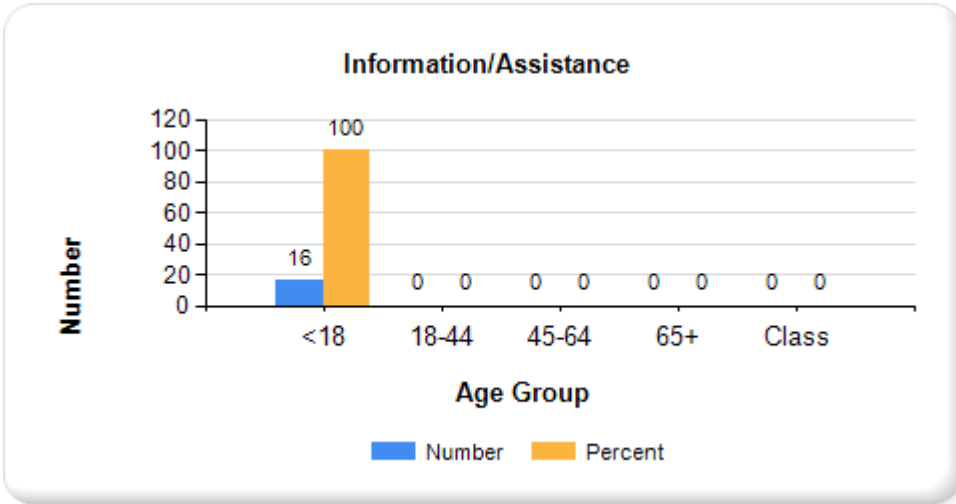
GENDER	#	%	AGE	#	%	RACE	#	%
Male	11	68.8	<18	16	100	African American	7	43.7
Female	5	31.2	18-44	0	0.0	Caucasian	5	31.2
			45-64	0	0.0	Asian	0	0.0
			65+	0	0.0	Hispanic	0	0.0
						Native American	0	0.0
Class	0	0.0	Class	0	0.0	Class	0	0.0
Other	0	0.0	Other	0	0.0	Other	1	6.3
Unknown	0	0.0	Unknown	0	0.0	Unknown	3	18.8
Total	16	100	Total	16	100	Total	16	100

Chart 15: During FY 21, RICA Baltimore had a total of 16 IA cases.

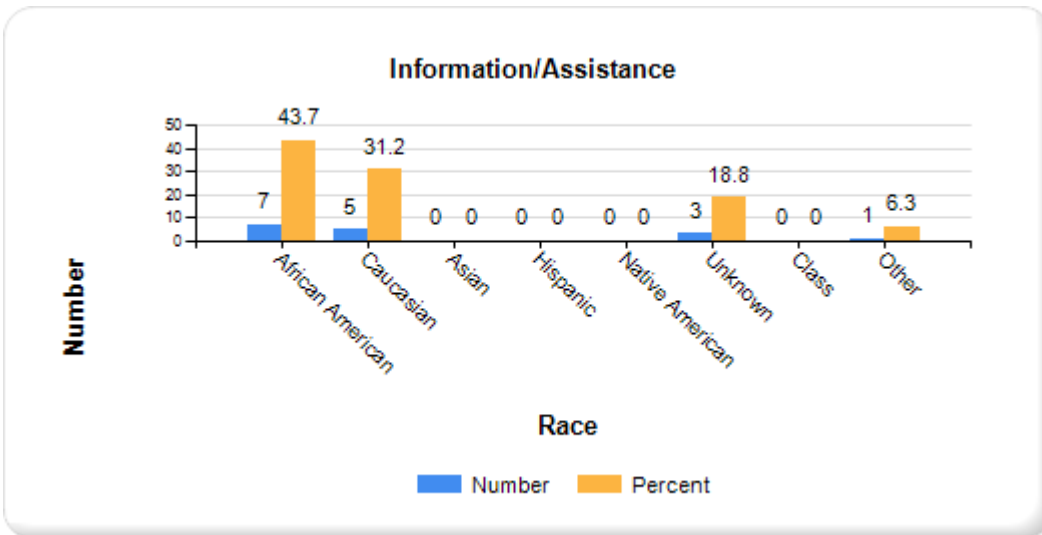
Graphs 15A-15C represent IA data (t=35) for RICA Baltimore.



Graph 15A: RICA Baltimore IA data (n=16) by gender.



Graph 15B: RICA Baltimore IA data (n=16) by age.



Graph 15C: RICA Baltimore IA data (n=16) by race.

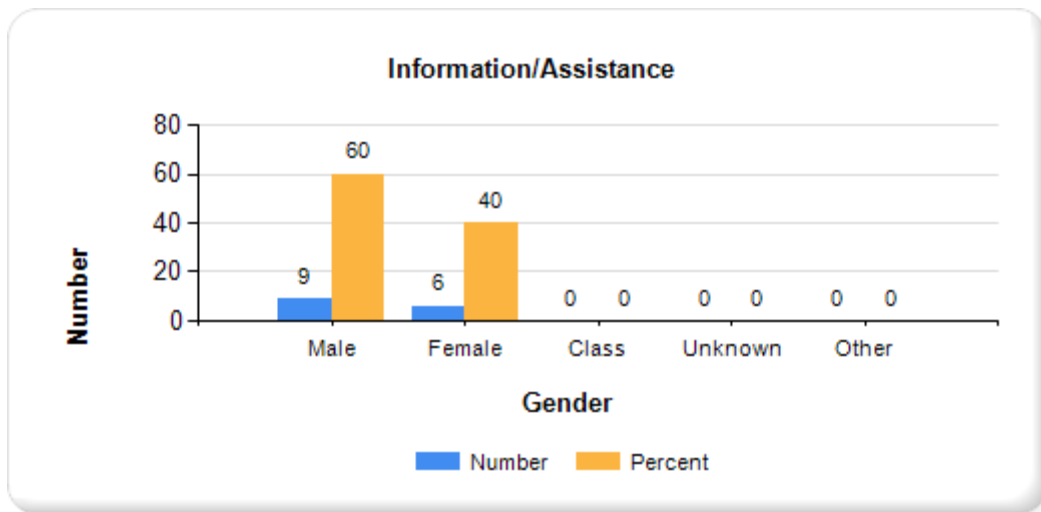
Regional Institute for Children and Adolescents (RICA) - Rockville

IA Cases by Gender, Age, and Race

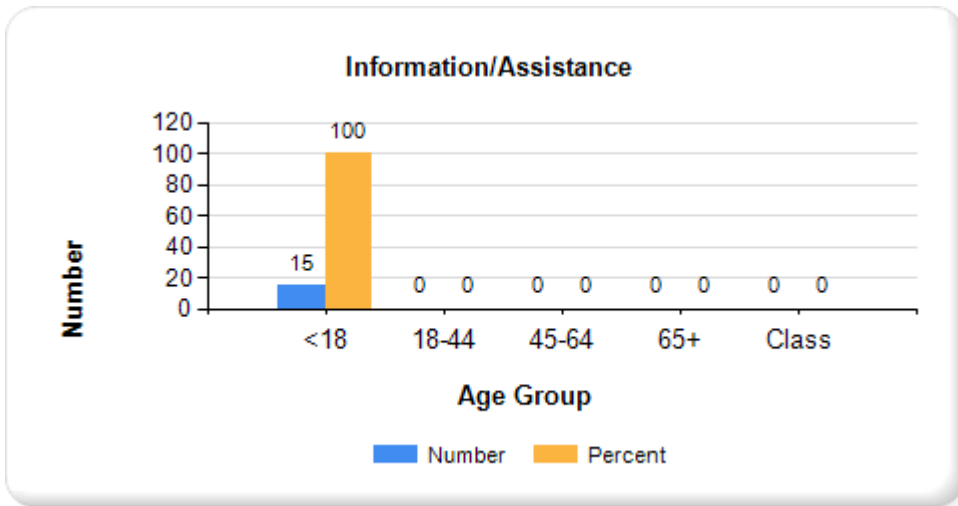
GENDER			AGE			RACE		
	#	%		#	%		#	%
Male	9	60	<18	15	100	African American	8	53.3
Female	6	40	18-44	0	0	Caucasian	5	33.4
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	2	13.3
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	15	100	Total	15	100	Total	15	100

Chart 16: During FY 21, RICA – Rockville had a total of 15 IA cases.

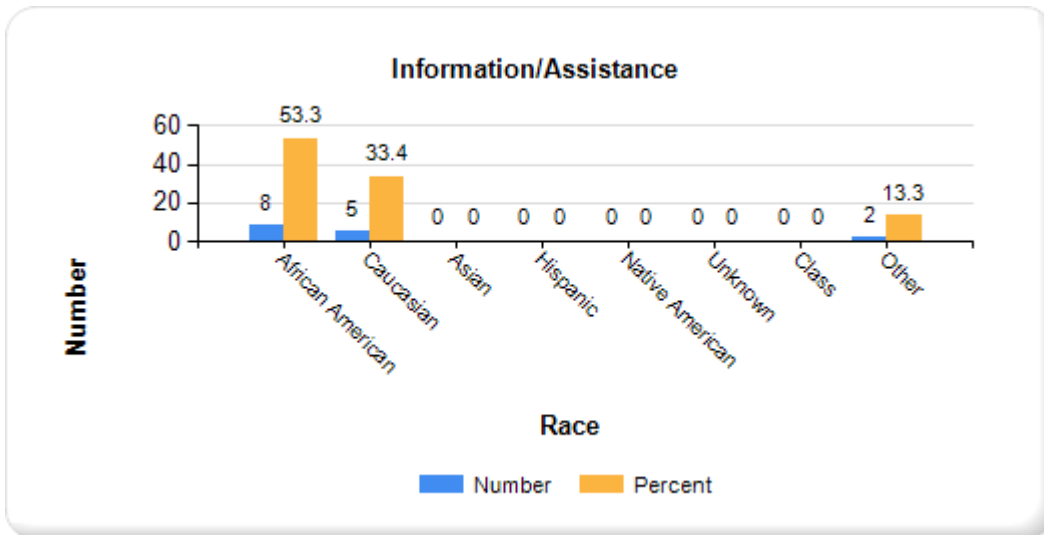
Graphs 16A-16C represent IA data for RICA – Rockville.



Graph 16A: RICA Rockville IA data (n=15) by gender.



Graph 16B: RICA Rockville IA data (n=15) by age.



Graph 16C: RICA Rockville IA data (n=15) by race.

SECTION C
CLINICAL REVIEW PANEL (CRP) DATA - FY 2021

Aggregate CRPs by Gender, Age, and Race – BHA Adult Facilities

GENDER	#	%	AGE	#	%	RACE	#	%
Male	221	76.7	<18	0	0	African American	181	62.9
Female	66	22.9	18-44	183	63.5	Caucasian	80	27.8
			45-64	88	30.6	Asian	5	1.7
			65+	17	5.9	Hispanic	12	4.2
						Native American	0	0
Other	0	0	Other	0	0	Other	5	1.7
Unknown	1	0.4	Unknown	0	0	Unknown	5	1.7
Total	288	100	Total	288	100	Total	288	100

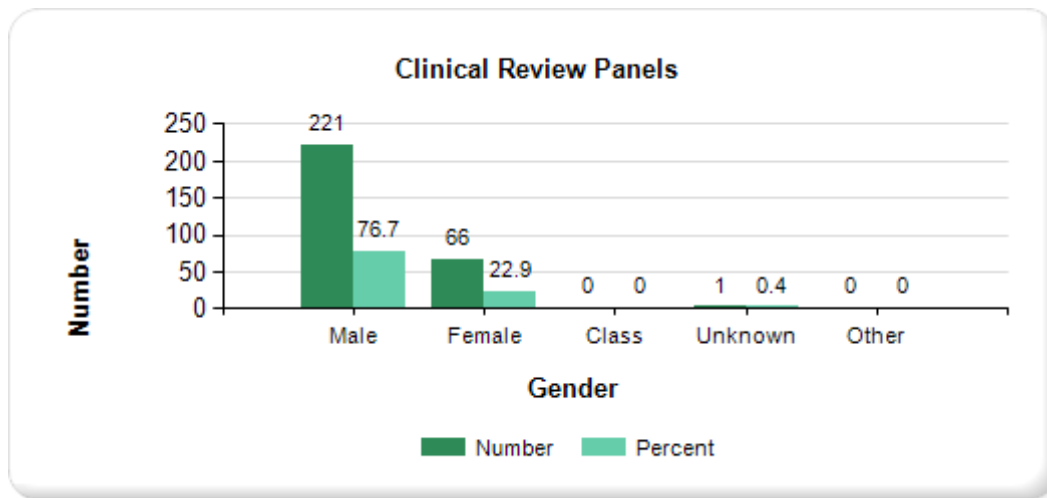
Chart 17: During FY 21, the five (5) adult BHA inpatient psychiatric facilities held a total of 288 CRPs.

Other = information collected from residents who selected this category as their gender and/or race.

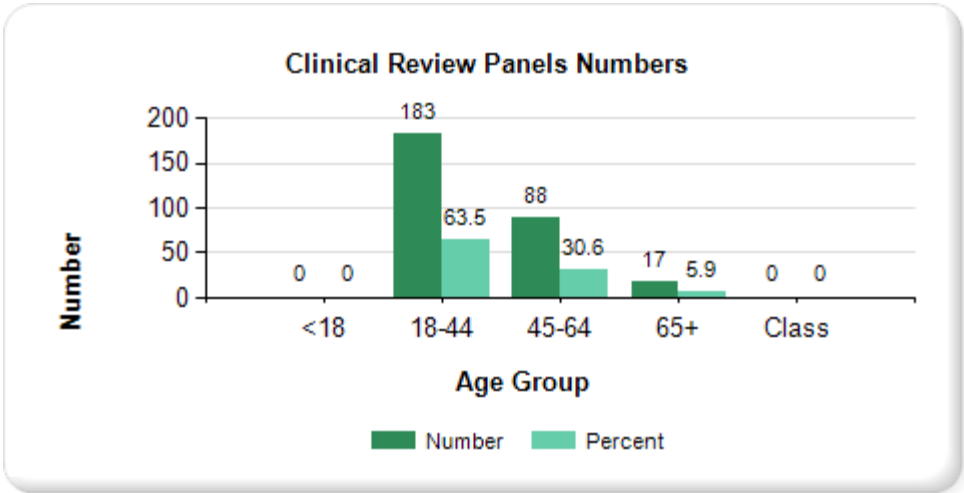
Unknown = information collected from residents who chose not to identify gender and/or race.

Class = a grievance or IA case initiated by a group of residents who cannot be assigned to any gender, age group or race.

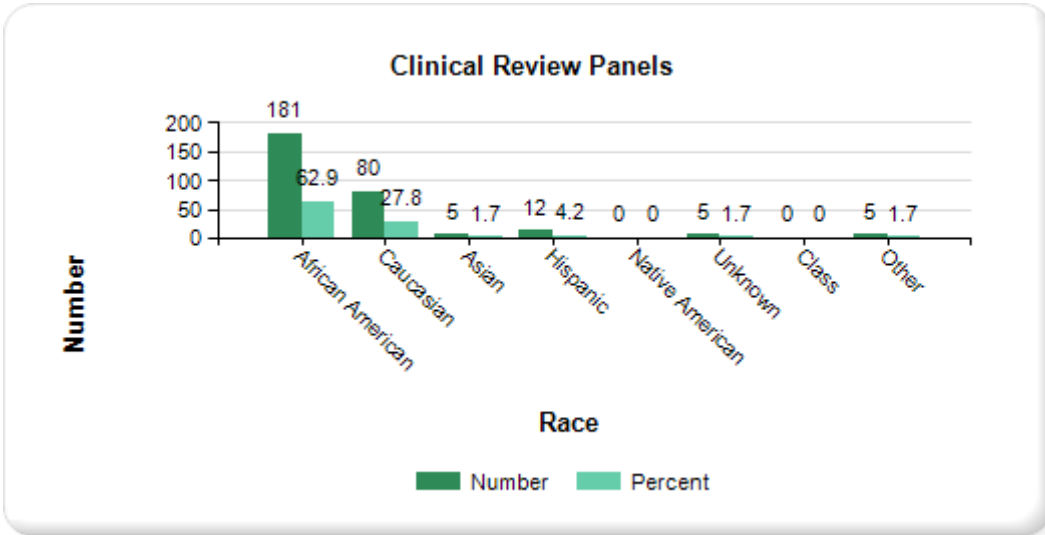
Graphs 17A-17C represent BHA CRP data.



Graph 17A: BHA CRP data (n=288) by gender.



Graph 17B: BHA CRP data (n=288) by age.



Graph 17C: BHA CRP data (n=288) by race.

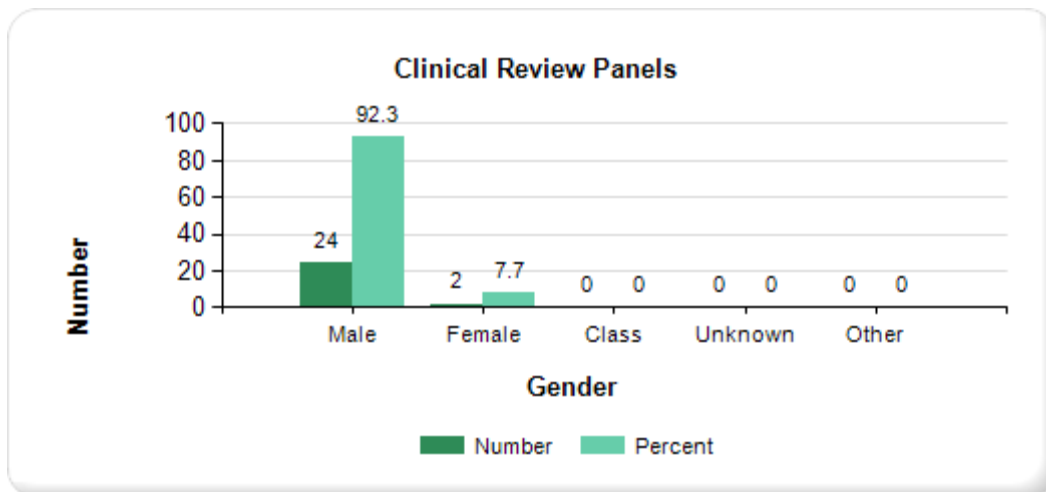
Eastern Shore Hospital Center (ESHC)

CRPs by Gender, Age, and Race

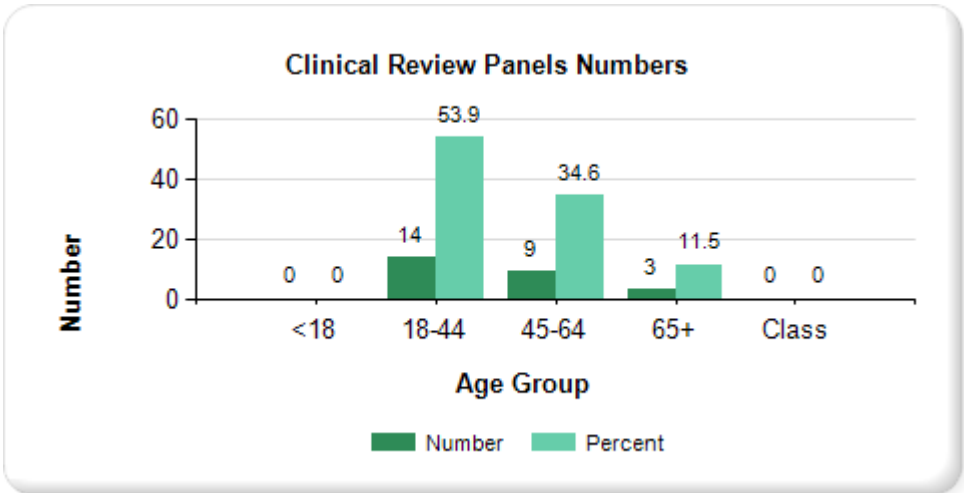
GENDER	#	%	AGE	#	%	RACE	#	%
Male	24	92.3	<18	0	0	African American	18	69.2
Female	2	7.7	18-44	14	53.9	Caucasian	6	23
			45-64	9	34.6	Asian	1	3.9
			65+	3	11.5	Hispanic	0	0
						Native American	0	0
Other	0	0	Other	0	0	Other	1	3.9
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	26	100	Total	26	100	Total	26	100

Chart 18: During FY 21, ESHC conducted a total of 26 CRPs.

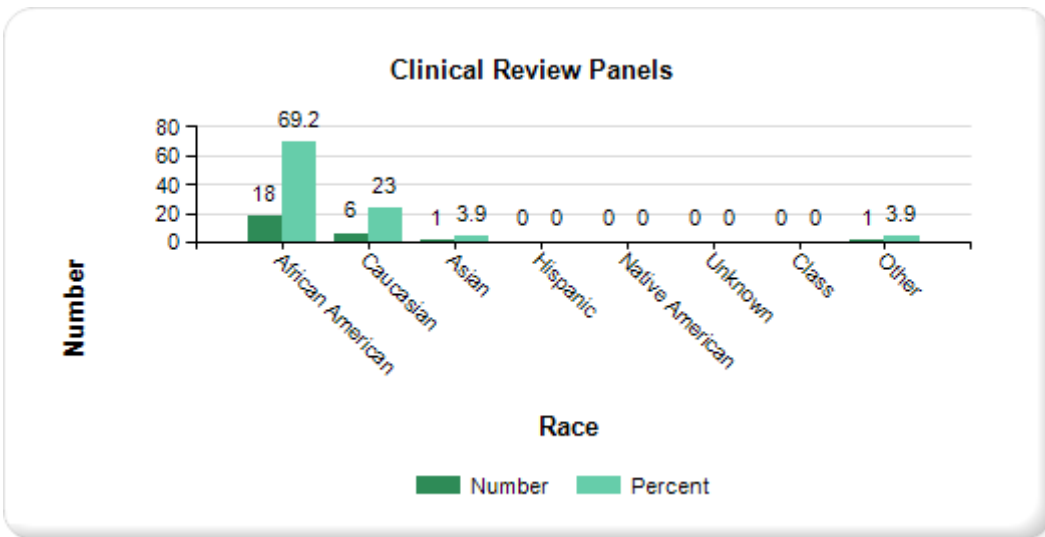
Graphs 18A-18C represent CRP data for ESHC.



Graph 18A: ESHC CRP data (n=26) by gender.



Graph 18B: ESHC CRP data (n=26) by age.



Graph 18C: ESHC CRP data (n=26) by race.

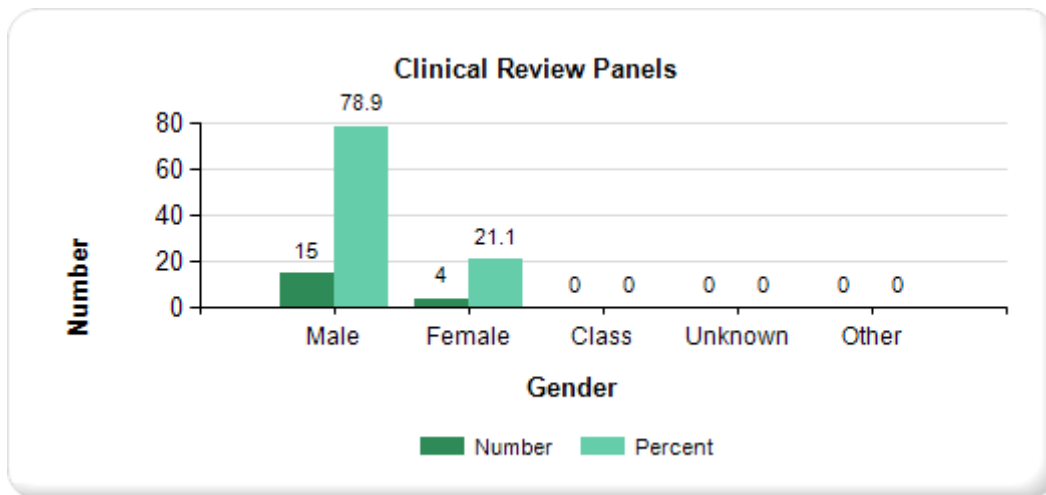
Thomas B. Finan Center (TBFC)

CRPs by Gender, Age, and Race

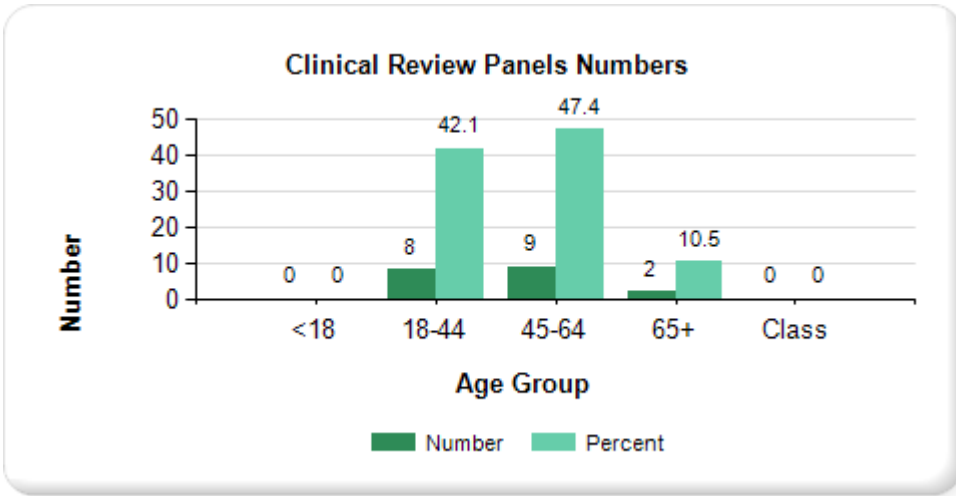
GENDER	#	%	AGE	#	%	RACE	#	%
Male	15	78.9	<18	0	0.0	African American	8	42.1
Female	4	21.1	18-44	8	42.1	Caucasian	10	52.6
			45-64	9	47.4	Asian	0	0
			65+	2	10.5	Hispanic	1	5.3
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	19	100	Total	19	100	Total	19	100

Chart 19: During FY 21, TBFC conducted a total of 19 CRPs.

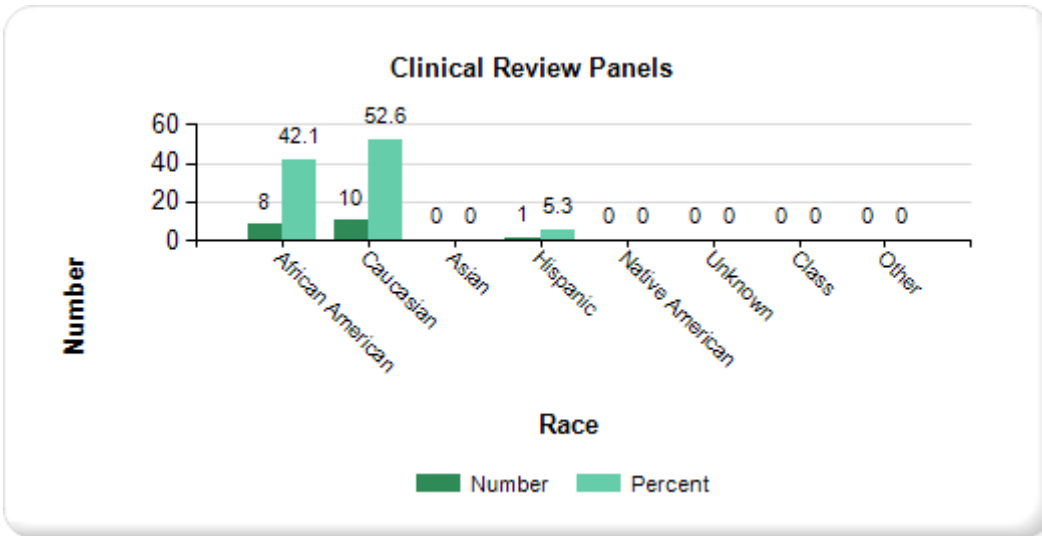
Graphs 19A-19C represent CRP data for TBFC.



Graph 19A: TBFC CRP data (n=19) by gender.



Graph 19B: TBFC CRP data (n=19) by age.



Graph 19C: TBFC CRP data (n=19) by race.

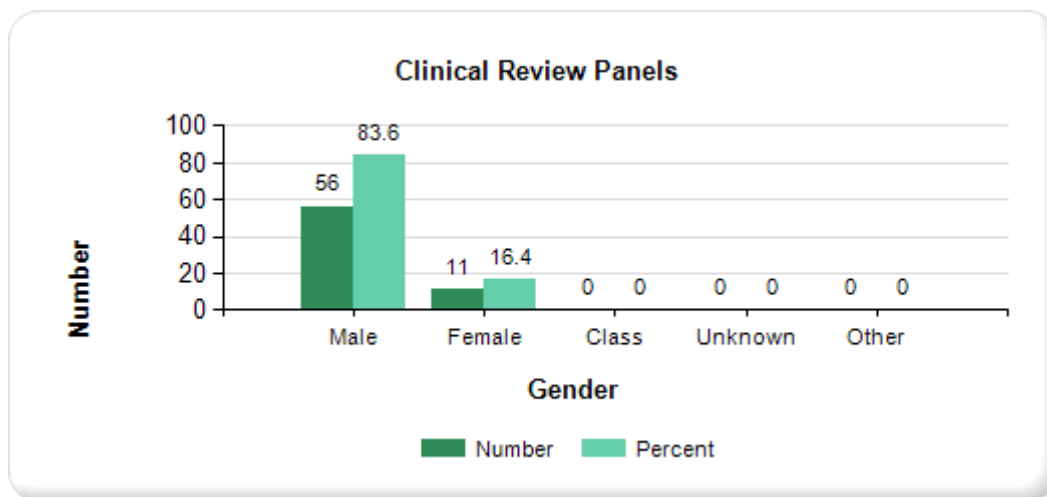
Clifton T. Perkins Hospital Center (CTPHC)

CRPs by Gender, Age Group and Race

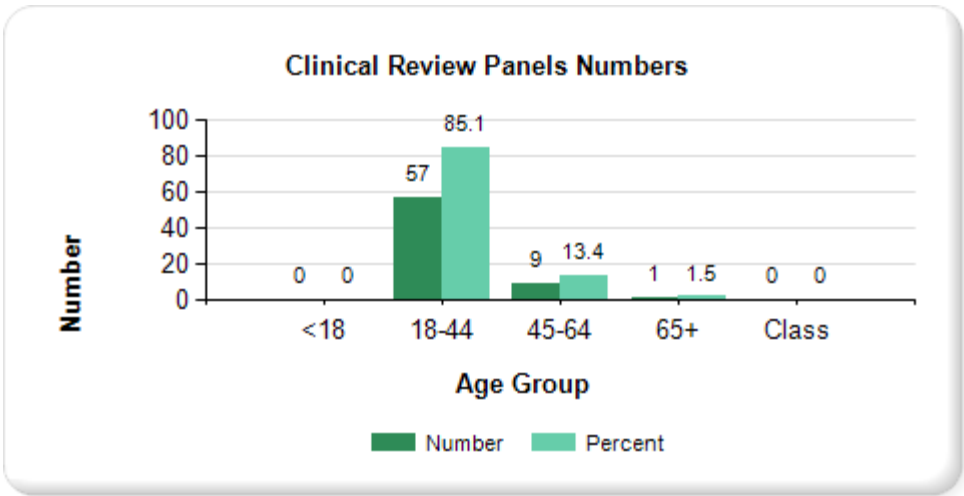
GENDER	#	%	AGE	#	%	RACE	#	%
Male	56	83.6	<18	0	0	African American	44	65.6
Female	11	16.4	18-44	57	85.1	Caucasian	12	17.9
			45-64	9	13.4	Asian	1	1.5
			65+	1	1.5	Hispanic	4	6
						Native American	0	0
Other	0	0	Other	0	0	Other	3	4.5
Unknown	0	0	Unknown	0	0	Unknown	3	4.5
Total	67	100	Total	67	100	Total	67	100

Chart 20: During FY 21, CTPHC conducted a total of 67 CRPs.

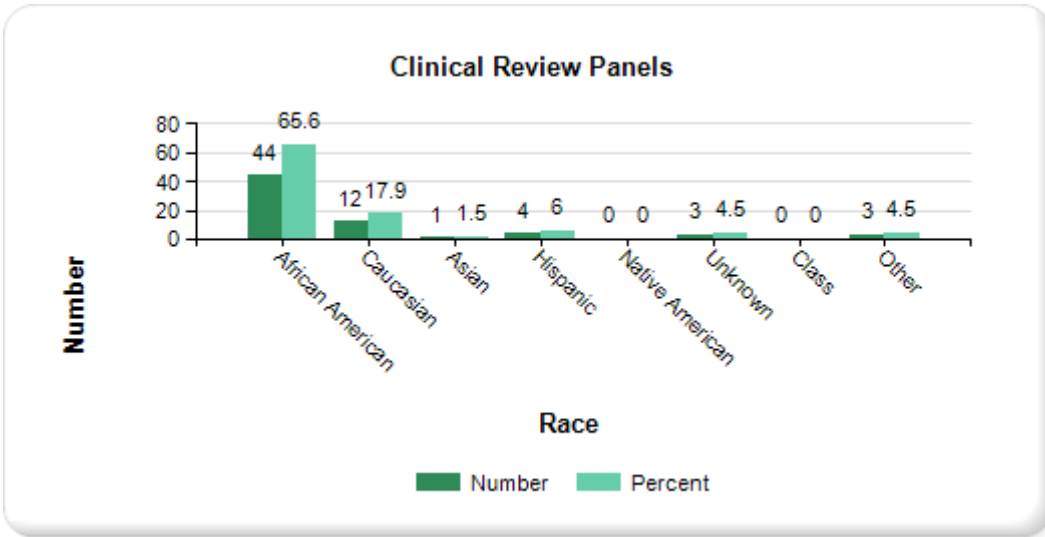
Graphs 20A-20C represent CRP data for CTPHC.



Graph 20A: CTPHC CRP data (n=67) by gender.



Graph 20B: CTPHC CRP data (n=67) by age



Graph 20C: CTPHC CRP data (n=67) by race.

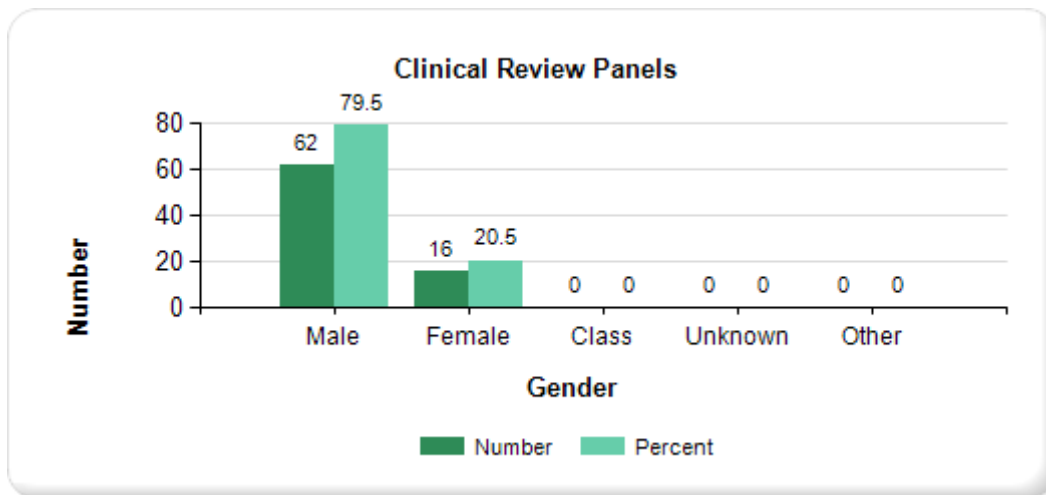
Springfield Hospital Center (SFHC)

CRPs by Gender, Age Group and Race

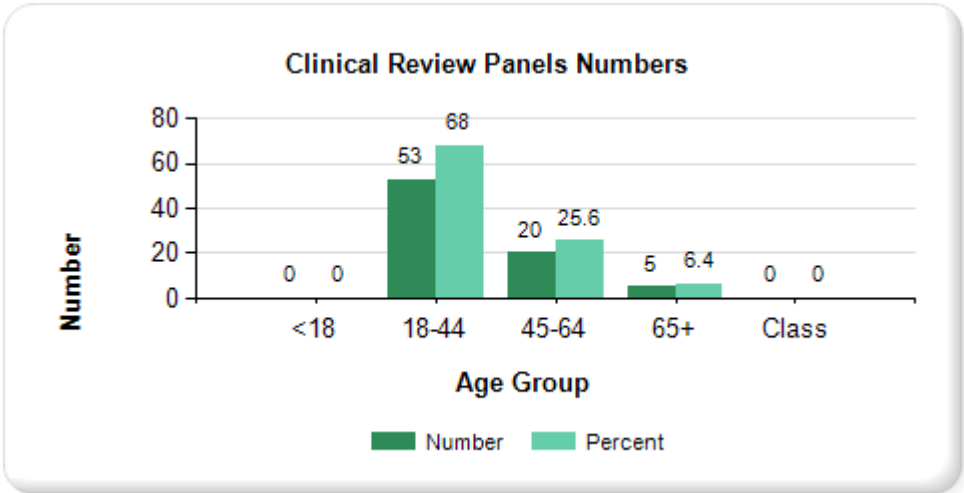
GENDER	#	%	AGE	#	%	RACE	#	%
Male	62	79.5	<18	0	0	African American	49	62.8
Female	16	20.5	18-44	53	68	Caucasian	18	23
			45-64	20	25.6	Asian	3	3.9
			65+	5	6.4	Hispanic	7	9
						Native American	0	0
Other	0	0	Other	0	0	Other	1	1.3
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	78	100	Total	78	100	Total	78	100

Chart 21: During FY 21, SFHC conducted a total of 78 CRPs.

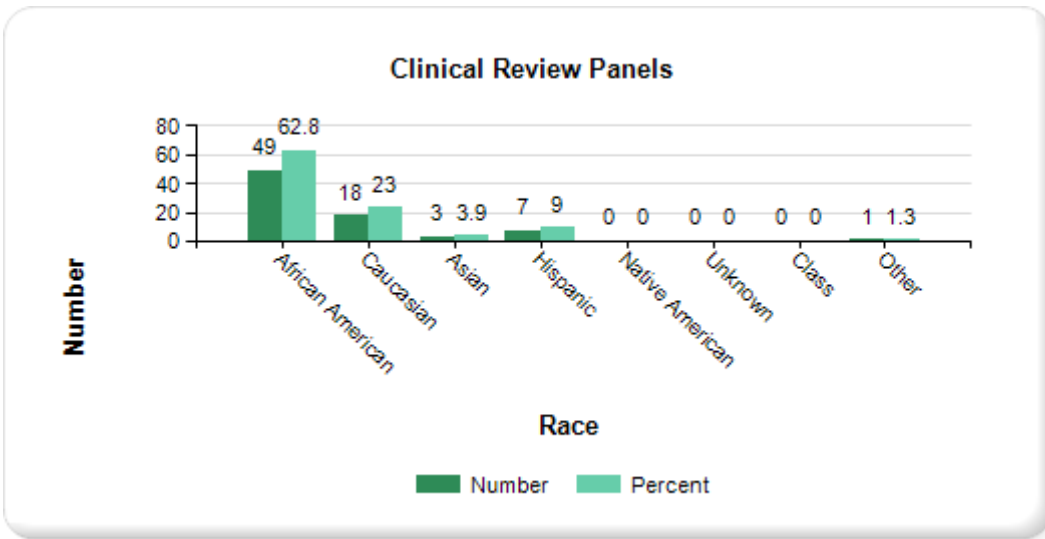
Graphs 21A-21C represent CRP data for SFHC.



Graph 21A: SFHC CRP data (n=78) by gender.



Graph 21B: SFHC CRP data (n=78) by age.



Graph 21C: SFHC CRP data (n=78) by race.

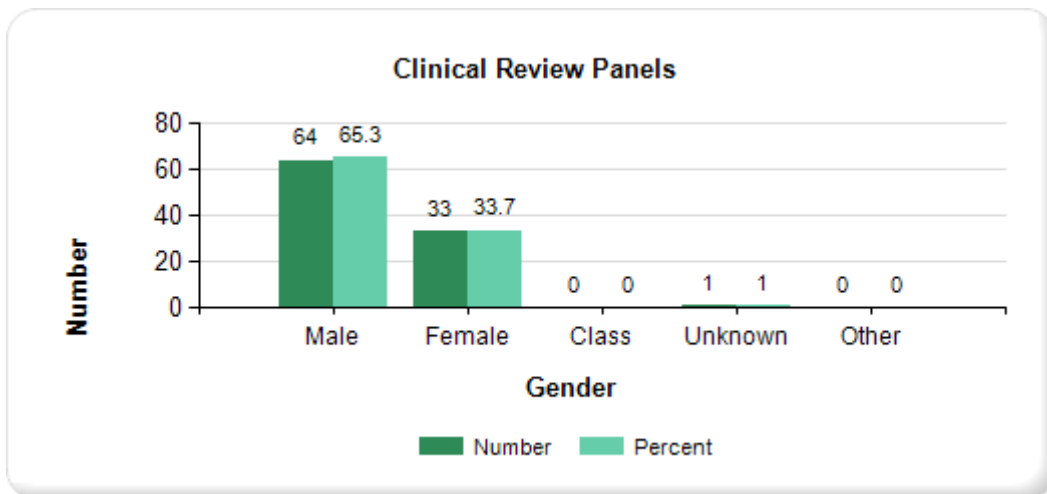
Spring Grove Hospital Center (SGHC)

CRPs by Gender, Age, and Race

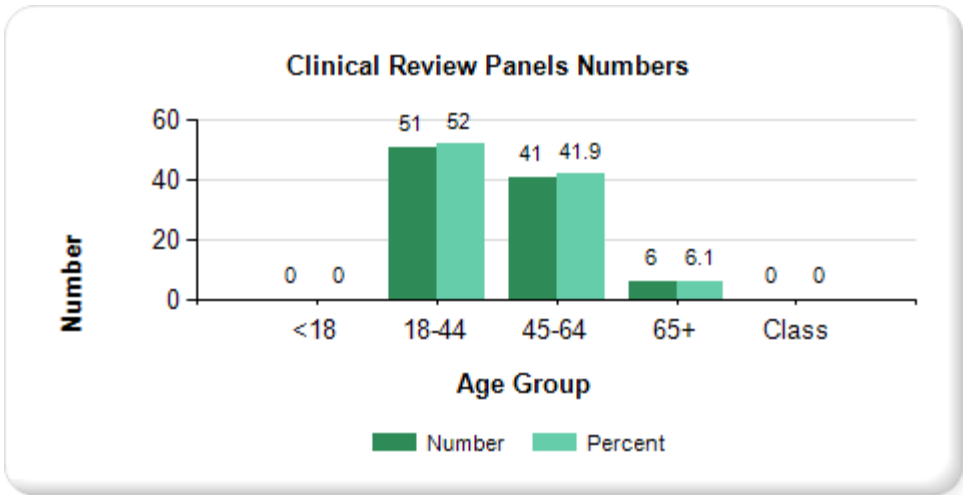
GENDER	#	%	AGE	#	%	RACE	#	%
Male	64	65.3	<18	0	0.0	African American	62	63.3
Female	33	33.7	18-44	51	52.0	Caucasian	34	34.7
			45-64	41	41.9	Asian	0	0.0
			65+	6	6.1	Hispanic	0	0.0
						Native American	0	0.0
Other	0	0.0	Other	0	0.0	Other	0	0.0
Unknown	1	1.0	Unknown	0	0.0	Unknown	2	2.0
Total	98	100	Total	98	100	Total	98	100

Chart 22: During FY 21, SGHC conducted a total of 98 CRPs.

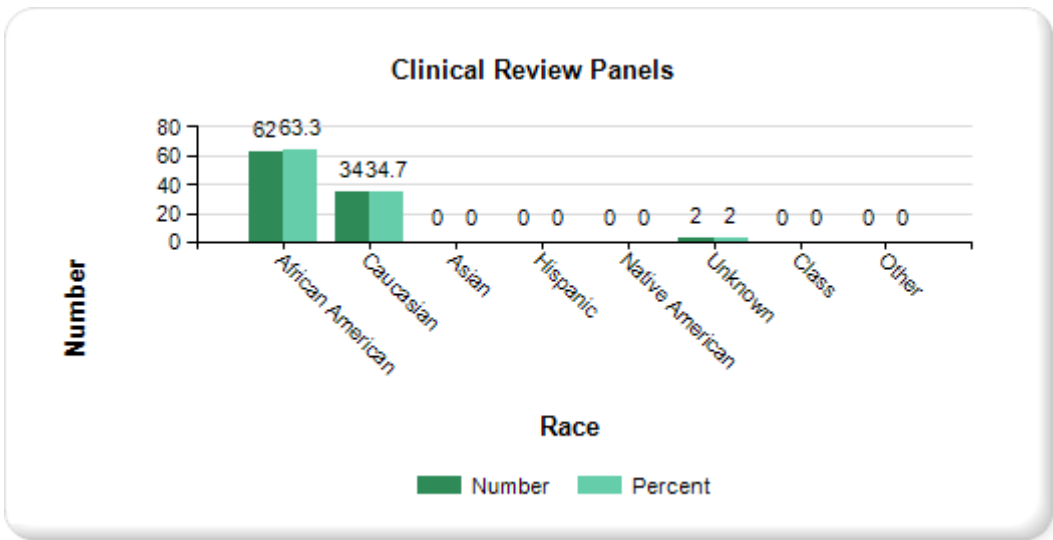
Graphs 22A-22C represent CRP data for SGHC.



Graph 22A: SGHC CRP data (n=98) by gender.



Graph 22B: SGHC CRP data (n=98) by age.



Graph 22C: SGHC CRP data (n=98) by race.

Because adolescents have legal guardians that approve all medications prior to admission, there are no CRPs held within either of the adolescent facilities - RICA Baltimore and RICA Rockville.

RESIDENT GRIEVANCE SYSTEM

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