

RESIDENT GRIEVANCE SYSTEM

Maryland Department of Health
Behavioral Health Administration
BHA Inpatient Facilities
Fiscal Year 2022



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PART I

***RESIDENT GRIEVANCE SYSTEM
Behavioral Health Administration (BHA)
Inpatient Psychiatric Facilities
Fiscal Year 2022***

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.

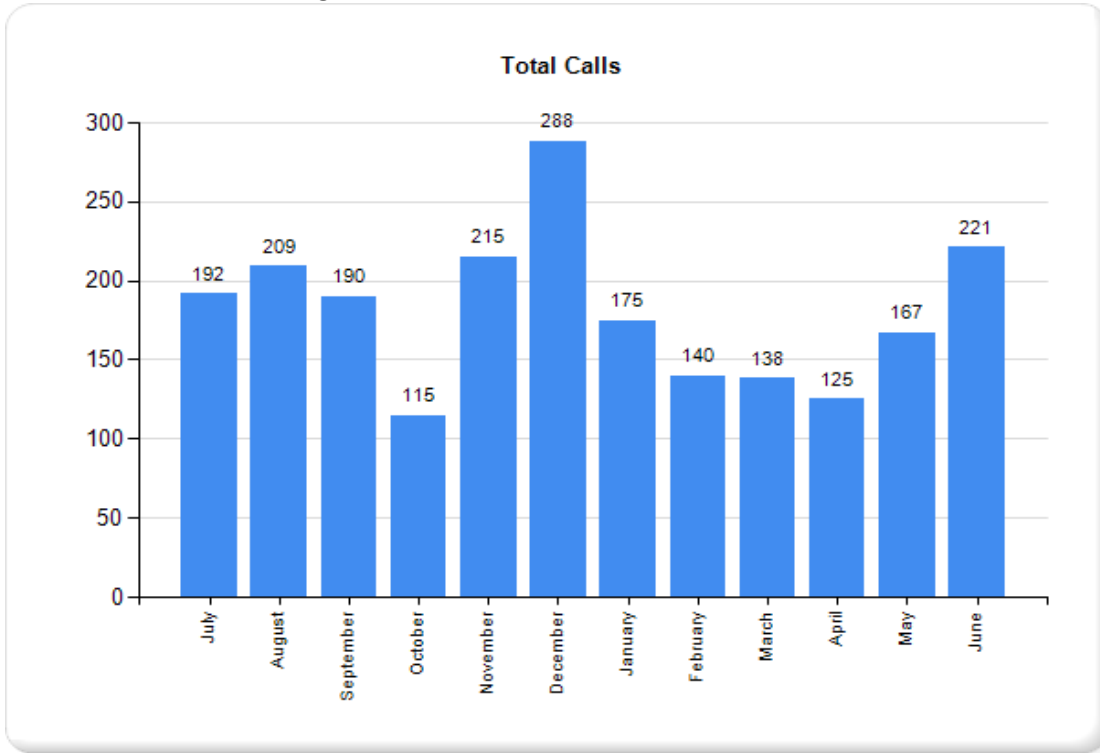
In January 1996, the RGS implemented toll-free telephone access. This service allows residents to have immediate contact with the RGS and has enhanced the ability to respond rapidly to patient concerns. Referrals to the RGS can be made directly to the assigned RA or the Central Office by using the toll-free

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

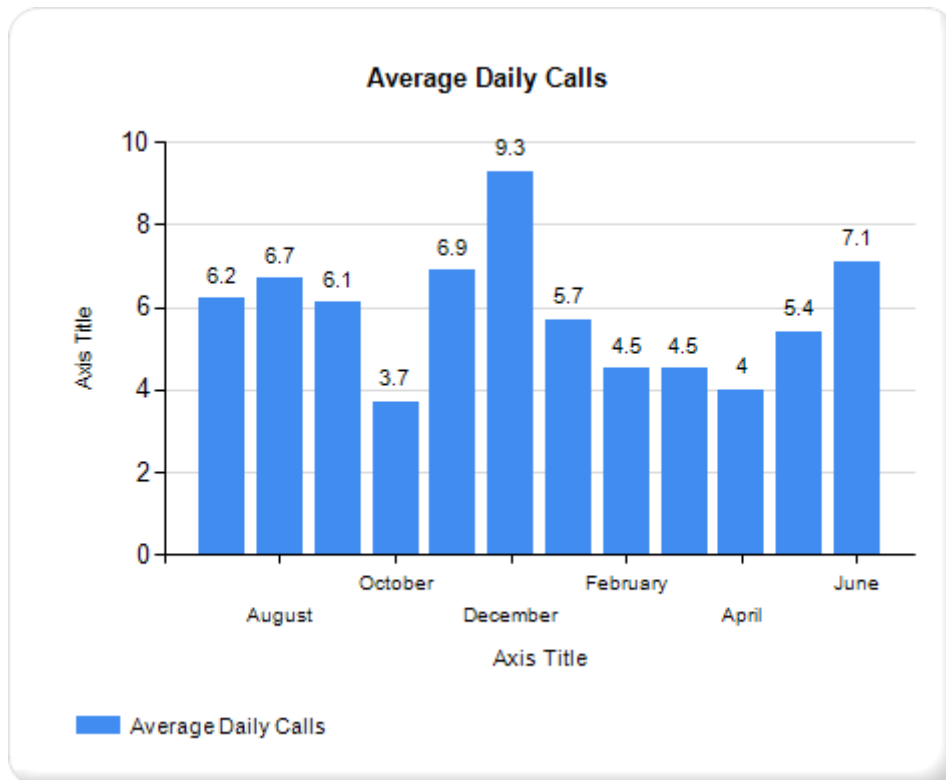
² *Effective July 1, 2014, the Mental Hygiene Administration and Alcohol and Drug Abuse Administration combined to become the Behavioral Health Administration (BHA).*

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 22, RGS received a total of 2,175 calls via the toll-free number.



Total calls received from the toll-free number by the month for FY 2022



The average daily calls per month received from the toll-free number for FY 2022

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 2022, the LAPS were successful in obtaining \$0.00 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 \$0.00.

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
Clifton T. Perkins Hospital Center	43	95	64	202
Eastern Shore Hospital Center	6	153	28	187
RICA – Baltimore	18	78	0	96
RICA - Rockville	0	31	0	31
Spring Grove Hospital Center	62	755	82	899
Springfield Hospital Center	59	359	83	501
Thomas B. Finan Center	20	129	35	184
Activity Total =	208	1600	292	2100

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 2022, RAs processed **208** grievances. Of those grievances, **65 (31%)** were resolved at Stage One, **20 (10%)** were resolved at Stage Two, **112 (54%)** were resolved at Stage Three, and **11 (5%)** 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	8
Eastern Shore Hospital Center	1
Springfield Hospital Center	0
Spring Grove Hospital Center	2
Thomas B. Finan Center	0
TOTAL	11

During FY 22, there were 11 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 2022, a total of **292** CRPs were held.

<i>Facility</i>	<i>Clinical Review Panel</i>
<i>Clifton T. Perkins Hospital Center</i>	64
<i>Eastern Shore Hospital Center</i>	28
<i>Spring Grove Hospital Center</i>	82
<i>Springfield Hospital Center</i>	83
<i>Thomas B. Finan Center</i>	35
Activity Total =	292

The chart details the total FY 22 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 2022, Rights Advisors provided Information/Assistance for 1,600 patients, 76% of the total 2100 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 the 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	2	2	8	13	0	29	47
ADMISSION / DISCHARGE / TRANSFER	0	1	2	0	0	0	0
CIVIL RIGHTS	2	5	18	5	0	18	7
COMMUNICATION / VISITS	0	1	4	0	0	0	0
CONFIDENTIALITY	0	0	0	0	0	0	0
ENVIRONMENTAL	2	6	6	0	0	8	0
FREEDOM OF MOVEMENT	0	0	3	0	0	0	0
MONEY	0	0	0	0	0	1	1
NEGLECT	0	0	0	0	0	0	4
PERSONAL PROPERTY	0	3	0	0	0	1	1
RIGHTS PROTECTION SYSTEM – RGS	0	0	0	0	0	1	0
TREATMENT RIGHTS	0	2	2	0	0	1	2
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	6	20	43	18	0	59	62

Chart A lists the breakdown of grievances by categories.

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	0	0	0	0	0	2	4
ADMISSION /DISCHARGE/ TRANSFER	12	7	8	46	30	56	53
CIVIL RIGHTS	10	1	3	1	0	35	48
COMMUNICATION / VISITS	5	6	4	0	0	17	56
CONFIDENTIALITY	8	22	1	0	0	4	1
ENVIRONMENTAL	22	17	1	1	1	64	109
FREEDOM OF MOVEMENT	6	1	0	14	0	11	75
MONEY	7	0	1	0	0	8	20
NEGLECT	0	0	0	0	0	0	1
PERSONAL PROPERTY	1	6	0	0	0	5	26
RIGHTS PROTECTION SYSTEM – RGS	1	2	13	6	0	2	14
TREATMENT RIGHTS	21	14	4	4	0	24	126
OTHER	18	5	5	0	0	17	7
NO RIGHTS INVOLVED	25	15	10	2	0	5	4
RESIDENT TO RESIDENT ASSAULT	17	33	45	4	0	109	210
DEATH	0	0	0	0	0	0	1
TOTAL	153	129	95	78	31	359	755

Chart B lists the breakdown of I/A cases by categories.

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 (2018-2022).

Annual Data 2017 – 2021

YEAR	2018	2019	2020	2021	2022
Grievances	343	288	242	246	208
IAs	1439	1558	1682	1842	1600
CRPs	202	224	222	288	292
Total	1984	2070	2146	2376	2100

Chart C: In the last five years, there has been a fluctuation of grievances decreasing and increasing with no clear pattern; CRP and IA data indicates a steady increase in cases. However, there was a 13.1% decline in IA cases from FY21 to FY22.

PART II
FACILITY DATA
FISCAL YEAR 2022

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 2022

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

GENDER	#	%	AGE	#	%	RACE	#	%
Male	144	69.2	<18	34	16.3	African American	112	53.8
Female	62	29.8	18-44	108	51.9	Caucasian	69	33.1
			45-64	51	24.5	Asian	6	2.9
			65+	13	6.3	Hispanic	7	3.4
						Native American	0	0
Class	2	1	Class	2	1	Class	2	1
Other	0	0	Other	0	0	Other	5	2.4
Unknown	0	0	Unknown	0	0	Unknown	7	3.4
Total	208	100	Total	208	100	Total	208	100

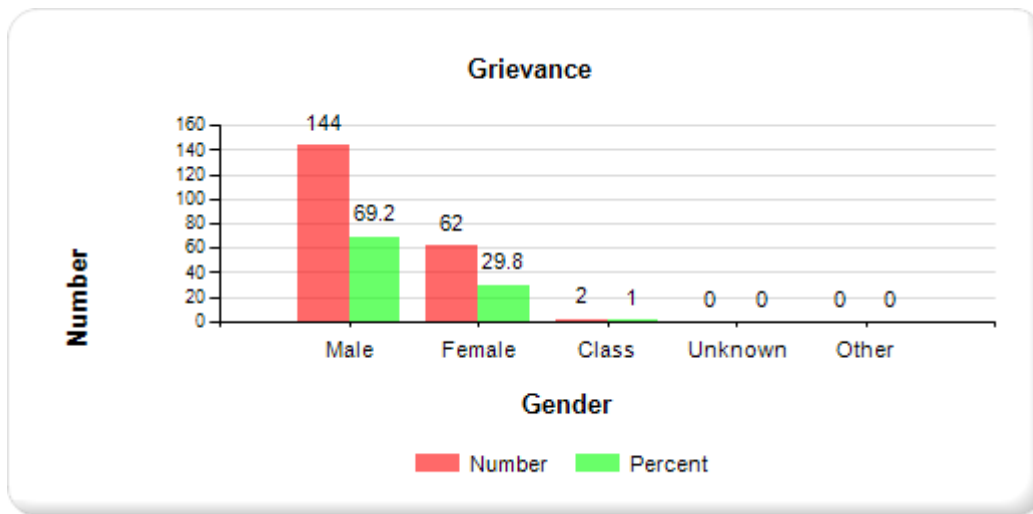
Chart 1: During FY 22, the seven (7) BHA inpatient hospitals had a total of 208 grievances.

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

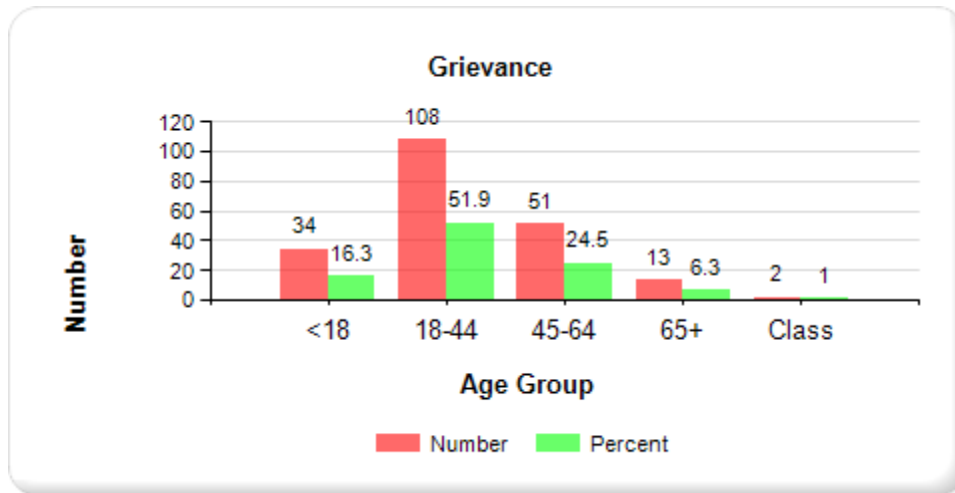
Unknown = information collected from residents who chose not to identify gender and/or race.

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

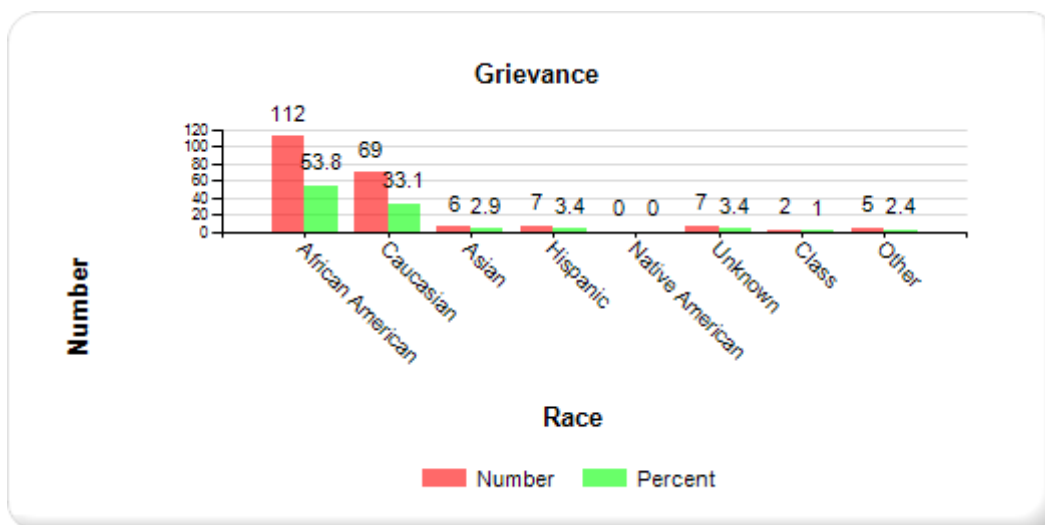
Graphs 1A-1C represent BHA aggregate grievance data.



Graph 1A: BHA grievance data (n=208) by gender.



Graph 1B: BHA grievance data (n=208) by age.



Graph 1C: BHA grievance data (n=208) by race.

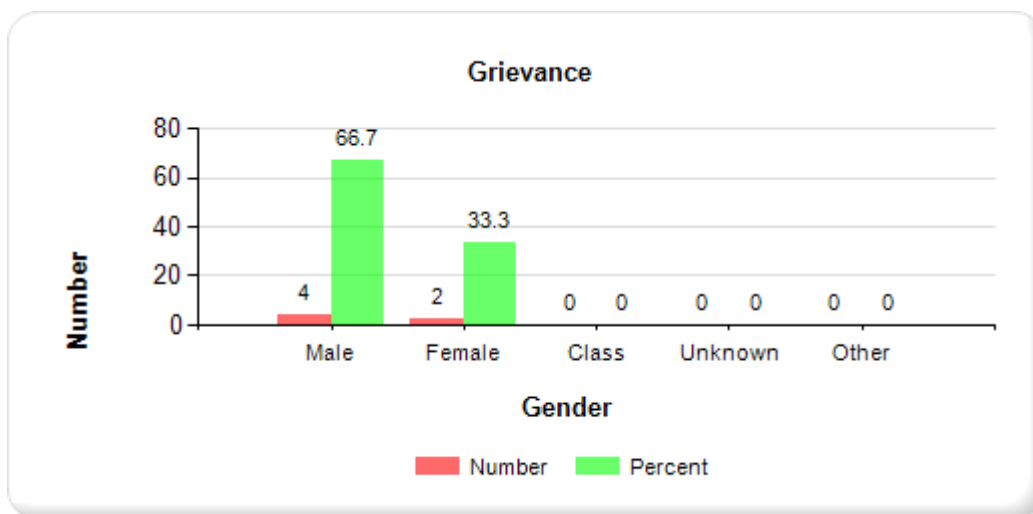
Eastern Shore Hospital Center (ESHC)

Grievance Cases by Gender, Age, and Race

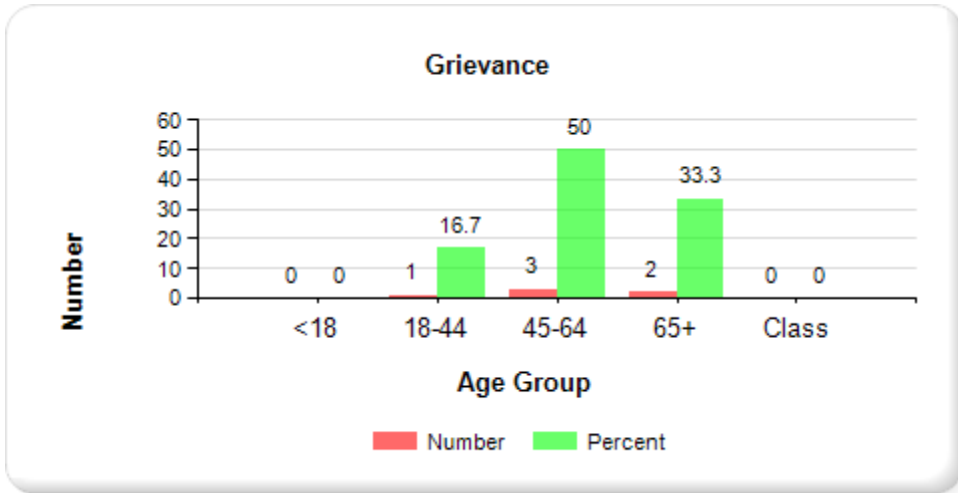
GENDER	#	%	AGE	#	%	RACE	#	%
Male	4	66.7	<18	0	0	African American	0	0
Female	2	33.3	18-44	1	16.7	Caucasian	6	100
			45-64	3	50	Asian	0	0
			65+	2	33.3	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	6	100	Total	6	100	Total	6	100

Chart 2: During FY 22, ESHC had a total of 6 grievances.

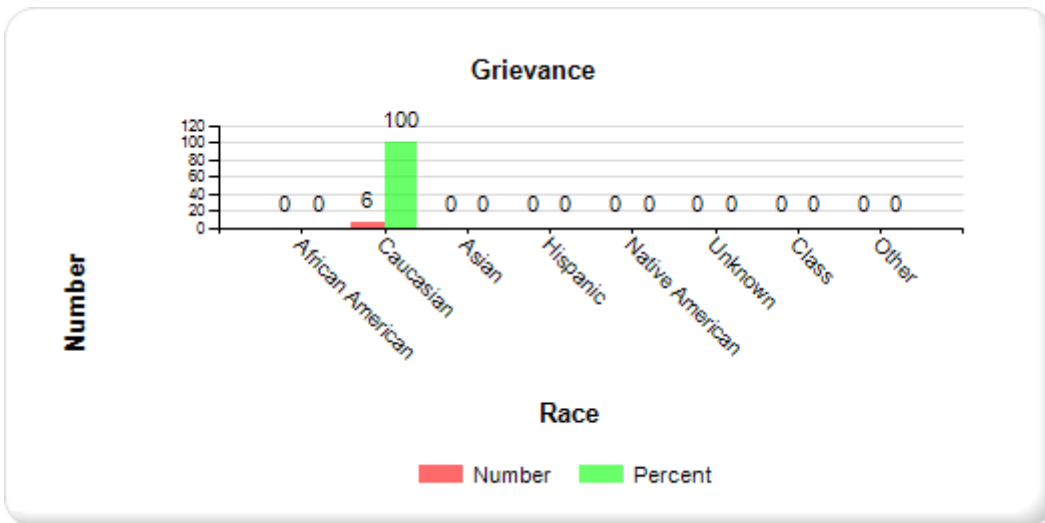
Graphs 2A-2C represent grievance data for ESHC.



Graph 2A: ESHC data (n=6) by gender.



Graph 2B: ESHC data (n=6) by age.



Graph 2C: ESHC data (n=6) by race.

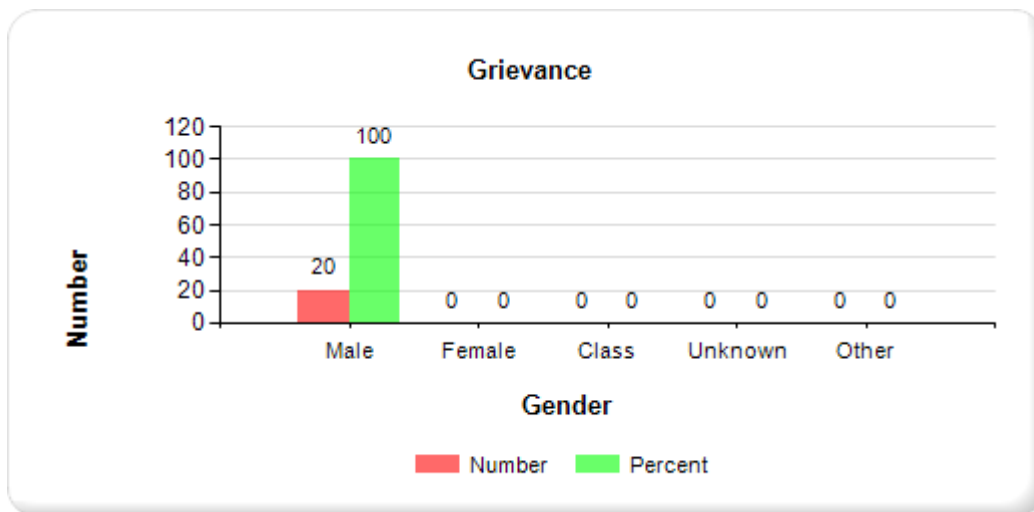
Thomas B. Finan Center (TBFC)

Grievance Cases by Gender, Age, and Race

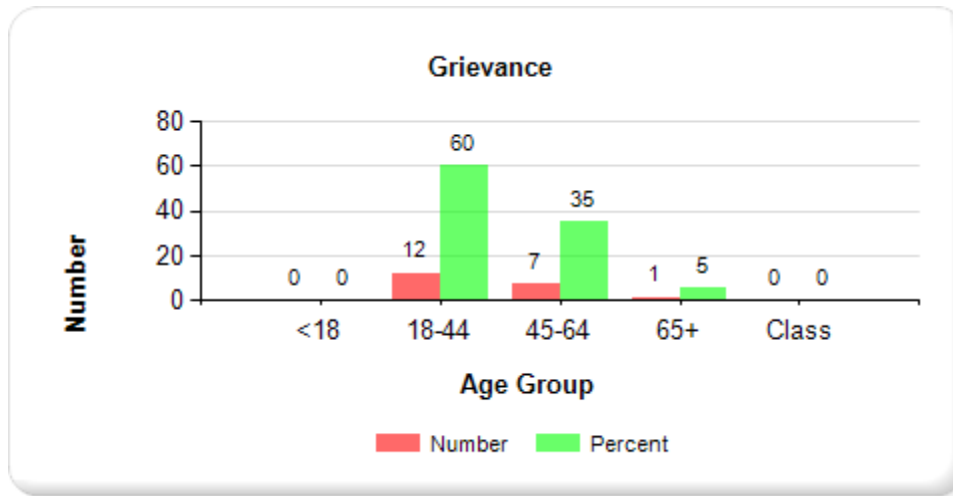
GENDER	#	%	AGE	#	%	RACE	#	%
Male	20	100	<18	0	0	African American	7	35
Female	0	0	18-44	12	60	Caucasian	11	55
			45-64	7	35	Asian	2	10
			65+	1	5	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	20	100	Total	20	100	Total	20	100

Chart 3: During FY 22, TBFC had a total of 20 grievances.

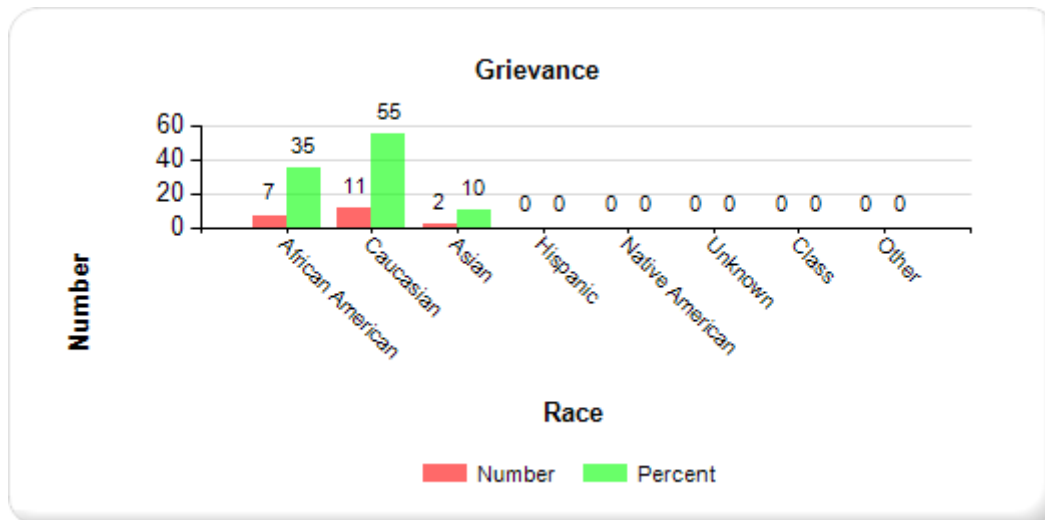
Graphs 3A-3C represent grievance data for TBFC.



Graph 3A: TBFC data (n=20) by gender.



Graph 3B: TBFC data (n=20) by age.



Graph 3C: TBFC data (n=20) by race.

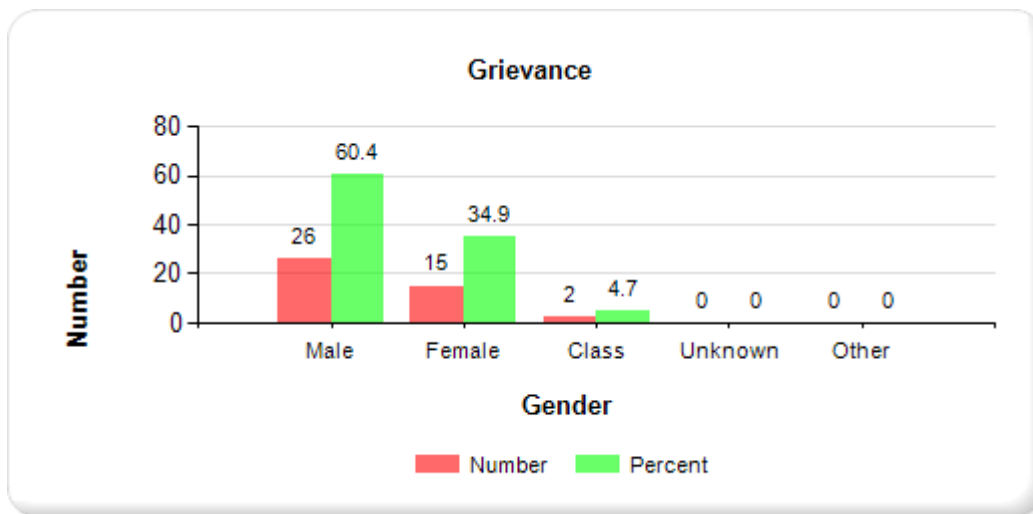
Clifton T. Perkins Hospital Center (CTPHC)

Grievance Cases by Gender, Age, and Race

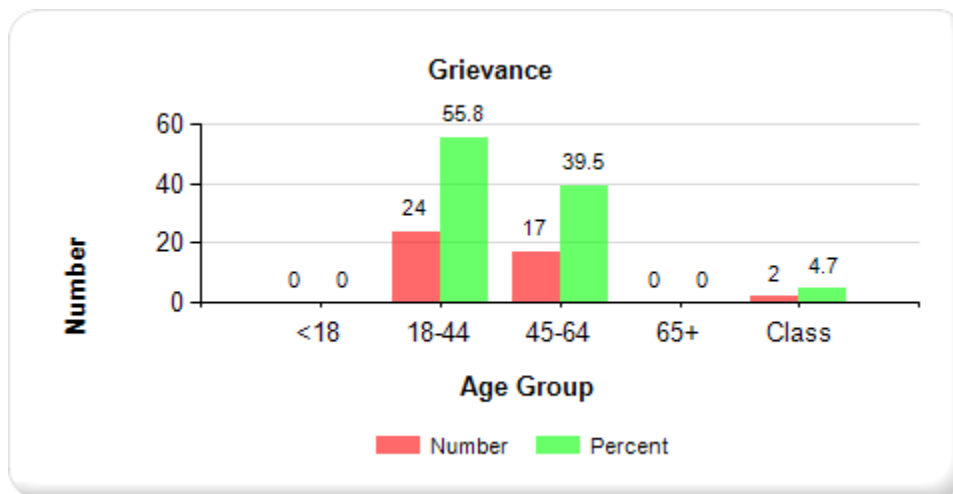
GENDER	#	%	AGE	#	%	RACE	#	%
Male	26	60.4	<18	0	0	African American	13	30.2
Female	15	34.9	18-44	24	55.8	Caucasian	22	51.2
			45-64	17	39.5	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	2	4.7	Class	2	4.7	Class	2	4.7
Other	0	0	Other	0	0	Other	5	11.6
Unknown	0	0	Unknown	0	0	Unknown	1	2.3
Total	43	100	Total	43	100	Total	43	100

Chart 4: During FY 22, CTPHCs had a total of 43 grievances.

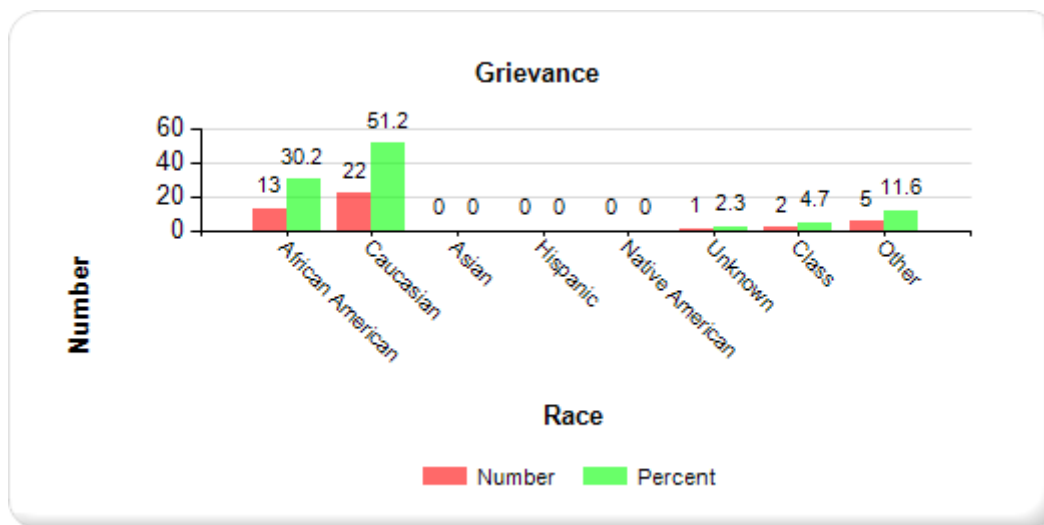
Graphs 4A-4C represent grievance data for CTPHC.



Graph 4A: CTPHC data (n=43) by gender.



Graph 4B: CTPHC data (n=43) by age.



Graph 4C: CTPHC data (n=43) by race.

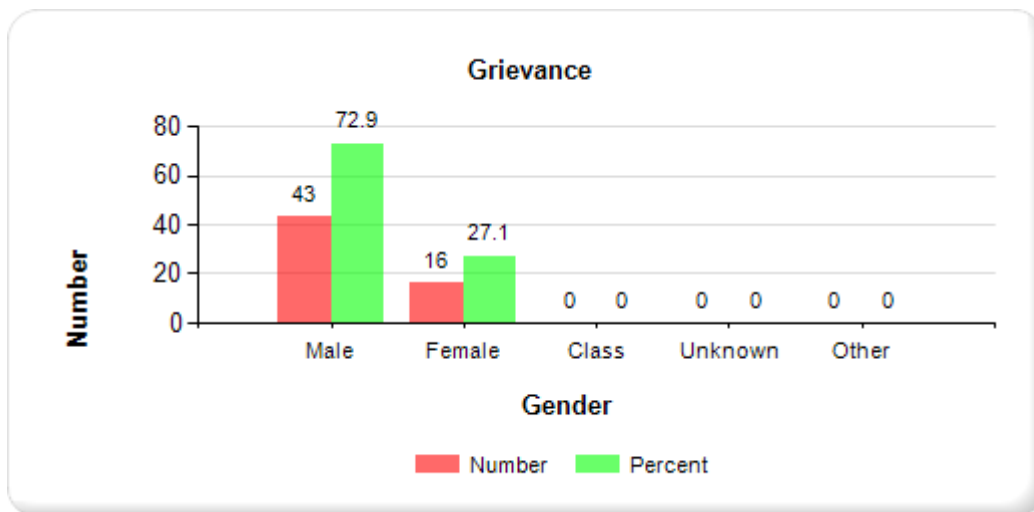
Springfield Hospital Center (SFHC)

Grievance Cases by Gender, Age, and Race

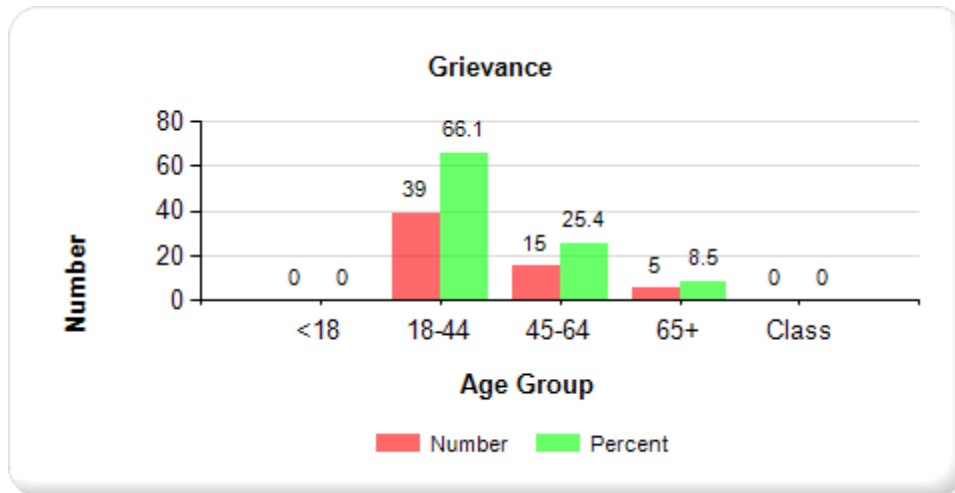
GENDER	#	%	AGE	#	%	RACE	#	%
Male	43	72.9	<18	0	0	African American	34	57.6
Female	16	27.1	18-44	39	66.1	Caucasian	17	28.8
			45-64	15	25.4	Asian	1	1.7
			65+	5	8.5	Hispanic	6	10.2
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	1	1.7
Total	59	100	Total	59	100	Total	59	100

Chart 5: During FY 22, SFHC had a total of 59 grievances.

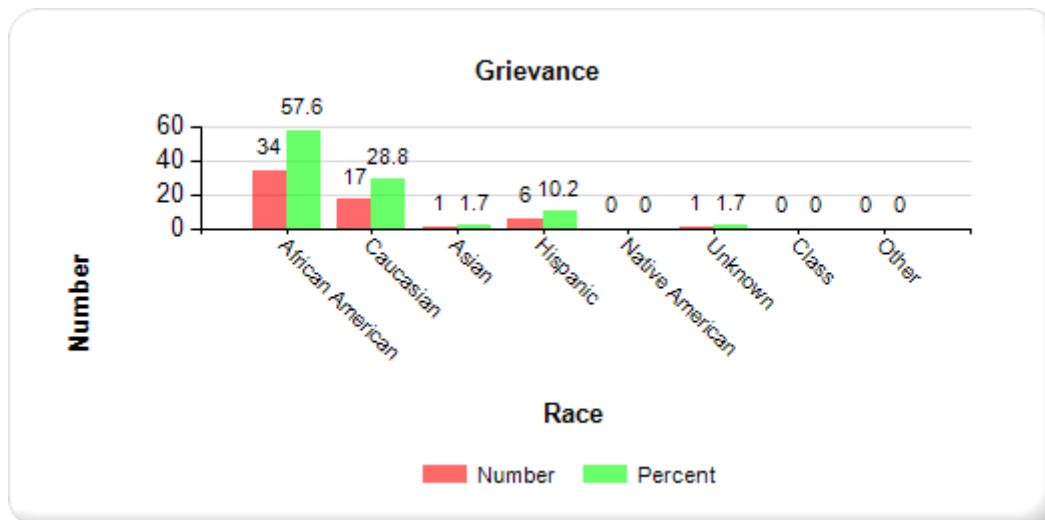
Graphs 5A-5C represent grievance data for SFHC.



Graph 5A: SFHC data (n=59) by gender.



Graph 5B: SFHC data (n=59) by age.



Graph 5C: SFHC data (n=59) by race.

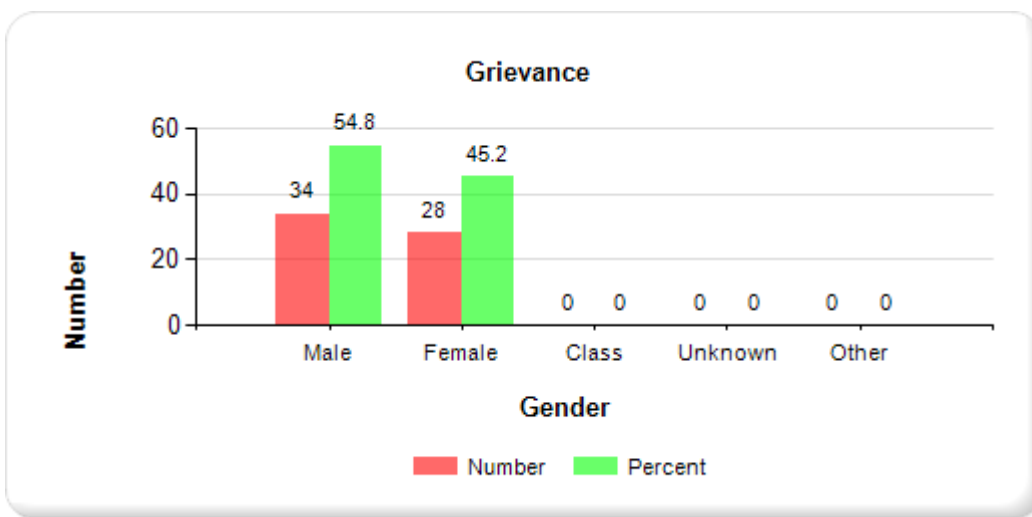
Spring Grove Hospital Center (SGHC)

Grievance Cases by Gender, Age, and Race

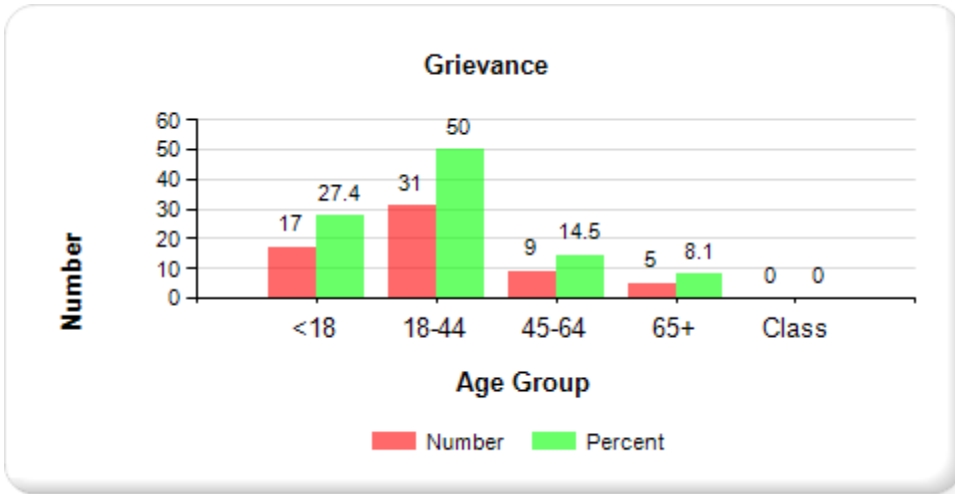
GENDER	#	%	AGE	#	%	RACE	#	%
Male	34	54.8	<18	17	27.4	African American	49	79
Female	28	45.2	18-44	31	50	Caucasian	7	11.3
			45-64	9	14.5	Asian	3	4.9
			65+	5	8.1	Hispanic	1	1.6
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	2	3.2
Total	62	100	Total	62	100	Total	62	100

Chart 6: During FY 22, SGHC had a total of 62 grievances.

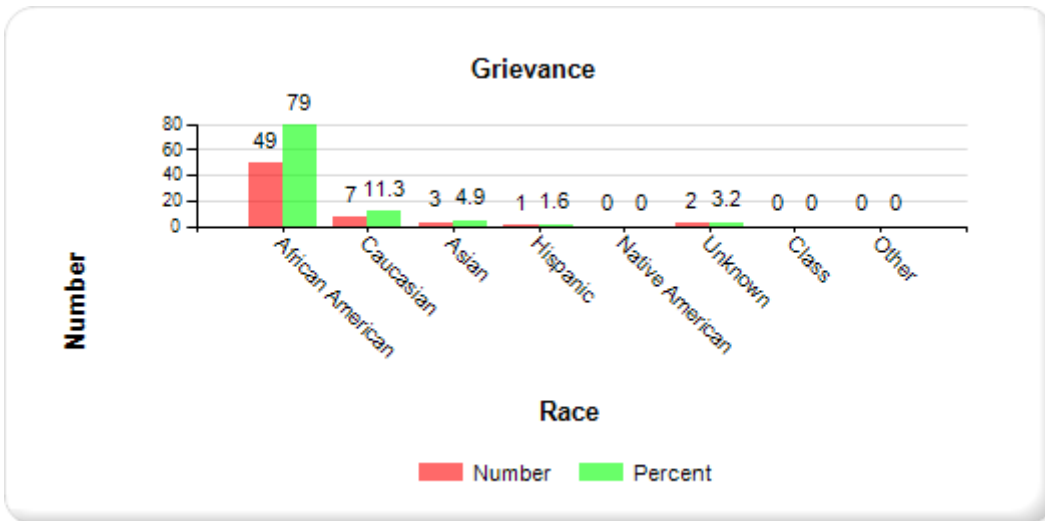
Graphs 6A-6C represent grievance data for SGHC.



Graph 6A: SGHC data (n=62) by gender.



Graph 6B: SGHC data (n=62) by age.



Graph 6C: SGHC data (n=62) by race.

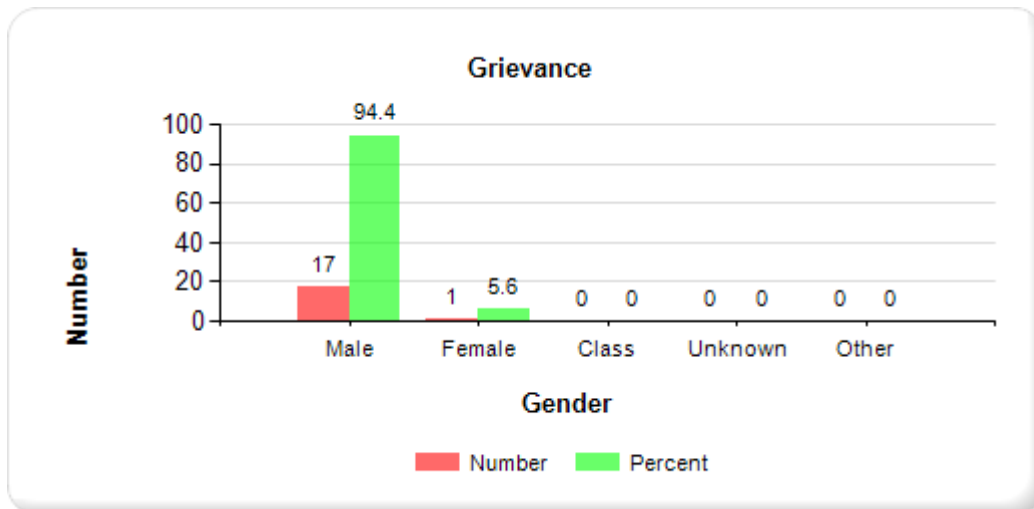
Regional Institute for Children and Adolescents (RICA) - Baltimore

Grievance Cases by Gender, Age, and Race

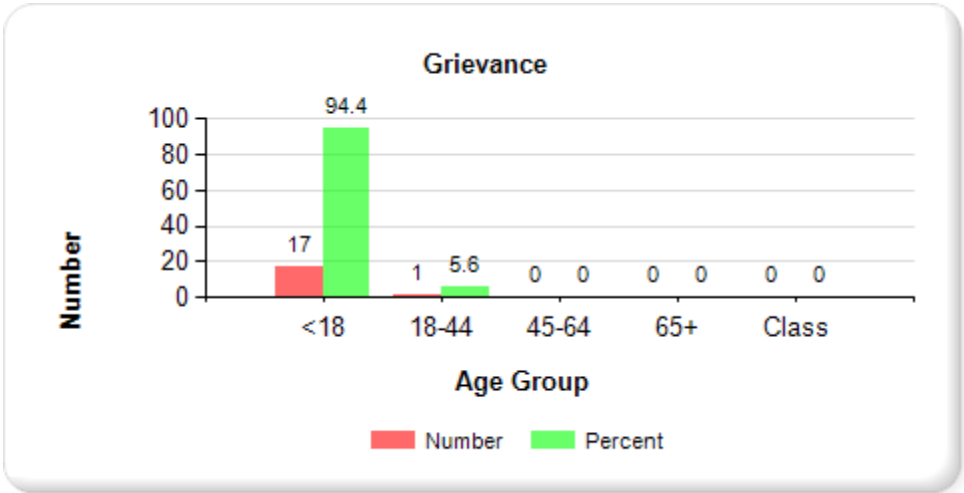
GENDER	#	%	AGE	#	%	RACE	#	%
Male	17	94.4	<18	17	94.4	African American	9	50
Female	1	5.6	18-44	1	5.6	Caucasian	6	33.3
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	3	16.7
Total	18	100	Total	18	100	Total	18	100

Chart 7: During FY 22, RICA Baltimore had a total of 18 grievances.

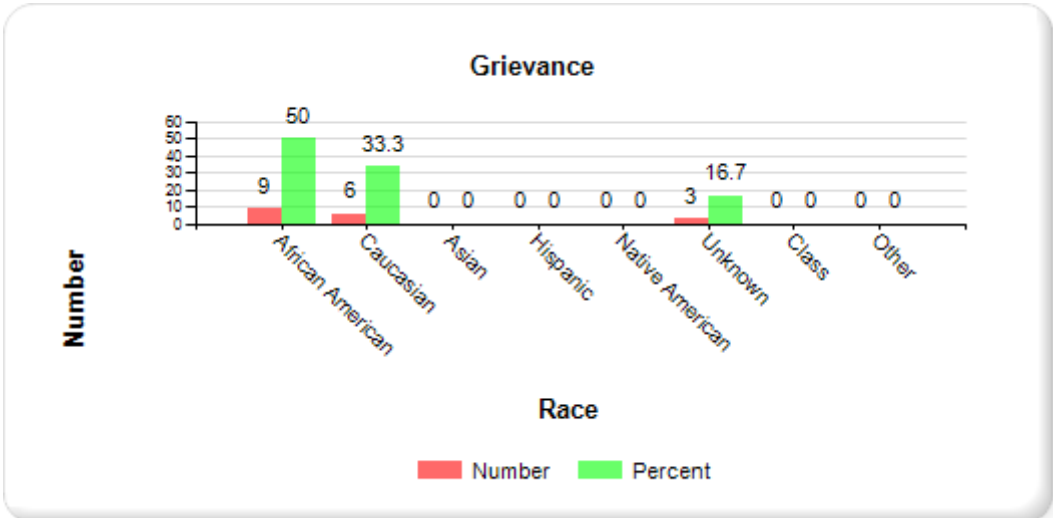
Graphs 7A-7C represent grievance data for RICA Baltimore.



Graph 7A: RICA Baltimore data (n=18) by gender.



Graph 7B: RICA Baltimore data (n=18) by age.



Graph 7C: RICA Baltimore data (n=18) by race.

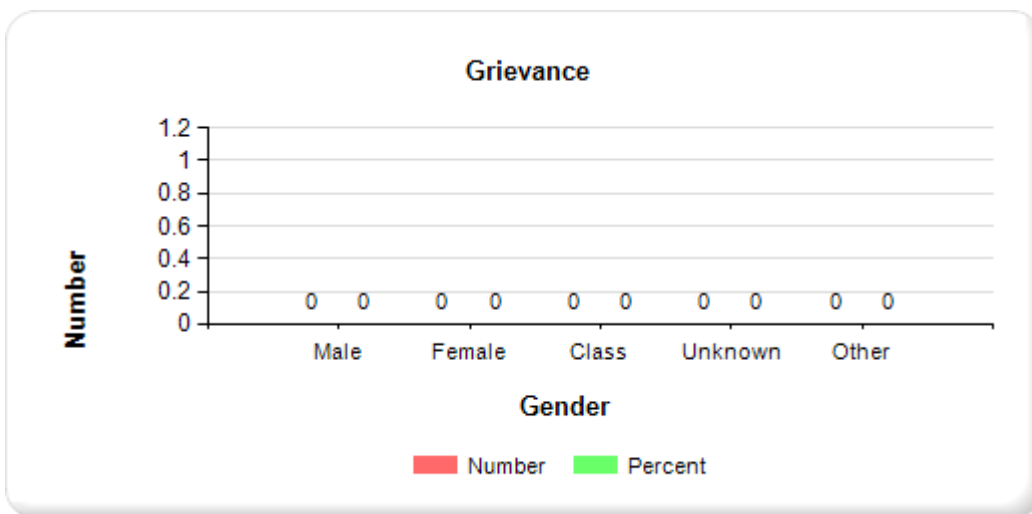
Regional Institute for Children and Adolescents (RICA) - Rockville

Aggregate Grievance Cases by Gender, Age, and Race

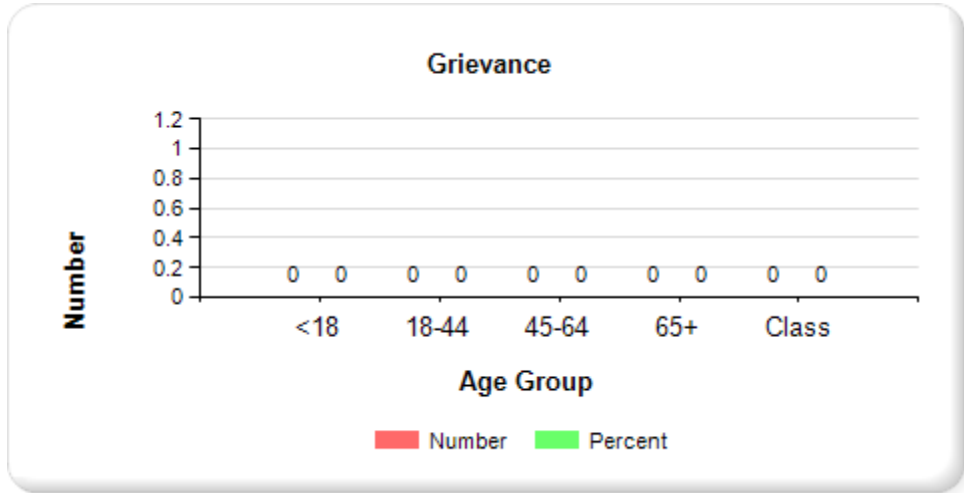
GENDER	#	%	AGE	#	%	RACE	#	%
Male	0	0	<18	0	0	African American	0	0
Female	0	0	18-44	0	0	Caucasian	0	0
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	0	0	Total	0	0	Total	0	0

Chart 8: During FY 22, RICA Rockville had a total of 0 grievances.

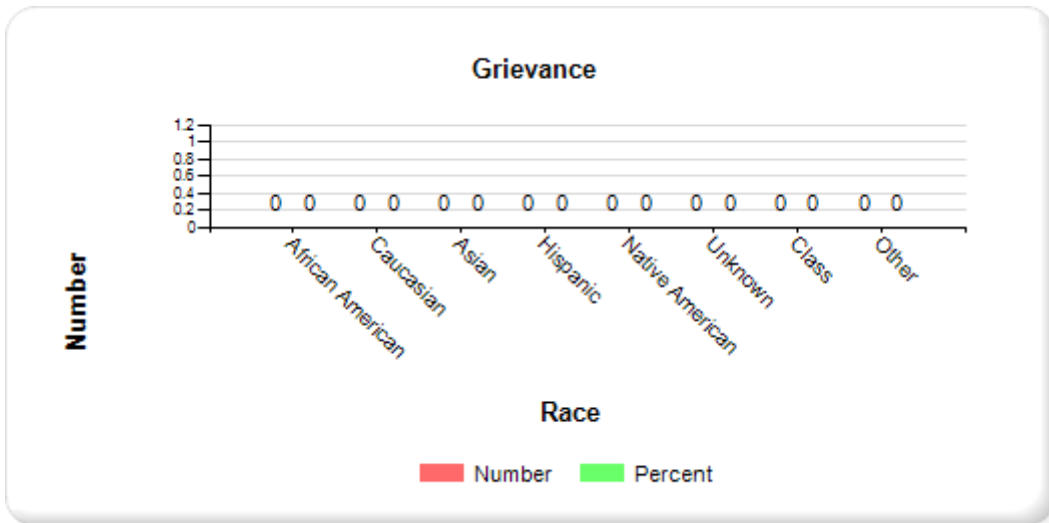
Graphs 8A-8C represent grievance data for RICA Rockville.



Graph 8A: RICA Rockville data (n=0) by gender.



Graph 8B: RICA Rockville data (n=0) by age.



Graph 8C: RICA Rockville data (n=0) by race.

SECTION B: INFORMATION/ASSISTANCE (IA) DATA - FY 2022

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

GENDER	#	%	AGE	#	%	RACE	#	%
Male	1,171	73.2	<18	123	7.7	African American	930	58.1
Female	404	25.2	18-44	882	55.1	Caucasian	501	31.3
			45-64	437	27.3	Asian	34	2.1
			65+	141	8.8	Hispanic	53	3.3
						Native American	0	0
Class	17	1.1	Class	17	1.1	Class	17	1.1
Other	8	0.5	Other	0	0	Other	21	1.3
Unknown	0	0	Unknown	0	0	Unknown	44	2.8
Total	1600	100	Total	1600	100	Total	1600	100

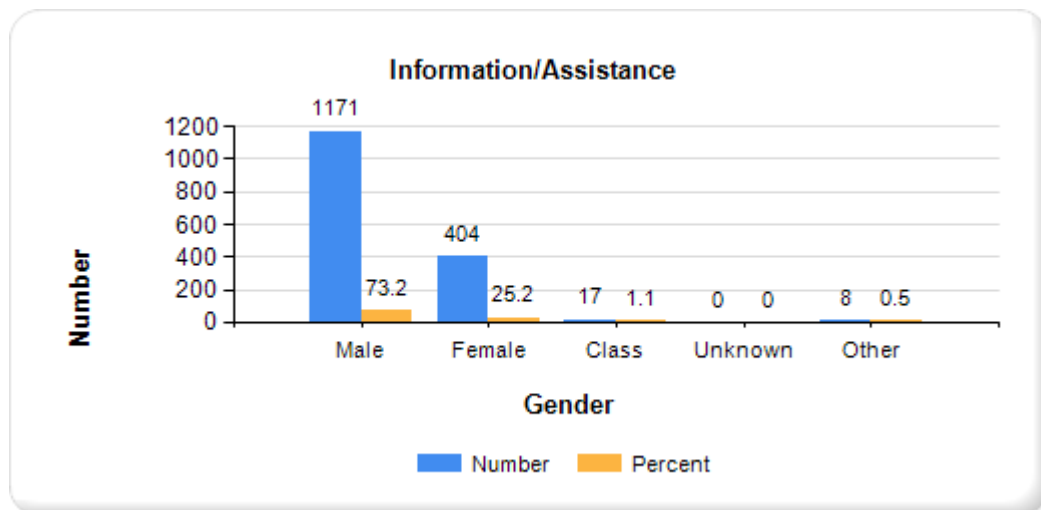
Chart 9: During FY 22, the seven (7) BHA inpatient hospitals had a total of 1600 IA cases.

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

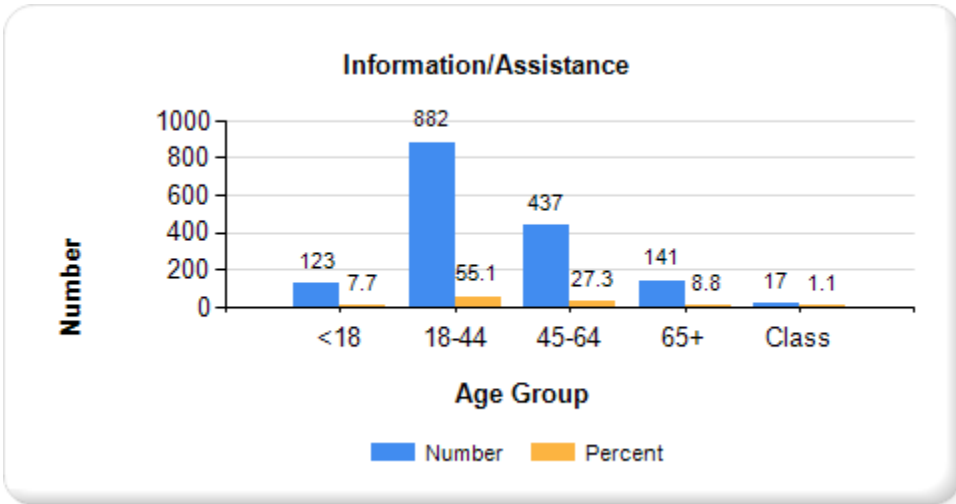
Unknown = information collected from residents who chose not to identify gender and/or race.

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

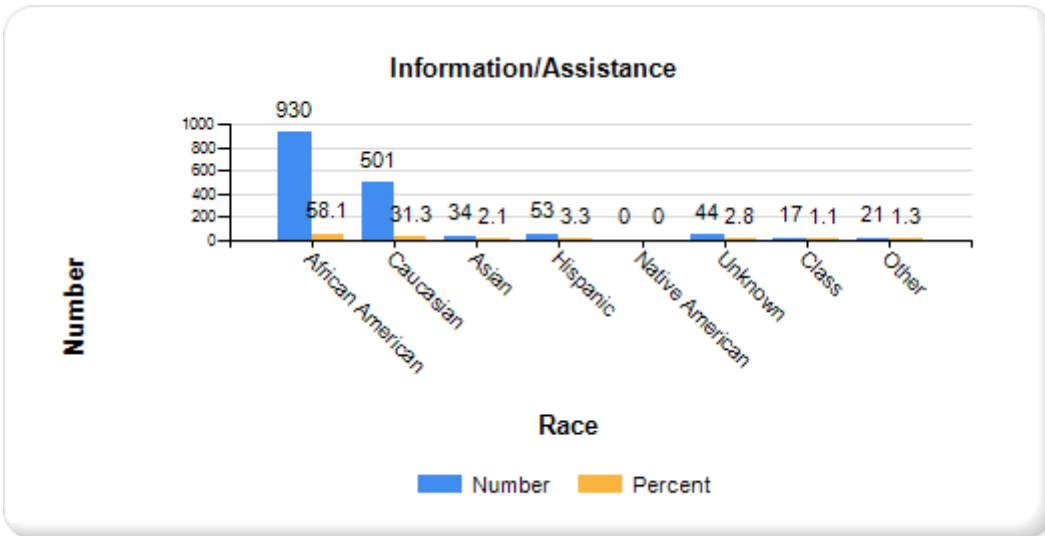
Graphs 9A-9C represent BHA aggregate IA data.



Graph 9A: BHA data (n=1600) by gender.



Graph 9B: BHA data (n=1600) by age.



Graph 9C: BHA data (n=1600) by race.

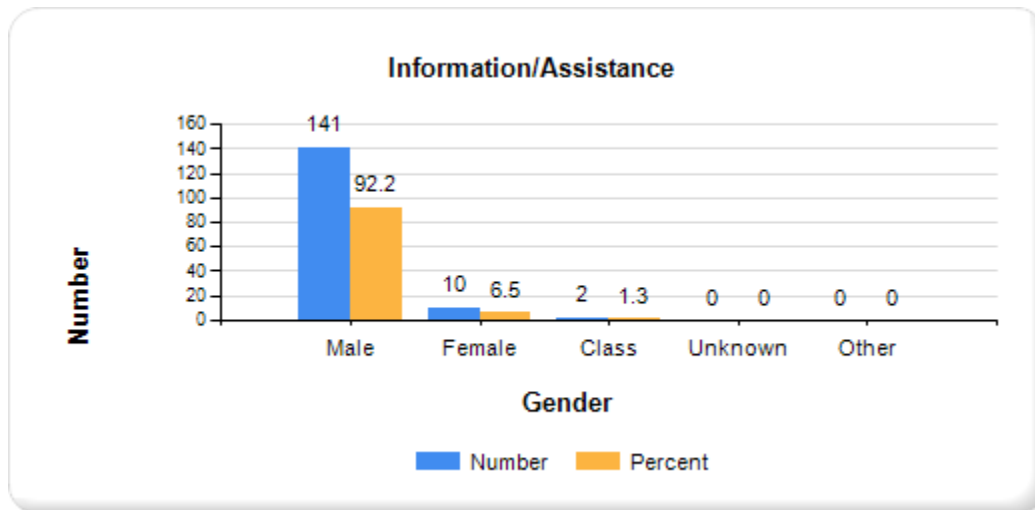
Eastern Shore Hospital Center (ESHC)

IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	141	92.2	<18	0	0	African American	51	33.3
Female	10	6.5	18-44	41	26.8	Caucasian	95	62.1
			45-64	69	45.1	Asian	2	1.3
			65+	41	26.8	Hispanic	0	0
						Native American	0	0
Class	2	1.3	Class	2	1.3	Class	2	1.3
Other	0	0	Other	0	0	Other	2	1.3
Unknown	0	0	Unknown	0	0	Unknown	1	0.7
Total	153	100	Total	153	100	Total	153	100

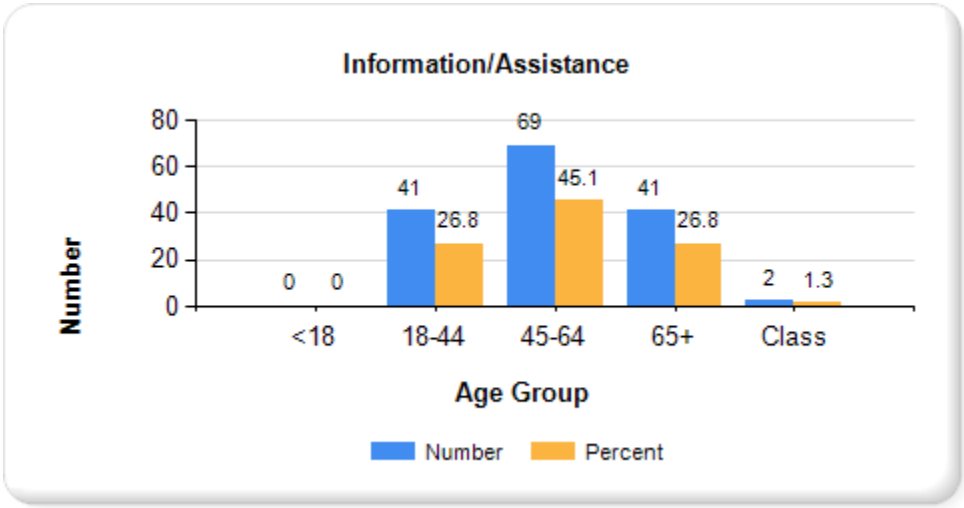
Chart 10: During FY 22, ESHC had a total of 153 IA cases.

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

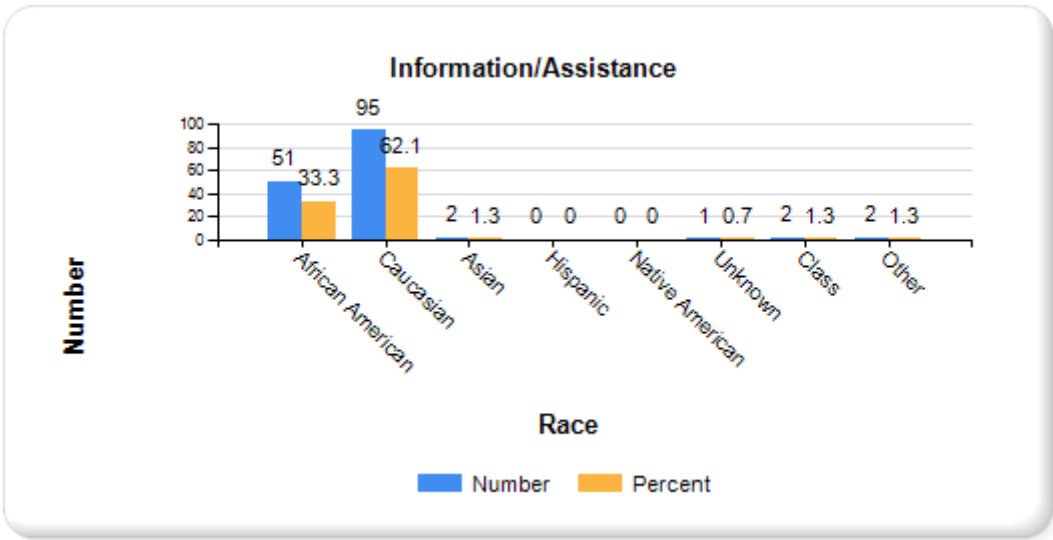


10A: ESHC data (n=153) by gender.

Graph



Graph 10B: ESHC data (n=153) by age.



Graph 10C: ESHC data (n=153) by race.

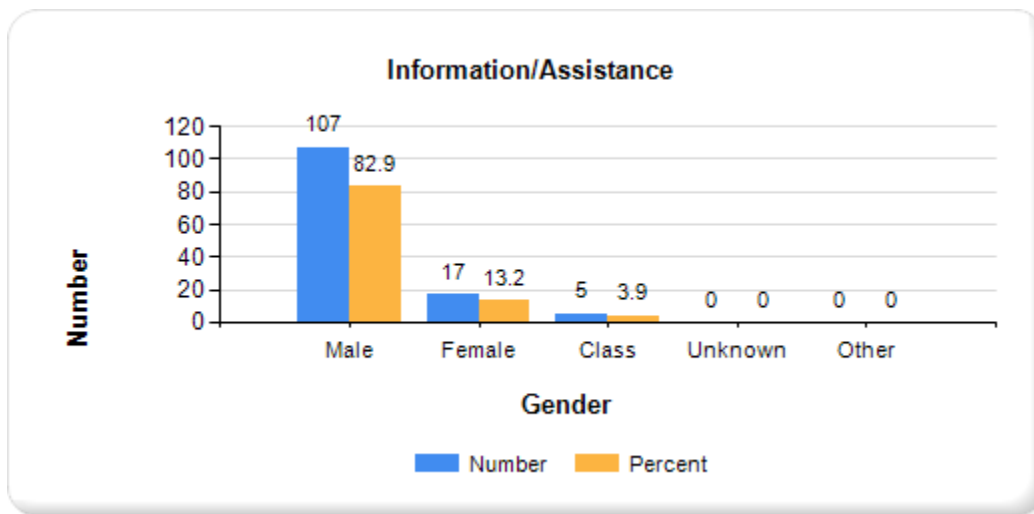
Thomas B. Finan Center (TBFC)

IA Cases by Gender, Age, and Race

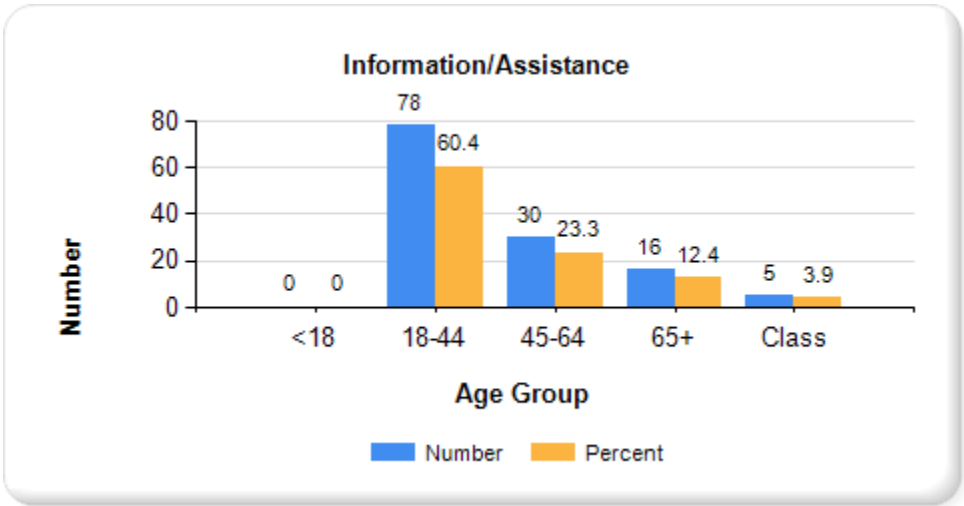
GENDER	#	%	AGE	#	%	RACE	#	%
Male	107	82.9	<18	0	0	African American	65	50.3
Female	17	13.2	18-44	78	60.4	Caucasian	48	37.2
			45-64	30	23.3	Asian	5	3.9
			65+	16	12.4	Hispanic	5	3.9
						Native American	0	0
Class	5	3.9	Class	5	3.9	Class	5	3.9
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	1	0.8
Total	129	100	Total	129	100	Total	129	100

Chart 11: During FY 22, TBFC had a total of 129 IA cases.

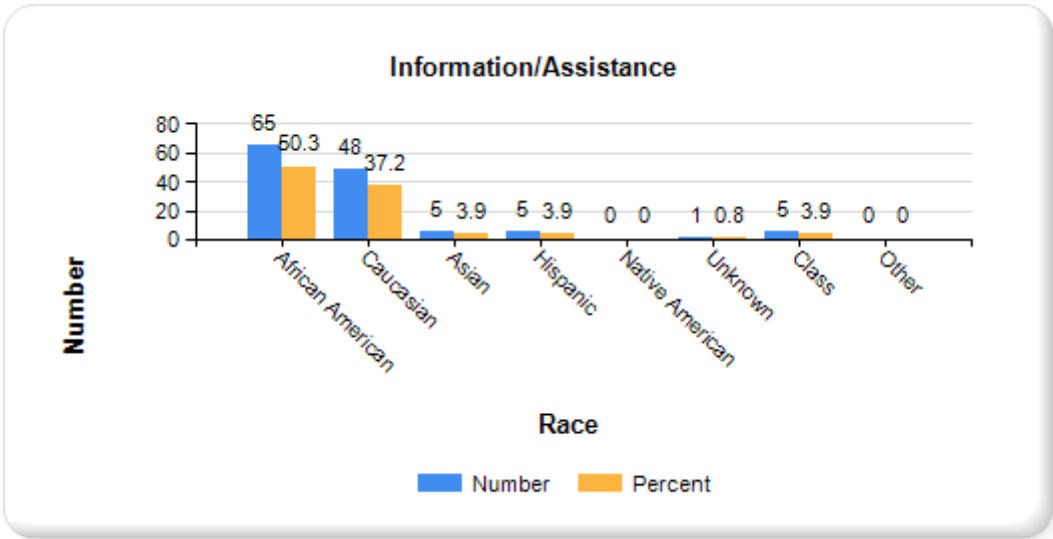
Graphs 11A-11C represent IA data for TBFC.



Graph 11A: TBFC data (n=129) by gender.



Graph 11B: TBFC data (n=129) by age.



Graph 11C: TBFC data (n=129) by race.

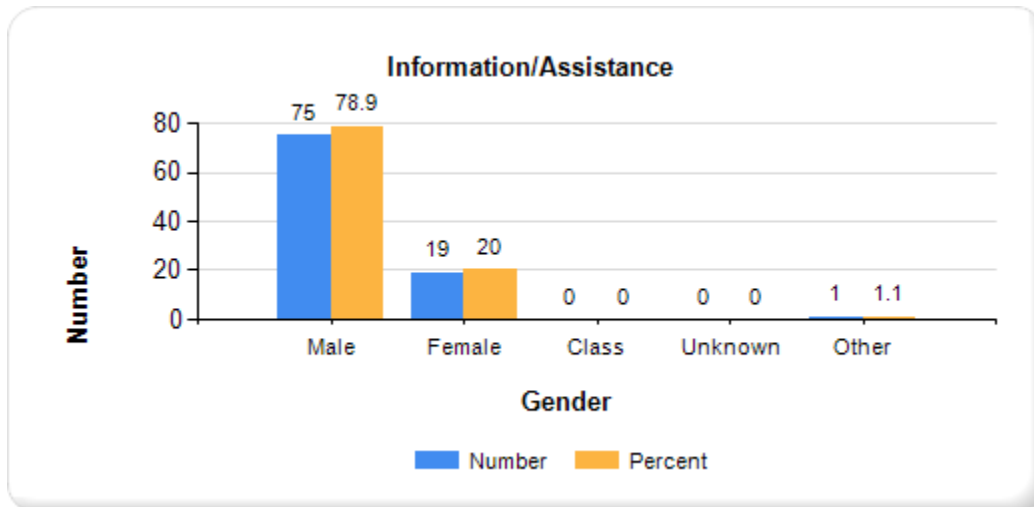
Clifton T. Perkins Hospital Center (CTPHC)

IA Cases by Gender, Age, and Race

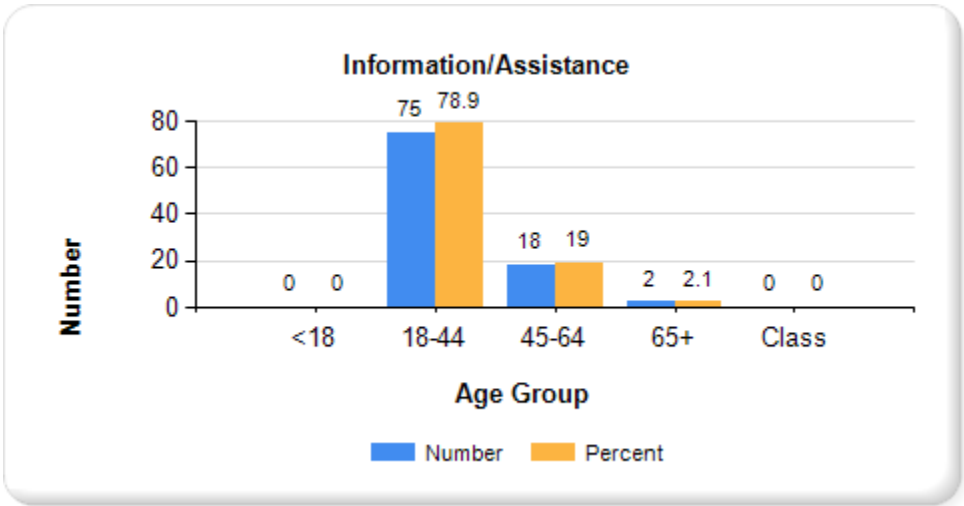
GENDER	#	%	AGE	#	%	RACE	#	%
Male	75	78.9	<18	0	0	African American	58	61
Female	19	20	18-44	75	78.9	Caucasian	27	28.4
			45-64	18	19	Asian	2	2.1
			65+	2	2.1	Hispanic	3	3.2
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	1	1.1	Other	0	0	Other	1	1.1
Unknown	0	0	Unknown	0	0	Unknown	4	4.2
Total	95	100	Total	95	100	Total	95	100

Chart 12: During FY 22, CTPHC had a total of 95 IA cases.

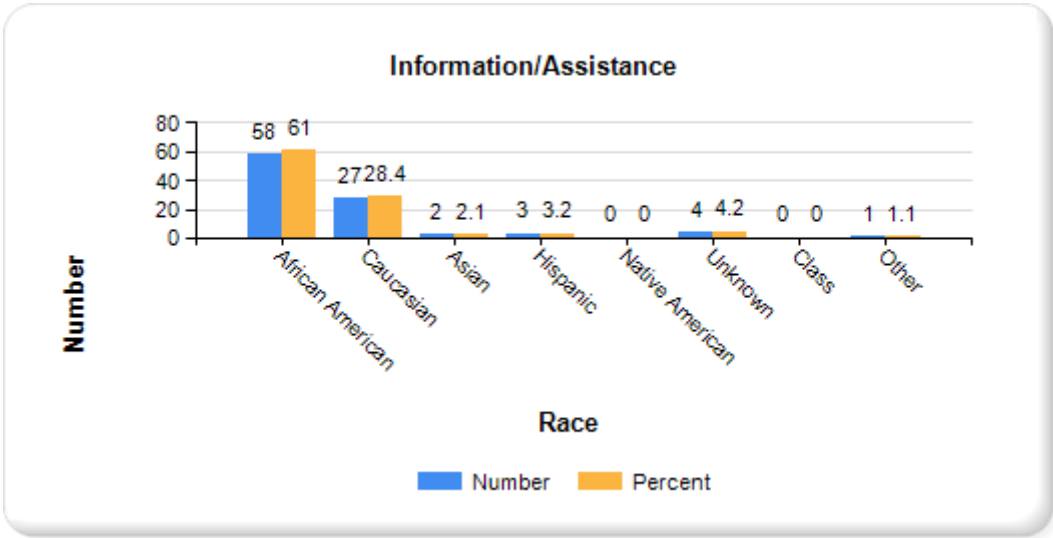
Graphs 12A-12C represent IA data for CTPHC.



Graph 12A: CTPHC data (n=95) by gender.



Graph 12B: CTPHC data (n=95) by age.



Graph 12C: CTPHC data (n=95) by race.

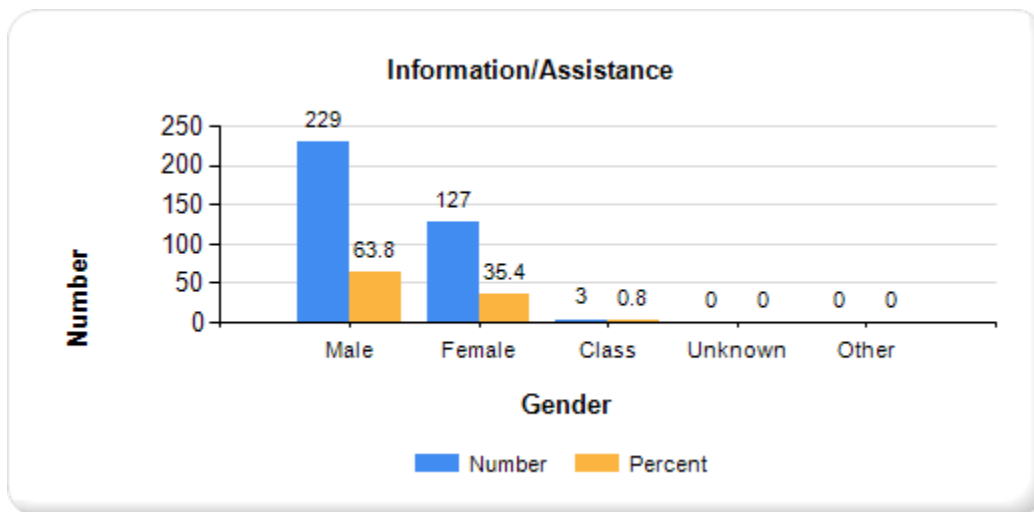
Springfield Hospital Center (SFHC)

IA Cases by Gender, Age, and Race

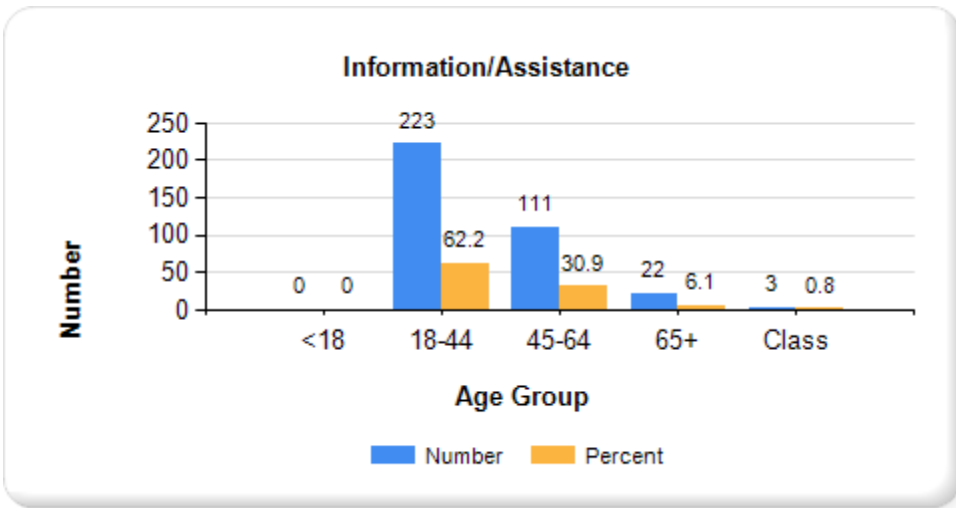
GENDER	#	%	AGE	#	%	RACE	#	%
Male	229	63.8	<18	0	0	African American	235	65.4
Female	127	35.4	18-44	223	62.2	Caucasian	90	25.1
			45-64	111	30.9	Asian	11	3.1
			65+	22	6.1	Hispanic	17	4.7
						Native American	0	0
Class	3	0.8	Class	3	0.8	Class	3	0.8
Other	0	0	Other	0	0	Other	1	0.3
Unknown	0	0	Unknown	0	0	Unknown	2	0.6
Total	359	100	Total	359	100	Total	359	100

Chart 13: During FY 22, SFHC had a total of 359 IA cases.

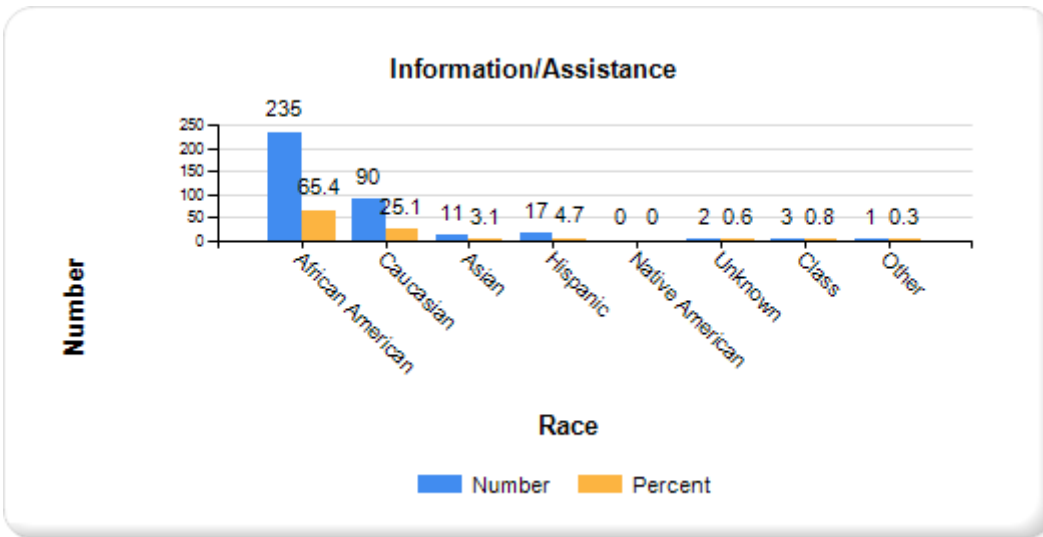
Graphs 13A-13C represent IA data for SFHC.



Graph 13A: SFHC data (n=359) by gender.



Graph 13B: SFHC data (n=359) by age.



Graph 13C: SFHC data (n=359) by race.

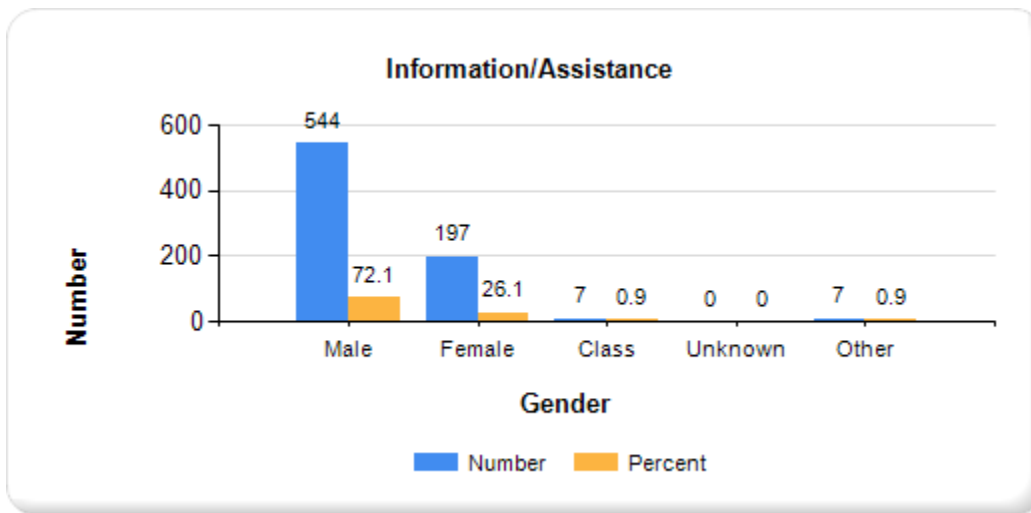
Spring Grove Hospital Center (SGHC)

IA Cases by Gender, Age Group and Race

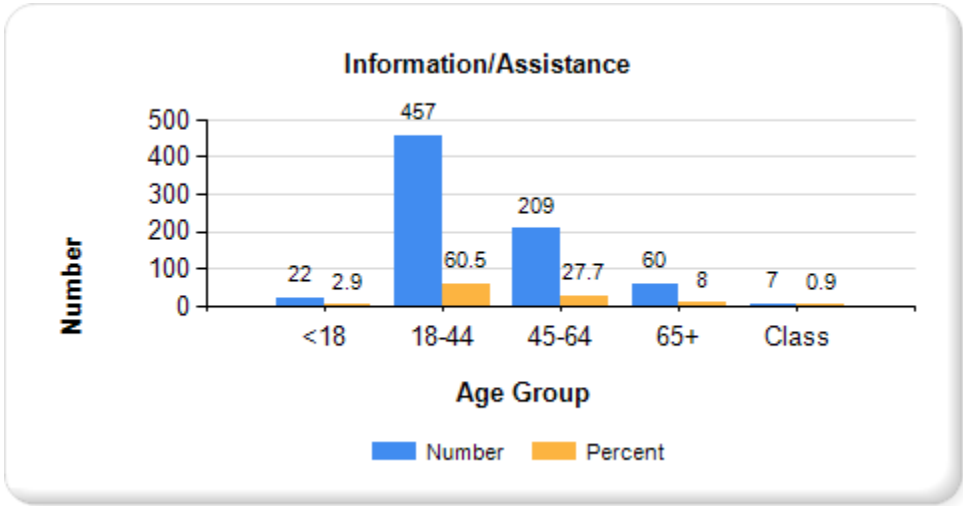
GENDER	#	%	AGE	#	%	RACE	#	%
Male	544	72.1	<18	22	2.9	African American	484	64.1
Female	197	26.1	18-44	457	60.5	Caucasian	184	24.4
			45-64	209	27.7	Asian	14	1.8
			65+	60	8	Hispanic	17	2.3
						Native American	0	0
Class	7	0.9	Class	7	0.9	Class	7	0.9
Other	7	0.9	Other	0	0	Other	14	1.9
Unknown	0	0	Unknown	0	0	Unknown	35	4.6
Total	755	100	Total	755	100	Total	755	100

Chart 14: During FY 22, SGHC had a total of 755 IA cases.

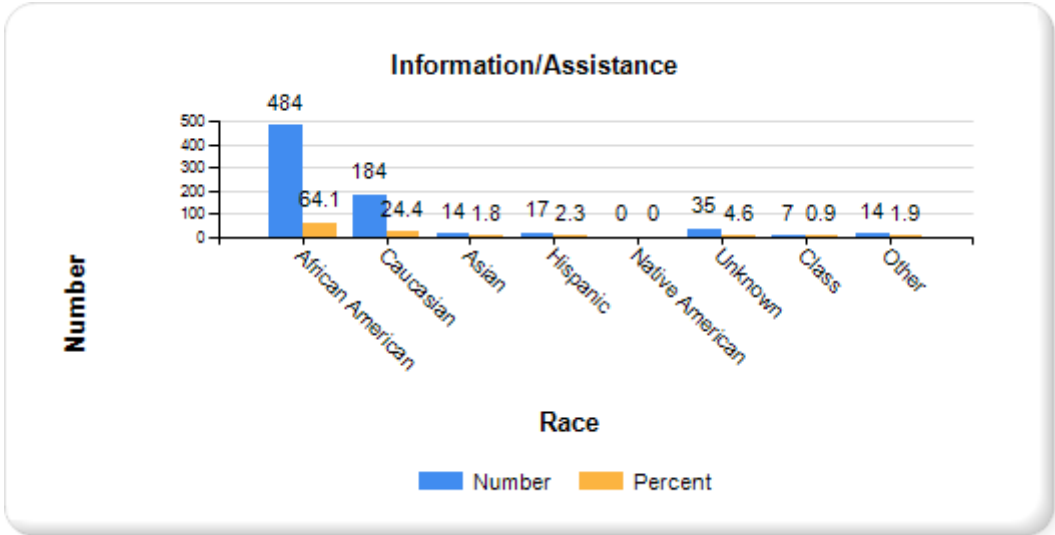
Graphs 14A-14C represent IA data for SGHC.



Graph 14A: SGHC data (n=755) by gender.



Graph 14B: SGHC data (n=755) by age.



Graph 14C: SGHC data (n=755) by race.

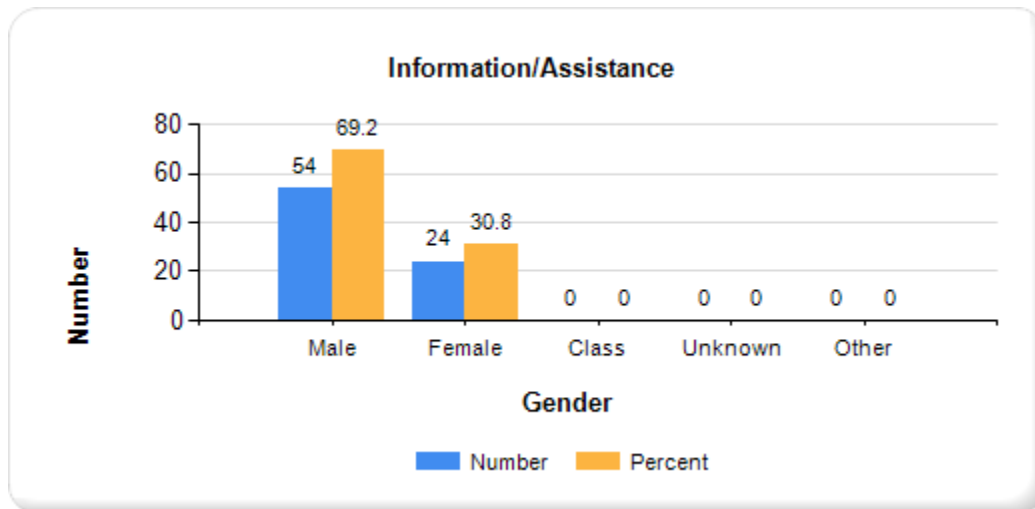
Regional Institute for Children and Adolescents (RICA) - Baltimore

IA Cases by Gender, Age, and Race

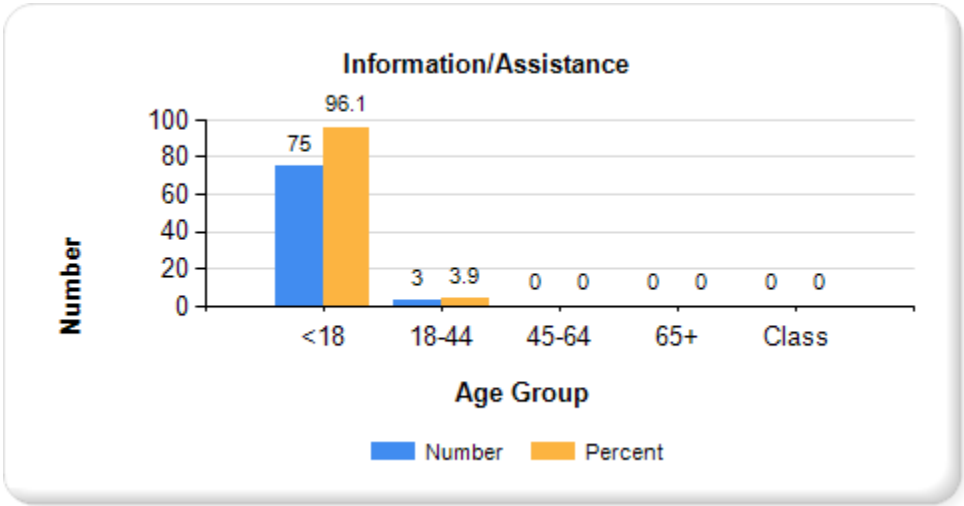
GENDER	#	%	AGE	#	%	RACE	#	%
Male	54	69.2	<18	75	96.1	African American	26	33.3
Female	24	30.8	18-44	3	3.9	Caucasian	44	56.4
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	6	7.7
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	2	2.6
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	78	100	Total	78	100	Total	78	100

Chart 15: During FY 22, RICA Baltimore had a total of 78 IA cases.

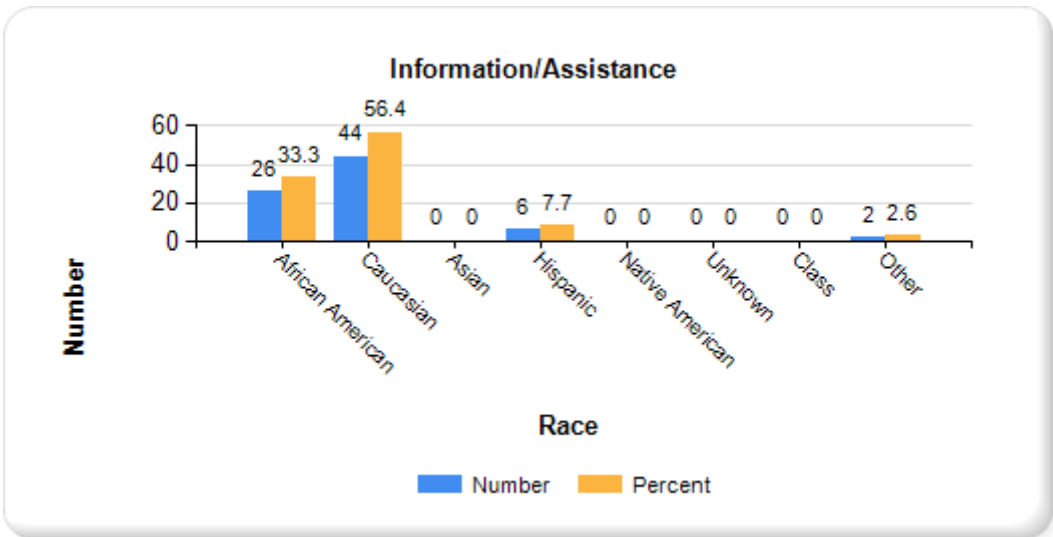
Graphs 15A-15C represent IA data (t=78) for RICA Baltimore.



Graph 15A: RICA Baltimore data (n=78) by gender.



Graph 15B: RICA Baltimore data (n=78) by age.



Graph 15C: RICA Baltimore data (n=78) by race.

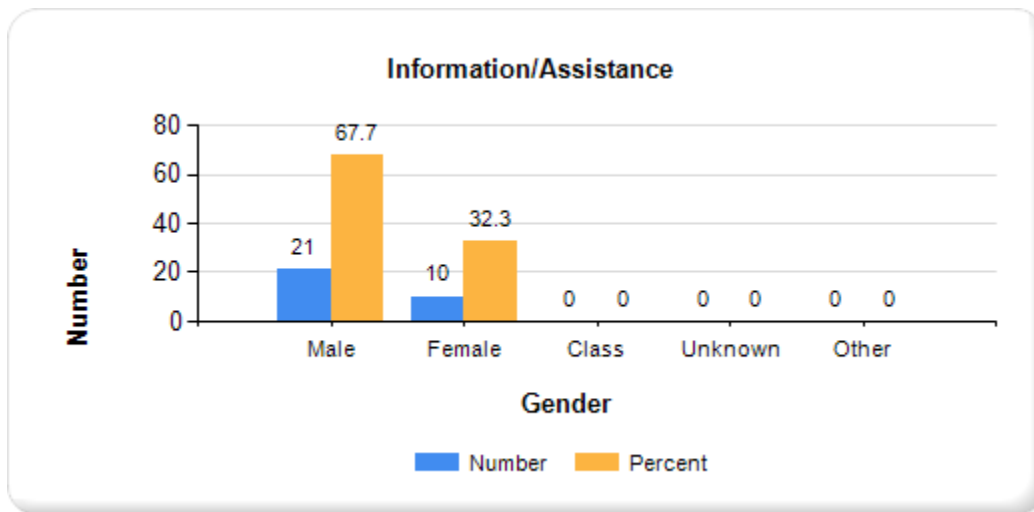
Regional Institute for Children and Adolescents (RICA) - Rockville

IA Cases by Gender, Age, and Race

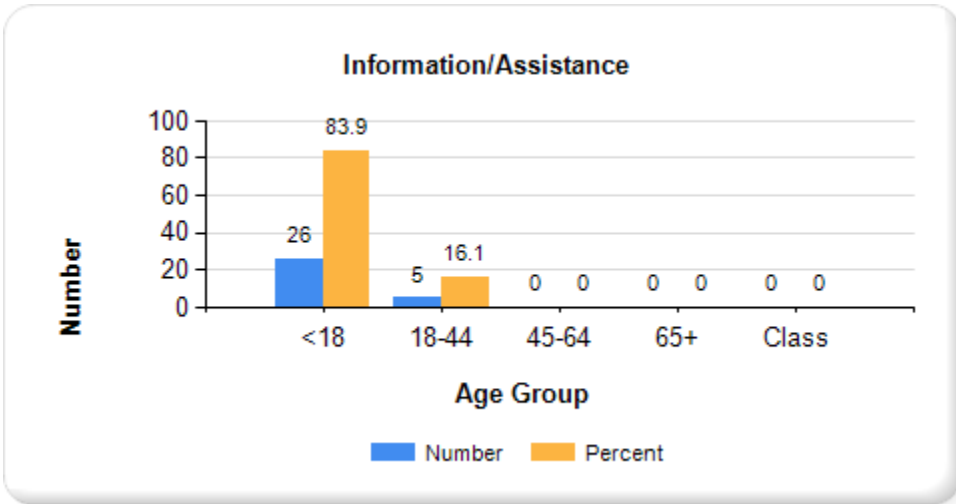
GENDER			AGE			RACE		
	#	%		#	%		#	%
Male	21	67.7	<18	26	83.9	African American	11	35.5
Female	10	32.3	18-44	5	16.1	Caucasian	13	42
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	5	16.1
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	1	3.2
Unknown	0	0	Unknown	0	0	Unknown	1	3.2
Total	31	100	Total	31	100	Total	31	100

Chart 16: During FY 22, RICA – Rockville had a total of 31 IA cases.

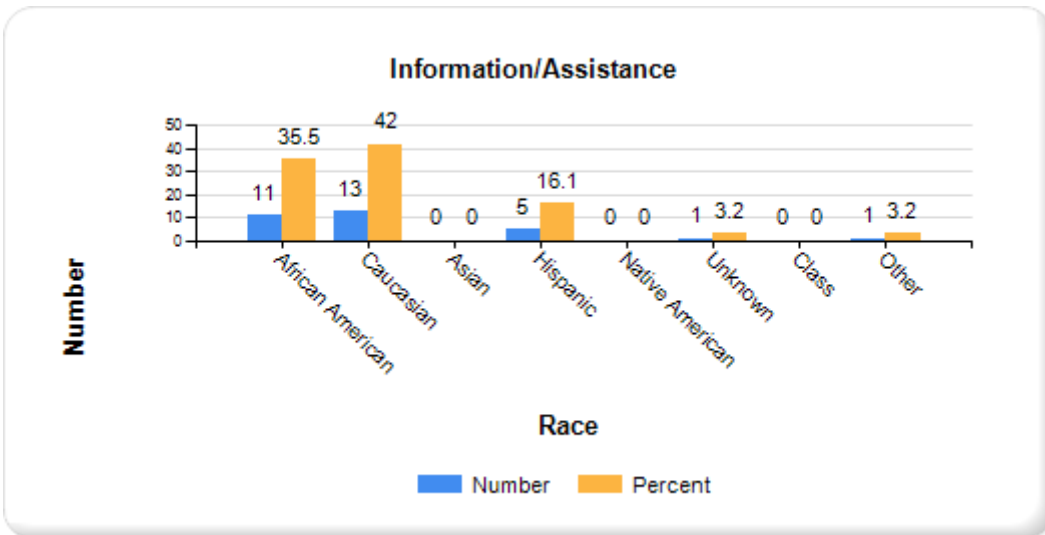
Graphs 16A-16C represent IA data for RICA – Rockville.



Graph 16A: RICA Rockville data (n=31) by gender.



Graph 16B: RICA Rockville data (n=31) by age.



Graph 16C: RICA Rockville IA data (n=31) by race.

SECTION C
CLINICAL REVIEW PANEL (CRP) DATA - FY 2022

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

GENDER	#	%	AGE	#	%	RACE	#	%
Male	228	78.1	<18	0	0	African American	195	66.8
Female	63	21.6	18-44	203	69.5	Caucasian	62	21.2
			45-64	84	28.8	Asian	8	2.7
			65+	5	1.7	Hispanic	13	4.5
						Native American	0	0
Other	1	0.3	Other	0	0	Other	2	0.7
Unknown	0	0	Unknown	0	0	Unknown	12	4.1
Total	292	100	Total	292	100	Total	292	100

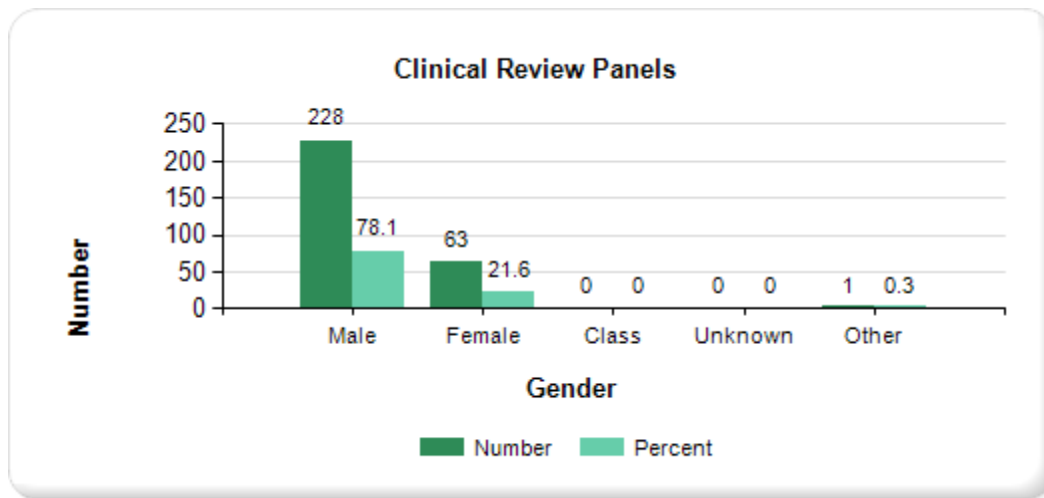
Chart 17: During FY 22, the five (5) adult BHA inpatient psychiatric facilities held a total of 292 CRPs.

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

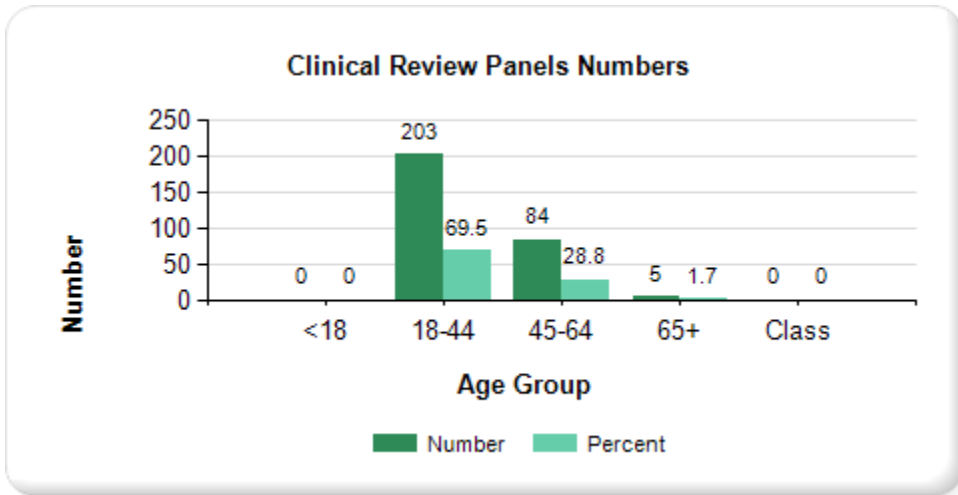
Unknown = information collected from residents who chose not to identify gender and/or race.

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

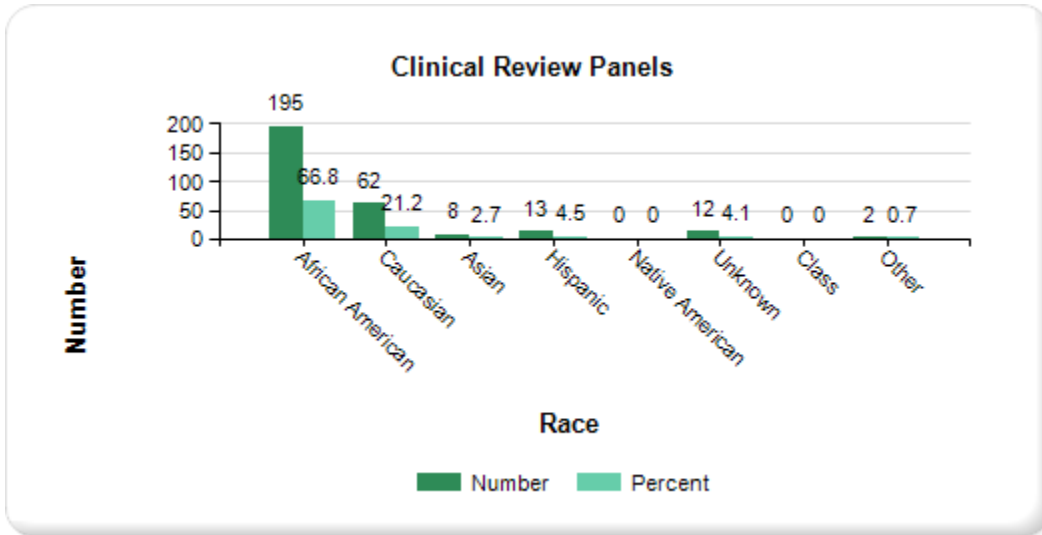
Graphs 17A-17C represent BHA CRP data.



Graph 17A: BHA data (n=292) by gender.



Graph 17B: BHA data (n=292) by age.



Graph 17C: BHA data (n=292) by race.

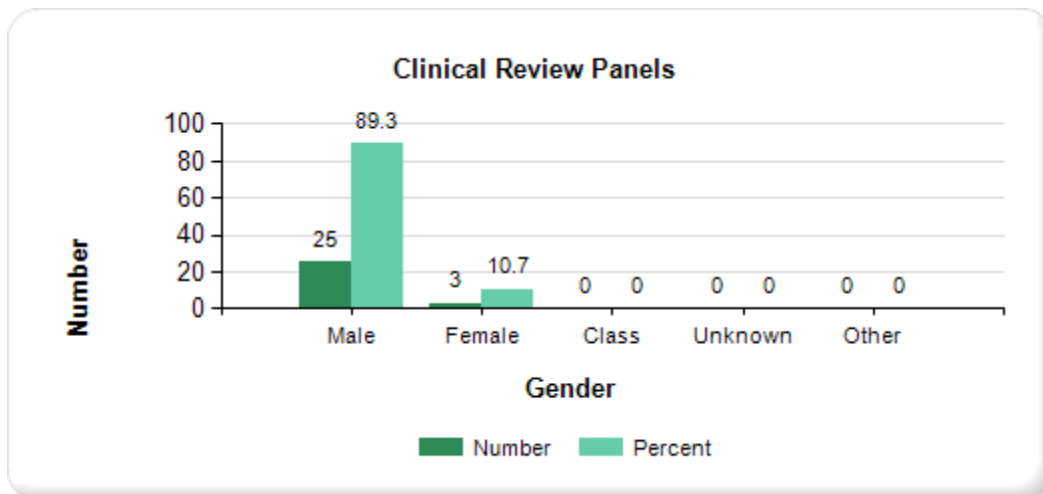
Eastern Shore Hospital Center (ESHC)

CRPs by Gender, Age, and Race

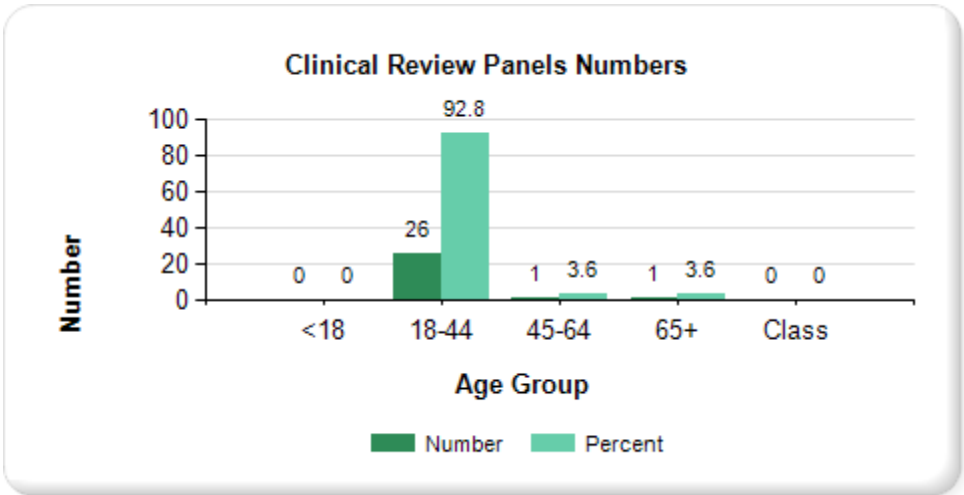
GENDER	#	%	AGE	#	%	RACE	#	%
Male	25	89.3	<18	0	0	African American	16	57.2
Female	3	10.7	18-44	26	92.8	Caucasian	7	25
			45-64	1	3.6	Asian	2	7.1
			65+	1	3.6	Hispanic	0	0
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	3	10.7
Total	28	100	Total	28	100	Total	28	100

Chart 18: During FY 22, ESHC conducted a total of 28 CRPs.

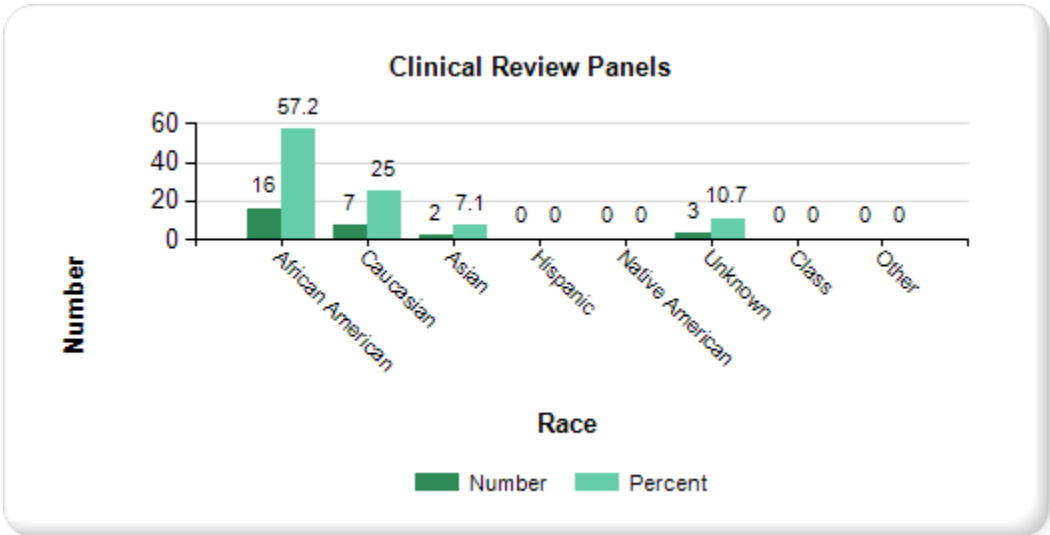
Graphs 18A-18C represent CRP data for ESHC.



Graph 18A: ESHC data (n=28) by gender.



Graph 18B: ESHC data (n=28) by age.



Graph 18C: ESHC data (n=28) by race.

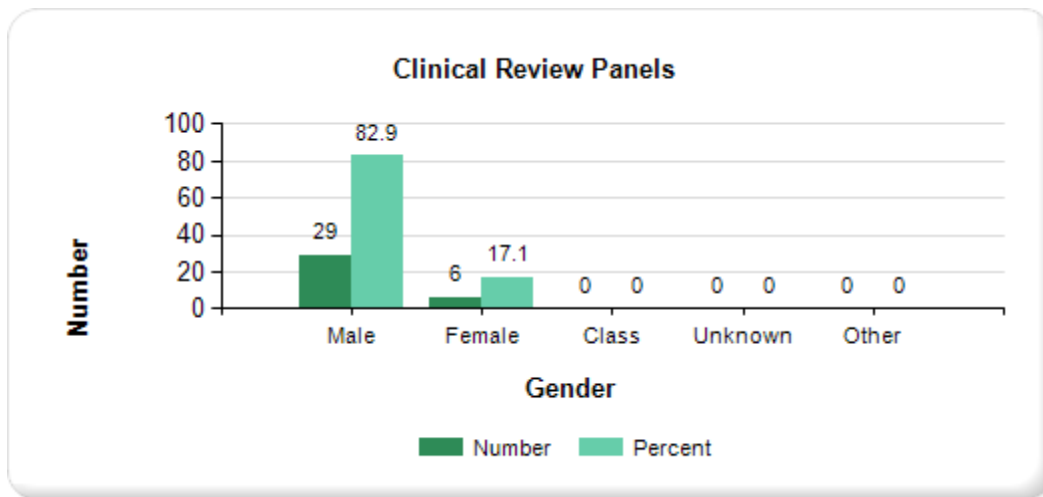
Thomas B. Finan Center (TBFC)

CRPs by Gender, Age, and Race

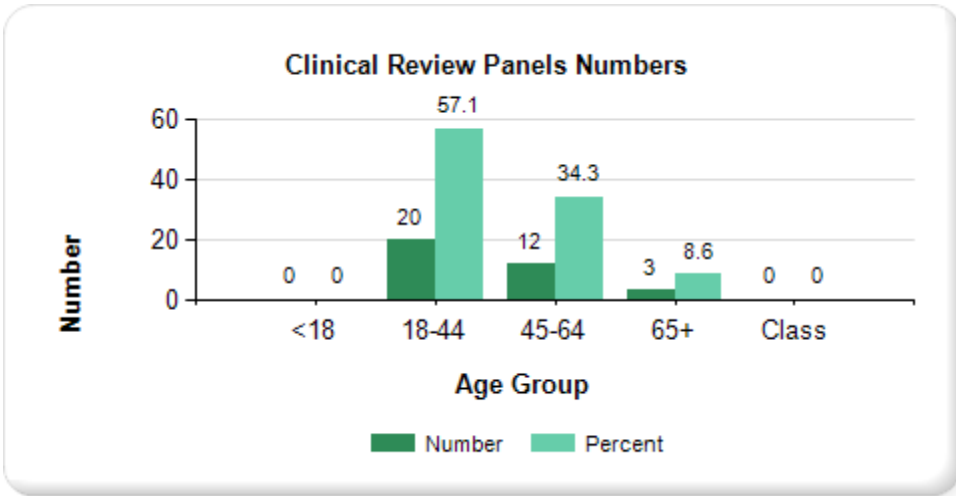
GENDER	#	%	AGE	#	%	RACE	#	%
Male	29	82.9	<18	0	0	African American	16	45.7
Female	6	17.1	18-44	20	57.1	Caucasian	14	40
			45-64	12	34.3	Asian	0	0
			65+	3	8.6	Hispanic	5	14.3
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	35	100	Total	35	100	Total	35	100

Chart 19: During FY 22, TBFC conducted a total of 35 CRPs.

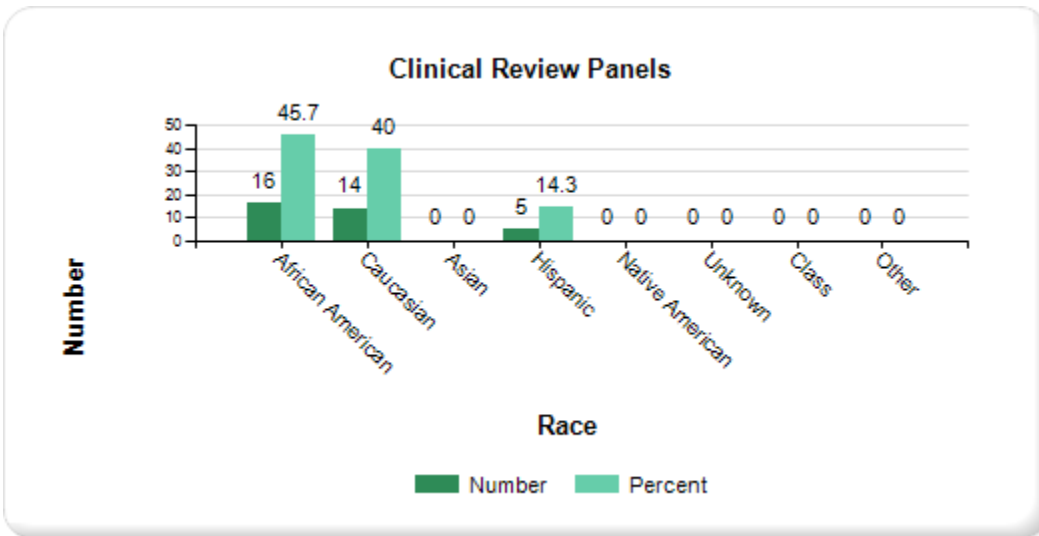
Graphs 19A-19C represent CRP data for TBFC.



Graph 19A: TBFC data (n=35) by gender.



Graph 19B: TBFC data (n=35) by age.



Graph 19C: TBFC data (n=35) by race.

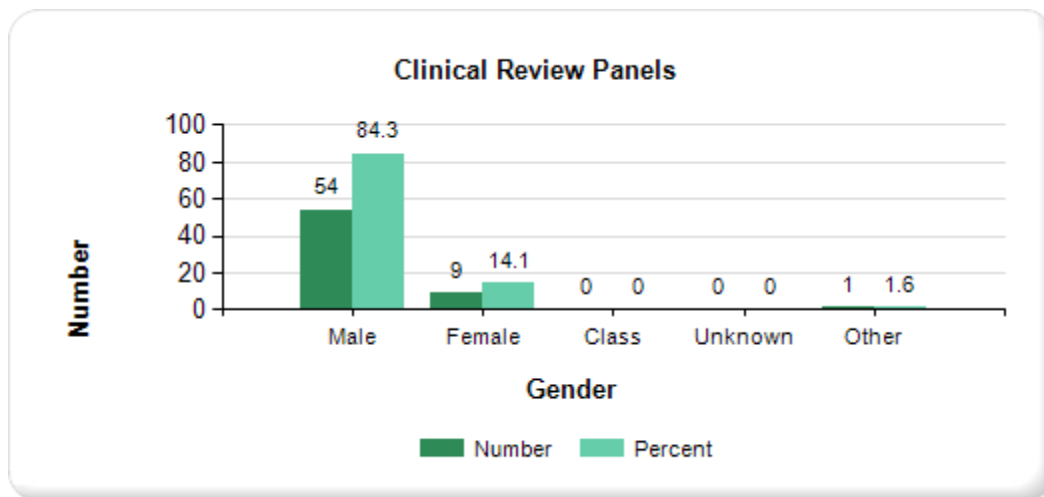
Clifton T. Perkins Hospital Center (CTPHC)

CRPs by Gender, Age Group and Race

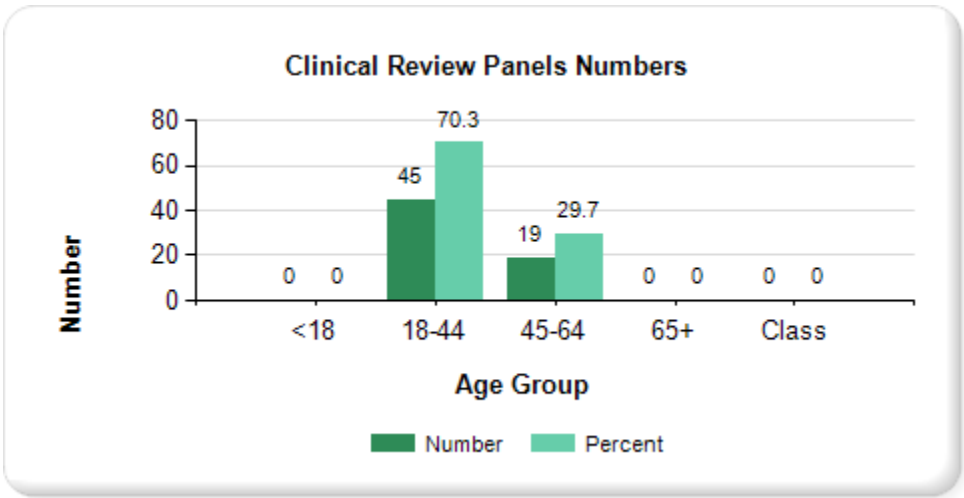
GENDER	#	%	AGE	#	%	RACE	#	%
Male	54	84.3	<18	0	0	African American	43	67.2
Female	9	14.1	18-44	45	70.3	Caucasian	9	14
			45-64	19	29.7	Asian	2	3.1
			65+	0	0	Hispanic	4	6.3
						Native American	0	0
Other	1	1.6	Other	0	0	Other	2	3.1
Unknown	0	0	Unknown	0	0	Unknown	4	6.3
Total	64	100	Total	64	100	Total	64	100

Chart 20: During FY 22, CTPHC conducted a total of 64 CRPs.

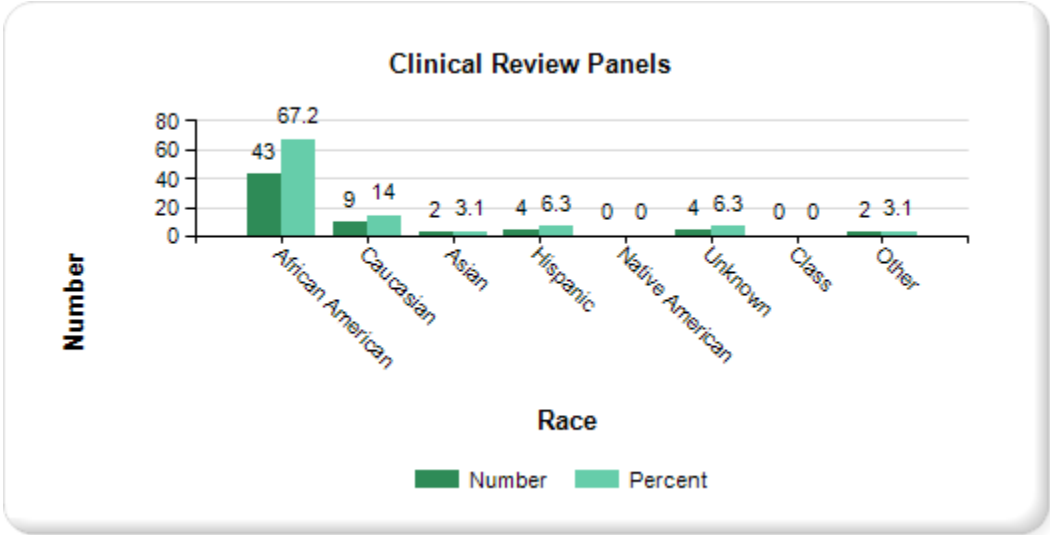
Graphs 20A-20C represent CRP data for CTPHC.



Graph 20A: CTPHC data (n=64) by gender.



Graph 20B: CTPHC data (n=64) by age



Graph 20C: CTPHC data (n=64) by race.

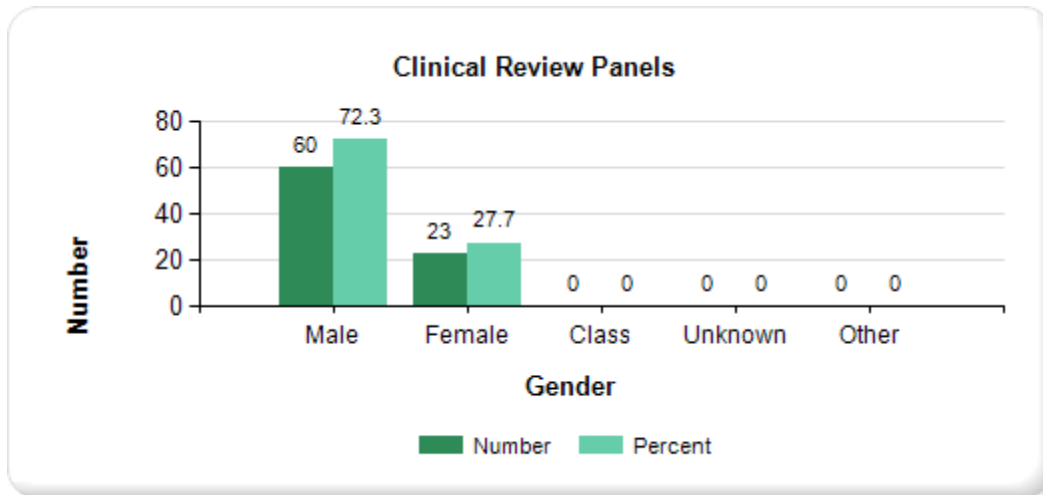
Springfield Hospital Center (SFHC)

CRPs by Gender, Age Group and Race

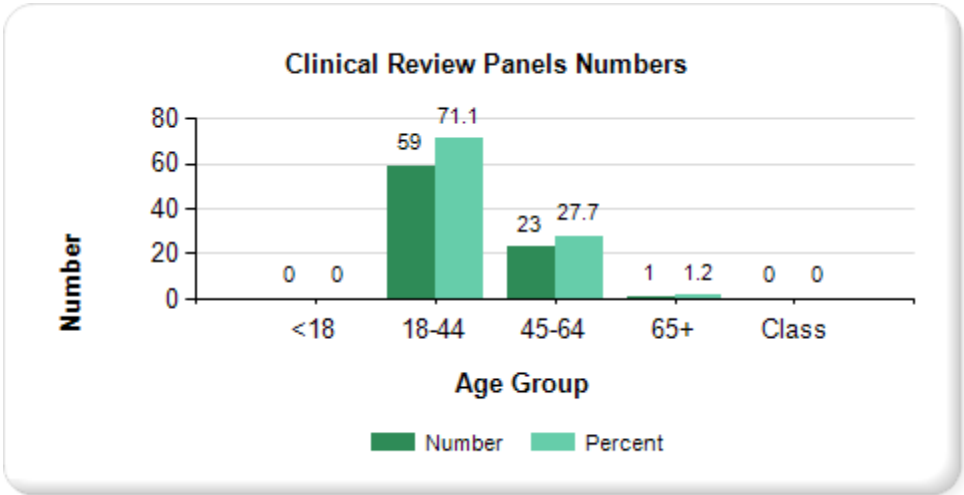
GENDER	#	%	AGE	#	%	RACE	#	%
Male	60	72.3	<18	0	0	African American	64	77.1
Female	23	27.7	18-44	59	71.1	Caucasian	13	15.7
			45-64	23	27.7	Asian	2	2.4
			65+	1	1.2	Hispanic	4	4.8
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	83	100	Total	83	100	Total	83	100

Chart 21: During FY 22, SFHC conducted a total of 83 CRPs.

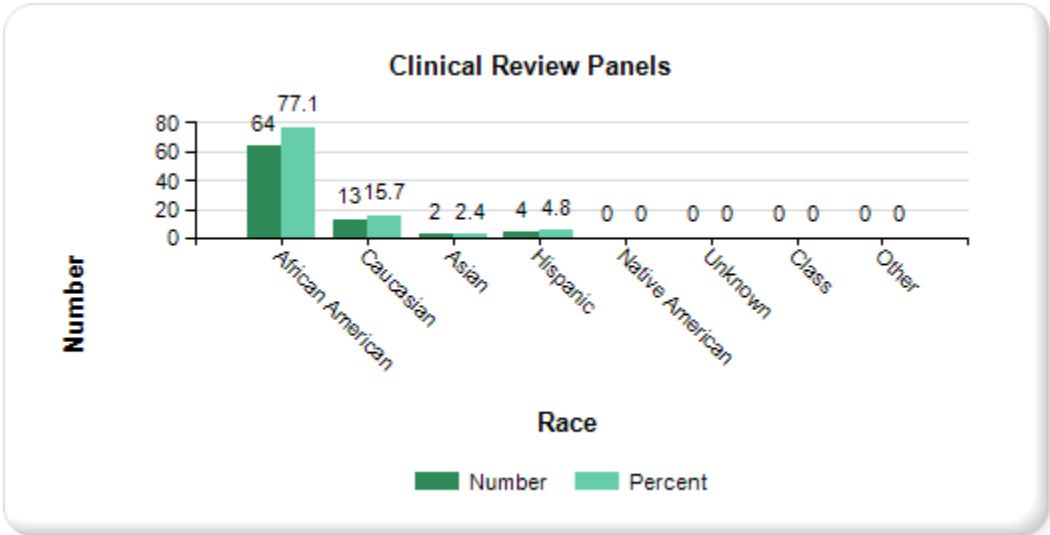
Graphs 21A-21C represent CRP data for SFHC.



Graph 21A: SFHC data (n=83) by gender.



Graph 21B: SFHC data (n=83) by age.



Graph 21C: SFHC data (n=83) by race.

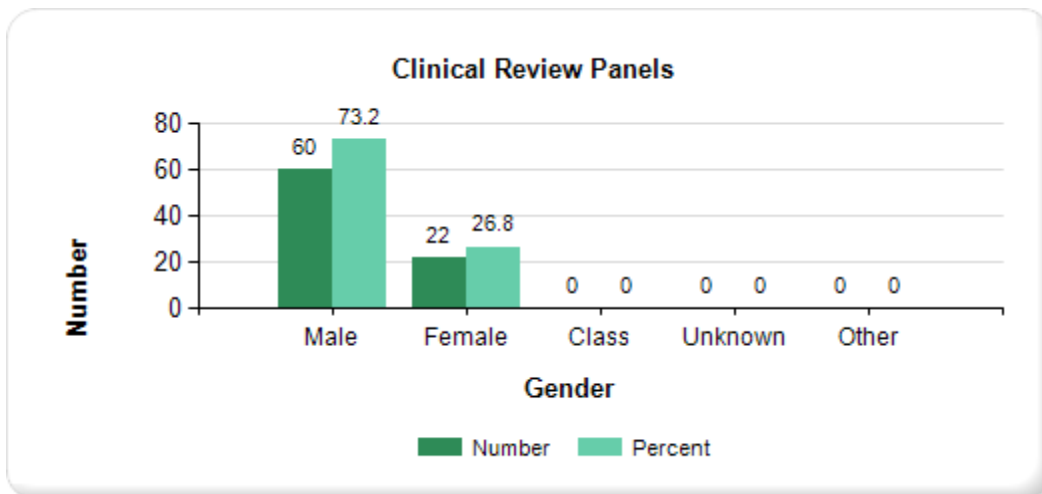
Spring Grove Hospital Center (SGHC)

CRPs by Gender, Age, and Race

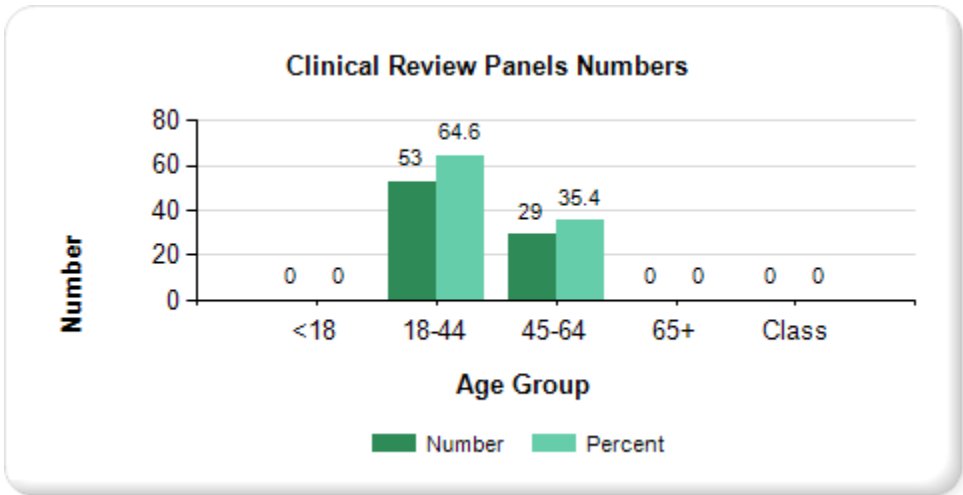
GENDER	#	%	AGE	#	%	RACE	#	%
Male	60	73.2	<18	0	0	African American	56	68.3
Female	22	26.8	18-44	53	64.6	Caucasian	19	23.2
			45-64	29	35.4	Asian	2	2.4
			65+	0	0	Hispanic	0	0
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	5	6.1
Total	82	100	Total	82	100	Total	82	100

Chart 22: During FY 22, SGHC conducted a total of 82 CRPs.

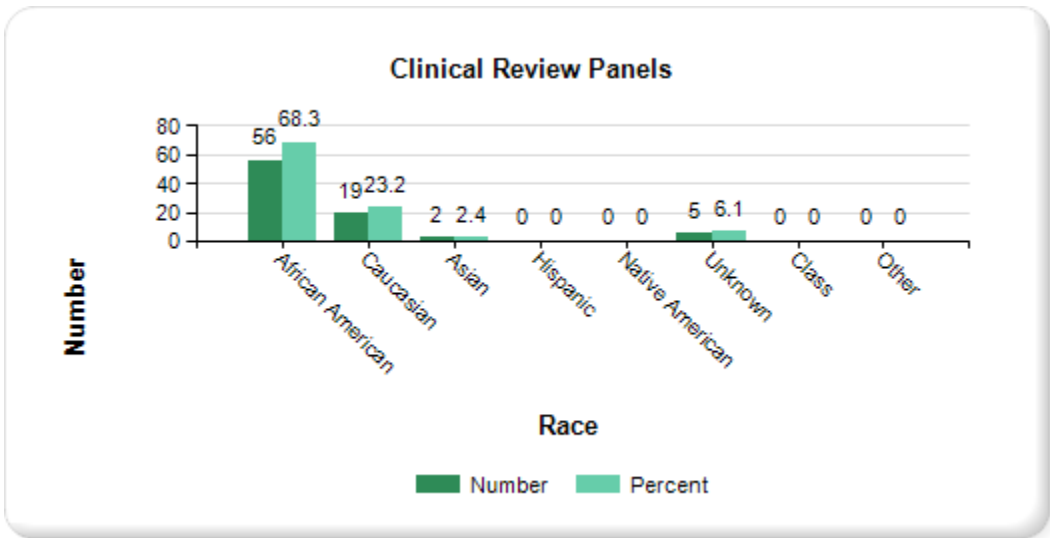
Graphs 22A-22C represent CRP data for SGHC.



Graph 22A: SGHC data (n=82) by gender.



Graph 22B: SGHC data (n=82) by age.



Graph 22C: SGHC data (n=82) 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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