

RESIDENT GRIEVANCE SYSTEM

MDH Healthcare System
Residential Facilities
Fiscal Year 2025



Rhonda Callum, Director

Table of Contents

PART I – RESIDENT GRIEVANCE SYSTEM

Background and Structure of the Resident Grievance System.....	3
Resident Grievance System.....	3
Legal Assistance Providers.....	4
Classification of Rights.....	6
Grievances.....	6
Stage One.....	6
Stage Two.....	7
Stage Three.....	7
Stage Four.....	7
Information and Assistance.....	8
Rights Categories.....	8
Annual Data.....	12

PART II – FACILITY DATA

Section A: Grievance Data.....	13
Aggregate HCS Facilities.....	13
Holly Center.....	15
Potomac Center.....	17
Secured Evaluation Therapeutic Treatment.....	19
Section B: Information and Assistance Data.....	21
Aggregate HCS Facilities.....	21
Holly Center.....	23
Potomac Center.....	25
Secured Evaluation Therapeutic Treatment.....	27

PART I

***RESIDENT GRIEVANCE SYSTEM
MDH Healthcare Systems***

***Developmental Disabilities Administration (DDA)
State Residential Centers
and the
Secured Evaluation Therapeutic Treatment Unit (SETT)
Fiscal Year 2025***

Background & Structure of the Resident Grievance System

The Resident Grievance System 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 rights guaranteed by federal and state laws and regulations; to assist patients with claims for benefits and entitlements; to achieve deinstitutionalization; and to 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 Resident Grievance System is under the auspices of the Deputy Secretary for Behavioral Health within the Maryland Department of Health (MDH).¹ At inception, the program provided services for residents of the seven Behavioral Health Administration's (BHA)'s² Psychiatric Inpatient Facilities.

On July 1, 2000, by order of the Secretary of MDH, RGS expanded to provide rights advocacy for residents of the State Residential Centers (SRCs), operated by the Developmental Disabilities Administration (DDA). The policy governing the operation of the RGS in DDA facilities was finalized and distributed to the facilities by the Director of DDA on December 19, 2002. The policy outlines the procedures governing the administrative process for receiving and investigating, in a timely manner, reports of injuries, deaths, physical, sexual, or verbal abuse, and any other rights issues, in accordance with Health-General §7-1003 (g), Annotated Code of Maryland. Effective May 31, 2019, DDA Residential Centers were transferred to MDH Operations, Office of Healthcare System (HCS).

In January 2009, RGS began to provide services to the two Secured Evaluation and Therapeutic Treatment (SETT'S) Units operated by DDA. In November 2016, the two units merged into one SETT Unit, located on the grounds of Springfield Hospital Center and in 2019 the SETT Unit moved to the grounds of Potomac Center in Hagerstown, MD. The mission of the SETT Unit is to provide evaluations, assessments, and treatment to court-involved, intellectually disabled individuals, within a secure and safe environment.

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 HCS residential centers 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 conciliation 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.

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). and on May 31, 2019, the Behavioral Health Administration (BHA) facilities were transferred to MDH Operations, renamed the Office of Hospital Administration, and eventually named the MDH Office Of Healthcare System.

RGS collaboratively works with the Office of Health Care Quality, Disabilities Rights Maryland (DRM) and other stakeholders to ensure patient safety and the 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 SRC facilities and SETT Unit. They also help protect the civil rights (voting, confidentiality, etc.) of patients. RAs have satellite offices at each facility. This allows them to attend and participate in various committees and facility meetings to address patients' concerns without delay, and to 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 SRCs and SETT Unit.

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 of Rights Advisors 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 number, 1-800-747-7454. During FY 25, RGS did not receive any calls via the toll-free number.

Legal Assistance Providers

Legal Assistance Providers (LAPs) are the second tier of the patient rights program. LAPs are independent attorneys, contracted by RGS, to provide the following specific legal assistance and representation to residents within the HCS residential facilities pursuant to Annotated Code of Maryland, Health General §7-503 and §7-505:

1. **Admission Hearings** – LAPs provide representation on behalf of individuals proposed for admission to a State Residential Center (SRC). In Fiscal Year 2024, LAPs spent **259.92** hours representing individuals at **25** admission hearings. HG §7-503 requires a showing – by clear and convincing evidence – that the conclusions leading to the decision to admit an individual are supported by the following findings:
 - The individual has mental retardation.
 - The individual needs residential services for the individual's adequate habilitation; and
 - There is no less restrictive setting in which the needed services can be provided that are available to the individual or will be available to the individual within a reasonable time after the hearing.
2. **Annual Reviews** – LAPs provide representation for residents at an annual review of their status to determine whether they continue to meet retention criteria. In Fiscal Year 2024, LAPs spent **121.7** hours conducting **51** re-evaluation reviews. All **51** LAP re-evaluations agreed with the State Residential Centers' re-evaluations. HG §7-505 requires a determination of the following:
 - Whether the individual continues to meet the requirements of this subtitle for admission to an SRC;
 - Whether the services which the individual requires can be provided in a less restrictive setting;

- Whether the individual's plan of habilitation, as required by §7-1006 of this title, is adequate and suitable; and
- Whether the SRC has complied with and executed, the individual's plan of habilitation in accordance with the rules, regulations, and standards that the Secretary adopts.

3. Habeas Corpus / Petition for Release - LAPs provide representation for residents who request to apply for a Writ of Habeas Corpus or petition for release. There were **0** residents who requested to apply for a Writ of Habeas Corpus or petition for release in FY 2025.

- §7-506 Habeas Corpus - Any individual who has been admitted to an SRC, or any person on behalf of the individual, may apply at any time to a court of competent jurisdiction for a writ of habeas corpus to determine the cause and the legality of the detention.
- §7-507 Petition for Release - Subject to the limitations in this section, a petition for the release of an individual who is held under this subtitle from an SRC may be filed, at any time, by the individual or any person who has a legitimate interest in the welfare of the individual.

4. Transfer Hearings - LAPs provide representation for residents at transfer hearings. In Fiscal Year 2025, there were no transfer hearings conducted. Below are the requirements for resident transfers:

- §7-801 Authority of Director - The Director may transfer an individual with a developmental disability from a public residential program or a public day program to another public residential program or public day program, or if a private provider of services agrees to that private program. Such transfers are permitted if the Director finds that the individual with developmental disabilities can (1) receive better treatment in, or would be more likely to benefit from, treatment at the other program; or (2) the safety or welfare of other individuals with developmental disabilities would be furthered.
- §7-802 Transfer to a Mental Health Program - DDA may ask HCS to accept primary responsibility for a resident in an SRC, or an individual eligible for admission to an SRC if DDA finds that the individual would be provided for more appropriately in a program for individuals with mental disorders. HCS shall determine whether it would be appropriate to transfer the individual to a mental health program.
- A dispute over the transfer of an individual from DDA to a mental health program shall be resolved in accordance with procedures that the Deputy Secretary of Operations sets on request of HCS. The Director of HCS shall give the individual with a developmental disability the opportunity for a hearing on the proposed transfer.

CLASSIFICATION OF RIGHTS

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, a guardian 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 a resident. Once received, the RA determines an appropriate course of action for investigating the grievance, which may include (1) interviewing everyone involved; or (2) requesting documents, statements, and correspondence related to the grievance. The RA has 10 working days from receiving 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 individuals involved; 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 the right to request a review by the RRC at Stage 3A, prior to the 3B review by the facility’s 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 request has merit.

The CRC is composed of three members: Director of the RGS, the Director of Healthcare Systems (or designee) and the Medical Director of Behavioral Health Administration (or designee). 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 2025, RAs processed a total of 33 grievances. Of those grievances, 13 (39%) were resolved at Stage 1, 2 (6%) were resolved at Stage 2, 16 (49%) were resolved at Stage 3, and 2 (6%) were resolved at Stage 4.

II. Information/Assistance

Cases classified as Information/Assistance do not allege a rights violation but are contacts in which a patient is seeking information, clarification, or assistance with a concern. In Fiscal Year 2025, RAs provided Information and assistance to 132 residents, 80% of the total 165 patient contacts. The following chart lists the totals of two of the three major classifications (grievances and IA cases) for each of the three HCS residential facilities. HCS residents with developmental disabilities are not forced to take medication. Consequently, Clinical Review Panel (CRPs) are not held in HCS residential facilities.

AGGREGATE MAJOR CLASSIFICATIONS BY FACILITY

<i>Facility</i>	<i>Grievances</i>	<i>Information Assistance</i>	<i>Facility Totals</i>
Holly Center	16	77	93
Potomac Center	10	31	41
SETT	7	24	31
Activity Total	33	132	165

III. Rights Categories

All patients are entitled to certain rights guaranteed by, and explained in, Health-General Article of Maryland's Annotated Code, 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 constitutions, statutes, regulations, common law, or policies of the Department, Operation's Healthcare System, Behavioral Health Administration, and the facility, 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, body 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 with 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 (1) the patient can benefit from or receive better care or treatment at another facility; or (2) 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. In the event of an emergency transfer, 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.

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 and 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, or 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 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.
- 13. Other Rights** – Patients have the right to seek assistance, either from a LAP 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 the staff's neglect. RAs inform all victims 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 and the Director of RGS.

16. No Rights Involved – This category is for cases that do not involve a rights violation. Depending on the alleged rights violation, grievances and IAs can be assigned to any one of the major sixteen rights categories. Listed below in charts A-B are the number of grievances and IA cases for each HCS residential facility that fell into each of the sixteen rights categories described above

Chart A – FY 2025 Grievances

Rights Category	Holly Center	Potomac Center	SETT
ABUSE	4	8	4
ADMISSION / DISCHARGE / TRANSFER	0	0	0
CIVIL RIGHTS	0	1	2
COMMUNICATION / VISITS	0	0	0
CONFIDENTIALITY	0	0	0
ENVIRONMENTAL	2	1	0
FREEDOM OF MOVEMENT	1	0	0
MONEY	0	0	0
NEGLECT	9	0	0
PERSONAL PROPERTY	0	0	0
RIGHTS PROTECTION SYSTEM – RGS	0	0	0
TREATMENT RIGHTS/REVIEWS	0	0	1
OTHER	0	0	0
NO RIGHTS INVOLVED	0	0	0
RESIDENT TO RESIDENT ASSAULT	0	0	0
DEATH	0	0	0
TOTAL	16	10	7

Chart A lists the total grievances assigned to each of the 16 rights categories by facility.

Chart B – FY 2025 Information/Assistance

Rights Category	Holly Center	Potomac Center	SETT
ABUSE	0	1	4
ADMISSION / DISCHARGE / TRANSFER	0	0	0
CIVIL RIGHTS	0	1	1
COMMUNICATION / VISITS	0	0	0
CONFIDENTIALITY	0	0	0
ENVIRONMENTAL	2	0	0
FREEDOM OF MOVEMENT	0	16	10
MONEY	0	1	0
NEGLECT	0	0	0
PERSONAL PROPERTY	0	0	0
RIGHTS PROTECTION SYSTEM – RGS	3	2	0
TREATMENT RIGHTS/REVIEWS	63	1	3
OTHER	1	0	0
NO RIGHTS INVOLVED	0	9	6
RESIDENT TO RESIDENT ASSAULT	1	0	0
DEATH	7	0	0
TOTAL	77	31	24

Chart B lists the total IA cases assigned to each of the 16 rights categories by facility.

ANNUAL DATA – GRIEVANCES AND IA CASES

Chart C below depicts the total grievances and IA cases for all three residential facilities combined. As stated earlier, residents with developmental disabilities are not forced to take medication and as a result, CRPs are not held in these facilities. Consequently, only grievances and IA cases are reported. The total number of grievances and IA cases 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 total cases for the two major classifications – grievances and IAs – across five years (2021 - 2025).

Annual Data 2021 - 2025

YEAR	2021	2022	2023	2024	2025
Grievances	136	33	20	70	33
IAs	703	245	256	186	132
Totals	839	278	276	256	165

The annual data demonstrates a significant pattern of fluctuation in patient complaints, IA cases, and total patient contacts over the five-year period. FY21 indicates significant patient dissatisfaction. The following fiscal years (FY22 -FY25) saw drastic decreases in all three areas. Patient grievances and patient contacts can decline for several reasons: improved satisfaction, RGS staff turnovers, proactive

quality improvements by healthcare providers, barriers that prevent patients from filing complaints or contacting the Rights Advisors and underreporting complaints and patient contacts. Understanding the difference is critical, as a decrease due to barriers indicates problems with ease of filing a complaint, patient reluctance to formally complain, or fear of retaliation, and not improved care. Nor does underreporting indicate improved satisfaction. A regular review and analysis of complaint data, along with patient feedback will help clarify the reason for the decrease in grievances and overall patient contacts

PART II: FACILITY DATA – FY 2024

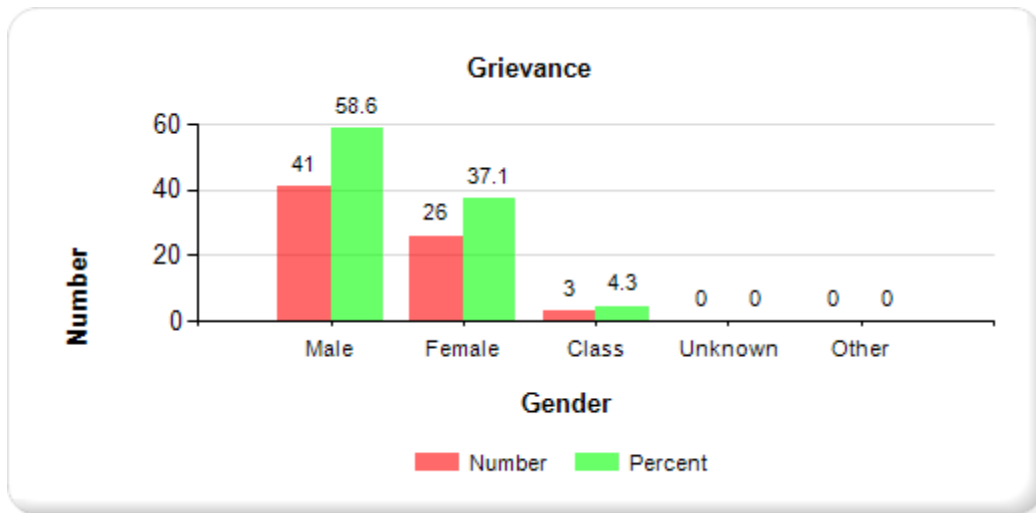
This section provides facility data for each of the three HCS residential facilities for the two major types of patient interactions – grievances and IAs. The major interactions are, in turn, reported by data and percentages within three demographic categories – gender, age group, and race. The numbers and percentages for each category are listed on the next page in a chart, followed by a set of graphs. The first chart in each section reports aggregate information for all facilities. Data for the individual facilities are then listed. The charts and graphs provide valuable information regarding the “number” 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.

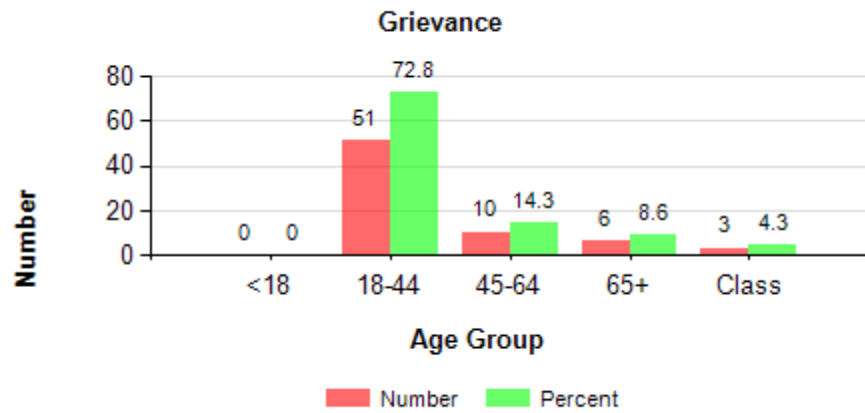
SECTION A: GRIEVANCE DATA - FY 2024
MDH Healthcare System Residential Centers and SETT Unit
Aggregate Grievance Cases by Gender, Age Group, and Race

Gender	#	%	AGE	#	%	RACE	#	%
Male	41	58.6	<18	0	0	African American	36	51.4
Female	26	37.1	18-44	51	72.8	Caucasian	27	38.6
			45-64	10	14.3	Asian	0	0
			65+	6	8.6	Hispanic	0	0
						Native American	0	0
Class	3	4.3	Class	3	4.3	Class	3	4.3
Unknown	0	0	Unknown	0	0	Unknown	4	5.7
Other	0	0	Other	0	0	Other	0	0
Total	70	100	Total	70	100	Total	70	100

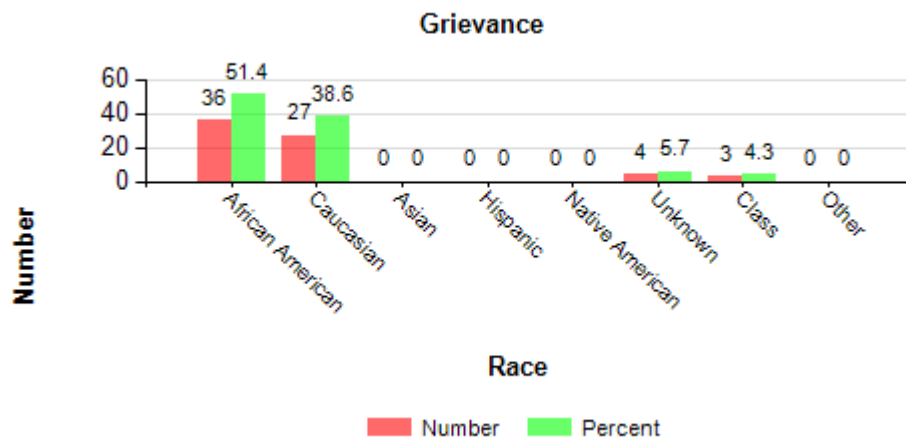
Chart 1: During FY 24, there were a total of 70 grievances for the two HCS Residential Centers and the Secure Evaluation and Therapeutic Treatment (SETT) Unit.



Graph 1A: HCS aggregates DDA grievance data (n =70) by gender.



Graph 1B: HCS aggregate DDA grievance data (n =70) by age.



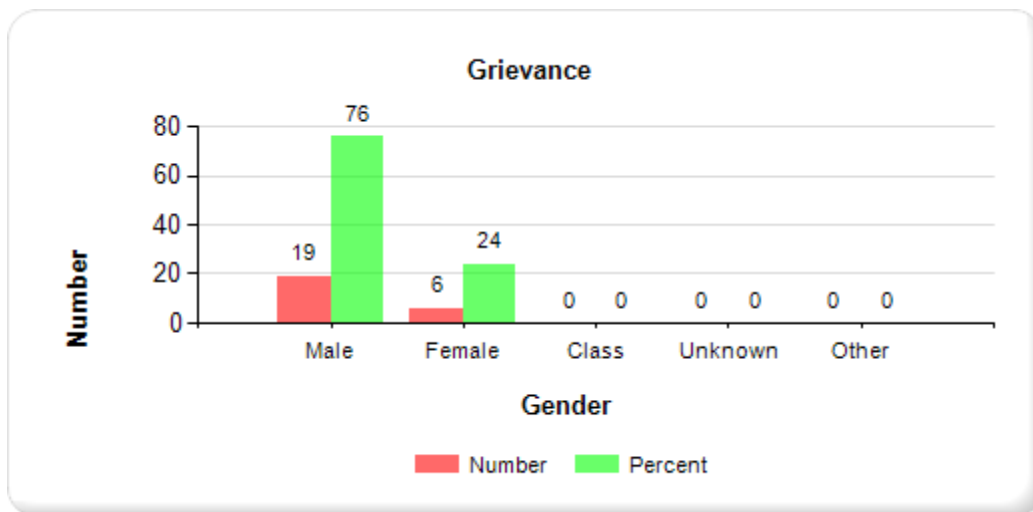
Graph 1C: HCS aggregate DDA grievance data (n =70) by race.

Holly Center

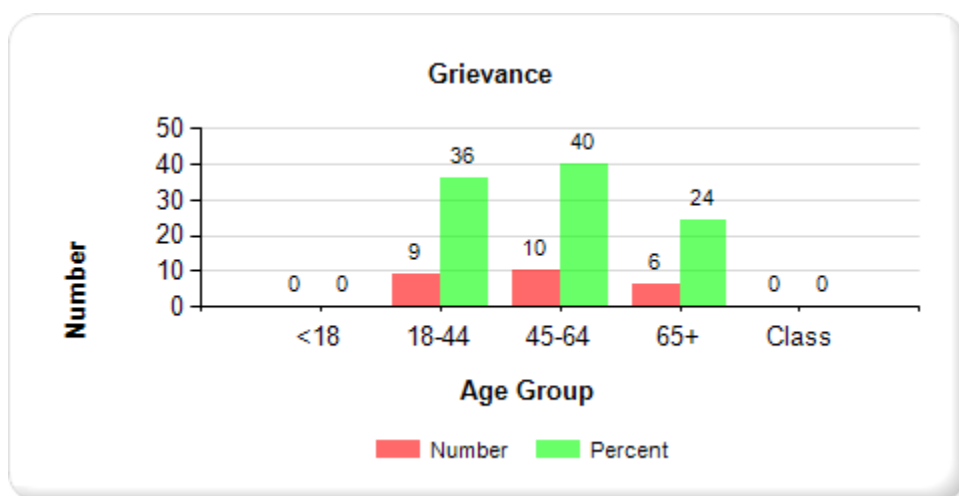
Grievance Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	19	76	<18	0	0	African American	4	16
Female	6	24	18-44	9	36	Caucasian	21	84
			45-64	10	40	Asian	0	0
			65+	6	24	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Other	0	0	Other	0	0	Other	0	0
Total	25	100	Total	25	100	Total	25	100

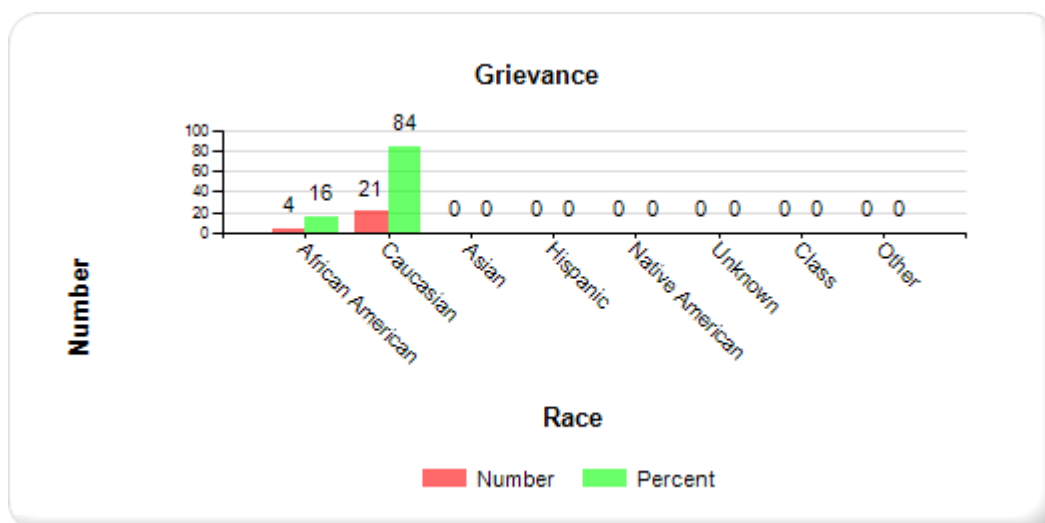
Chart 2: During FY 24, Holly Center had a total of 25 grievance.



Graph 2A: Holly Center grievance data (n=25) by gender.



Graph 2B: Holly Center grievance data (n=25) by gender.



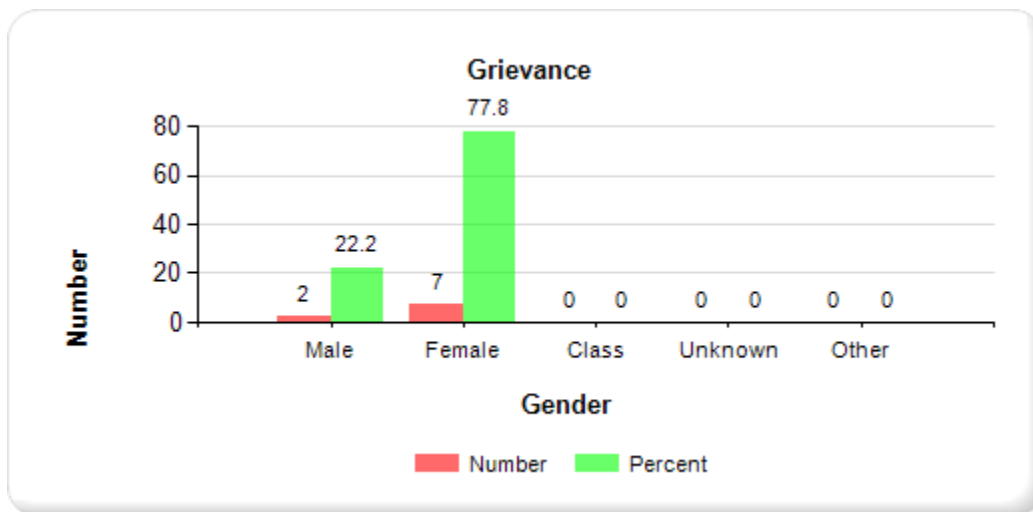
Graph 2C: Holly Center grievance data (n=25) by race.

Potomac Center

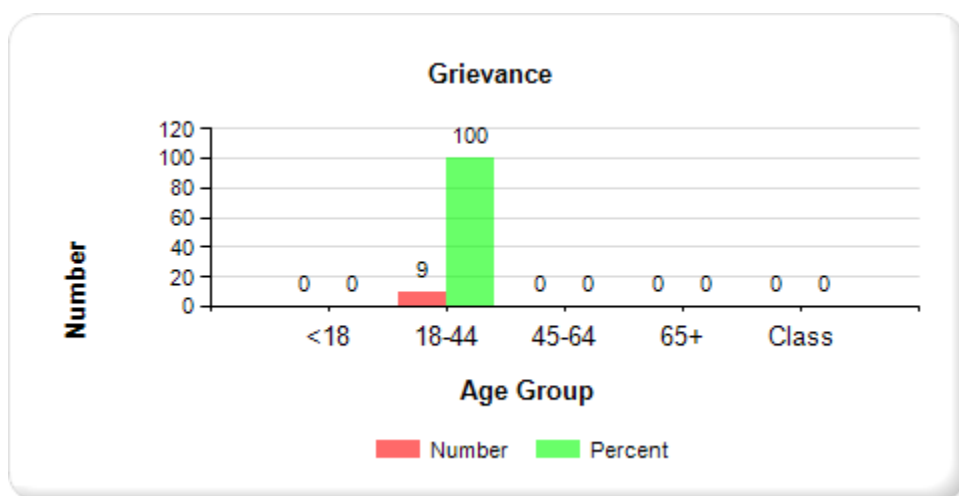
Grievance Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	2	22.2	<18	0	0.0	African American	5	55.6
Female	7	77.8	18-44	9	100.0	Caucasian	3	33.3
			45-64	0	0.0	Asian	0	0
			65+	0	0.0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Unknown	0	0	Unknown	0	0	Unknown	1	11.1
Other	0	0	Other	0	0	Other	0	0
Total	9	100	Total	9	100	Total	9	100

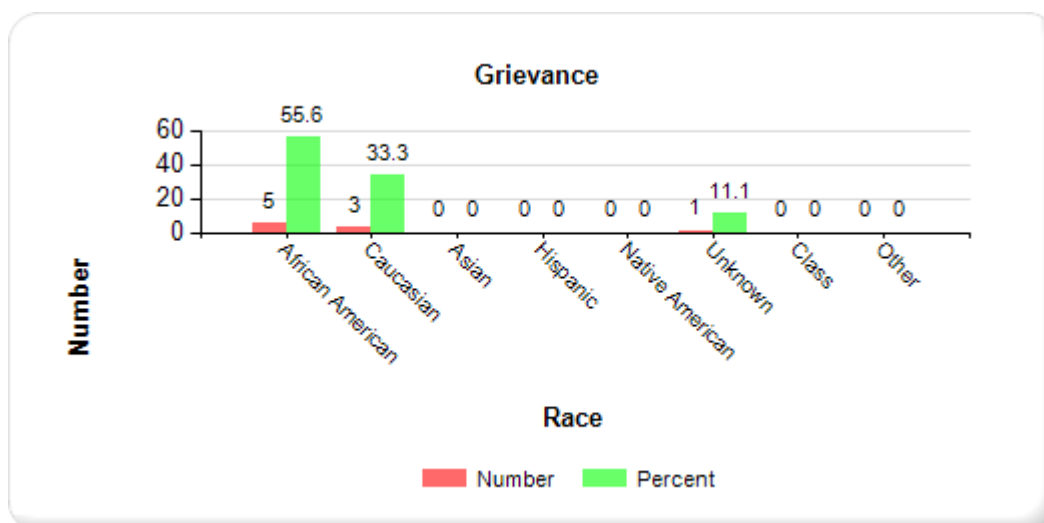
Chart 3: During FY 24, Potomac Center had a total of 9 grievances.



Graph 3A: Potomac Center grievance data (n=9) by gender.



Graph 3B: Potomac Center grievance data (n=9) by age.



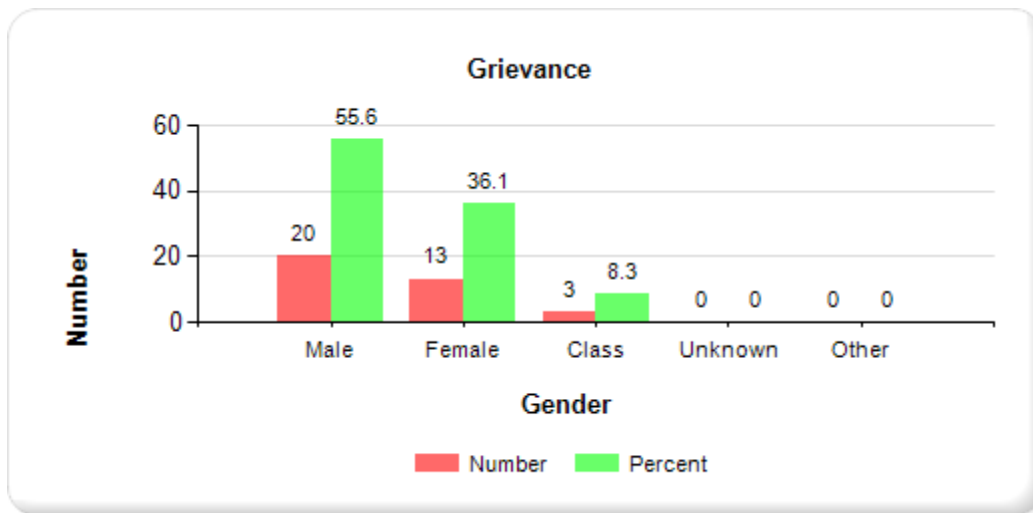
Graph 3C: Potomac Center grievance data (n=9) by race.

Secure Evaluation and Therapeutic Treatment (SETT) - Potomac

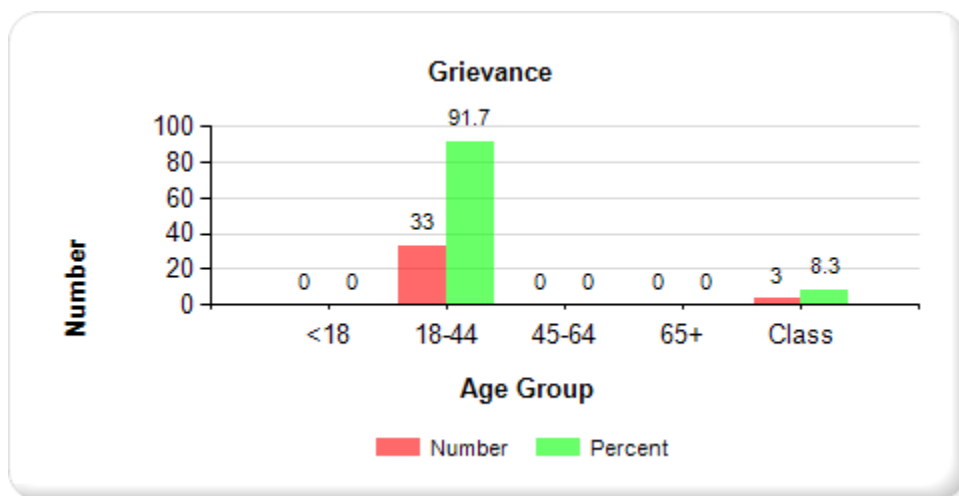
Grievance Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	20	55.6	<18	0	0.0	African American	27	75.1
Female	13	36.1	18-44	33	91.7	Caucasian	3	8.3
			45-64	0	0.0	Asian	0	0
			65+	0	0.0	Hispanic	0	0
						Native American	0	0
Class	3	8.3	Class	3	8.3	Class	3	8.3
Unknown	0	0	Unknown	0	0	Unknown	3	8.3
Other	0	0	Other	0	0	Other	0	0
Total	36	100	Total	36	100	Total	36	100

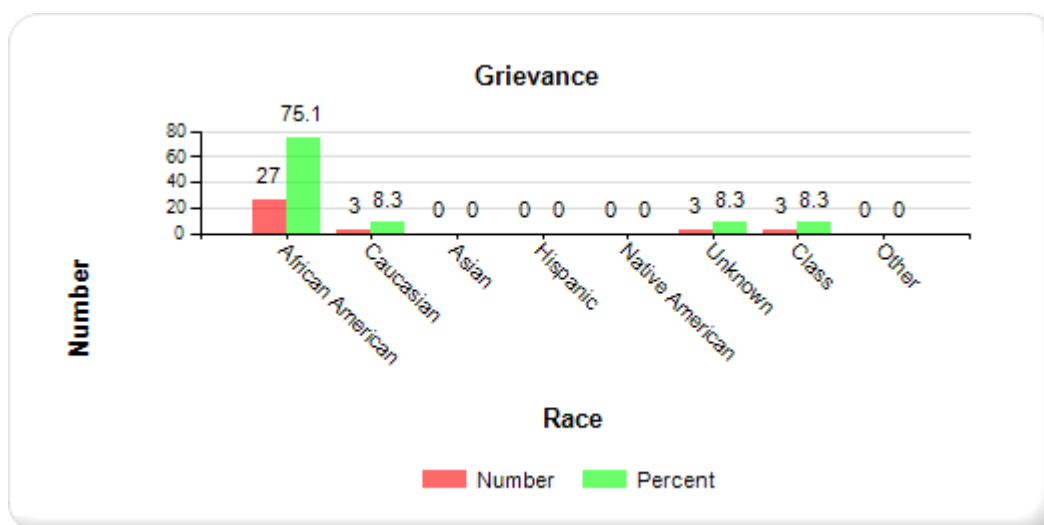
Chart 4: During FY 24, SETT Potomac had a total of 36 grievances.



Graph 4A: SETT Potomac grievance data (n=36) by gender



Graph 4B: SETT grievance data (n=36) by age.



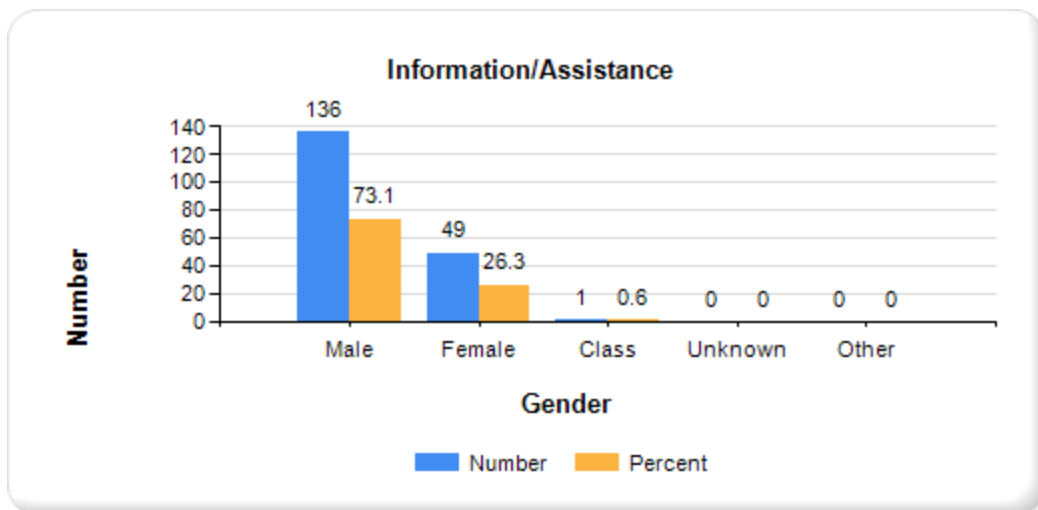
Graph 4C: SETT Potomac grievance data (n=36) by race.

SECTION B
MDH Healthcare System Residential Centers and SETT Unit
INFORMATION AND ASSISTANCE (IA) DATA - FY 2024

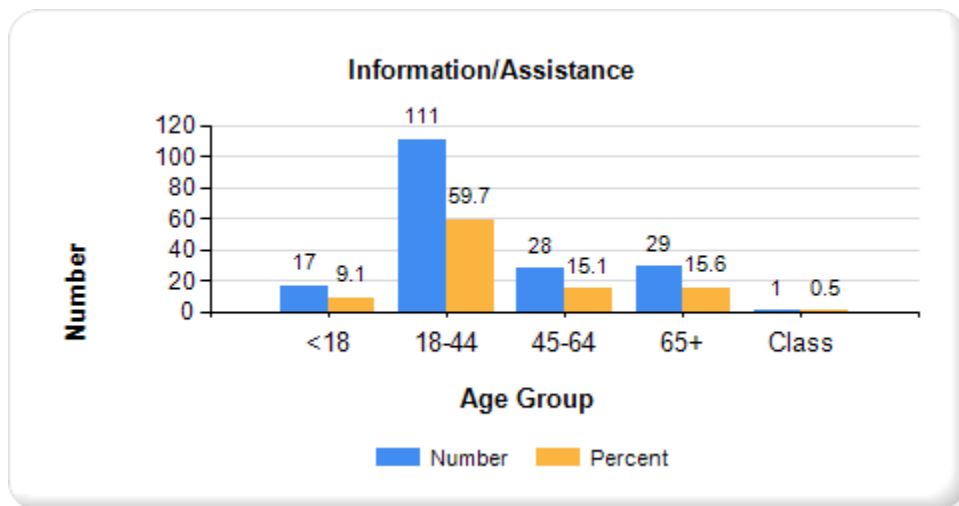
IA Cases by Gender, Age Group, and Race – DDA

SEX	#	%	AGE	#	%	RACE	#	%
Male	136	73.1	<18	17	9.1	African American	88	47.3
Female	49	26.3	18-44	111	59.7	Caucasian	81	43.6
			45-64	28	15.1	Asian	0	0
			65+	29	15.6	Hispanic	0	0
						Native American	0	0
Class	1	0.6	Class	1	0.5	Class	1	0.5
Unknown	0	0	Unknown	0	0	Unknown	12	6.4
Other	0	0	Other	0	0	Other	4	2.2
Total	186	100	Total	186	100	Total	186	100

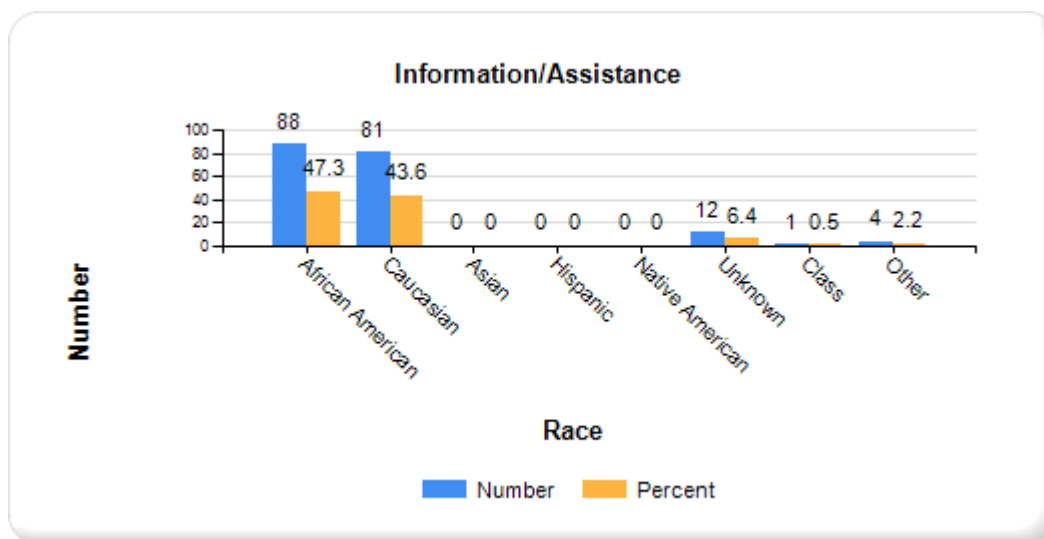
Chart 5: During FY 24, HCS facilities had a total of 186 IA cases for the two DDA Residential Centers and the Secure Evaluation and Therapeutic Treatment (SETT) Unit.



Graph 5A: HCS aggregate DDA IA data (n=186) by gender.



Graph 5B HCS aggregate DDA IA data (n=186) by age.



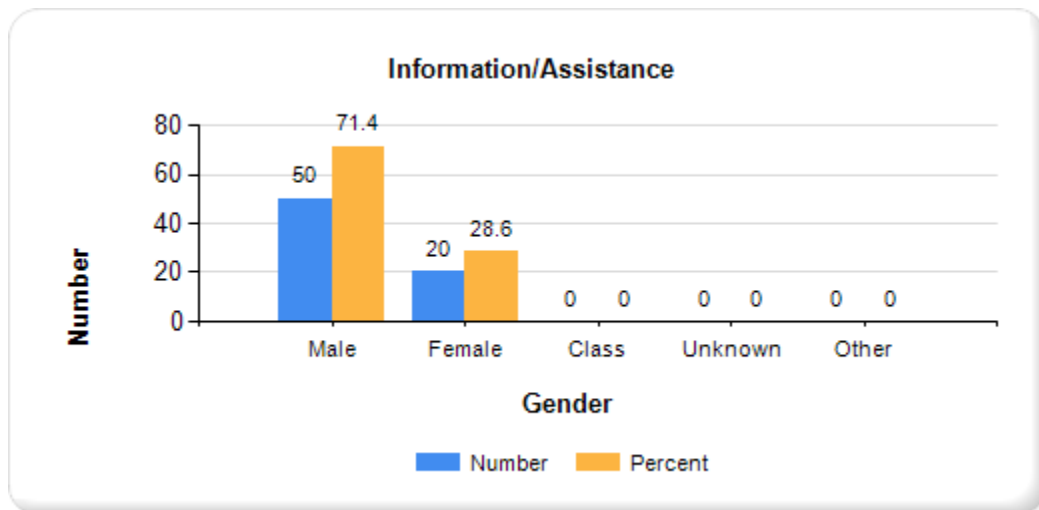
Graph 5C: HCS aggregate DDA IA data (n=186) by race

Holly Center

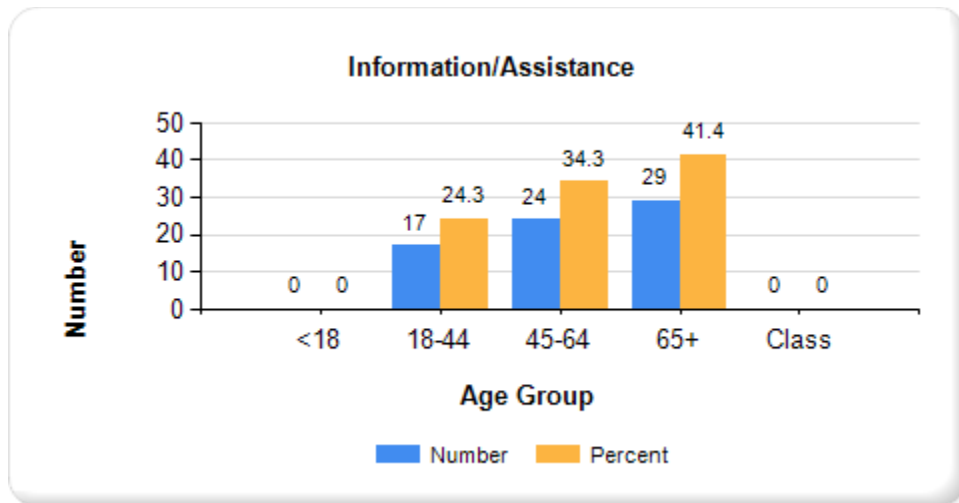
IA Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	50	71.4	<18	0	0.0	African American	23	32.9
Female	20	28.6	18-44	17	24.3	Caucasian	47	67.1
			45-64	24	34.3	Asian	0	0
			65+	29	41.4	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Other	0	0	Other	0	0	Other	0	0
Total	70	100	Total	70	100	Total	70	100

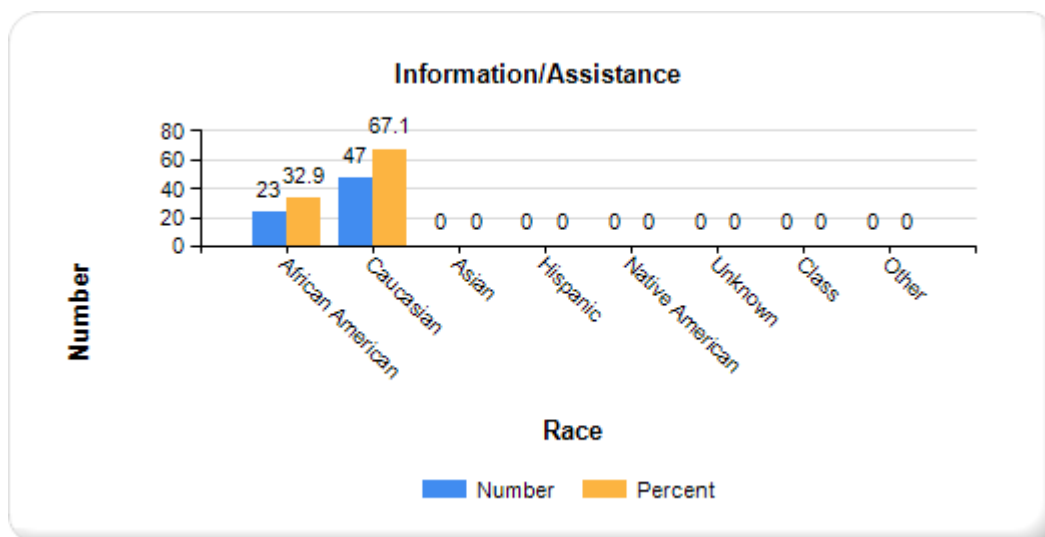
Chart 6: During FY 24, Holly Center had a total of 70 IA cases.



Graph 6A: Holly Center IA data (n=70) by gender.



Graph 6B: Holly Center IA data (n=70) by age.



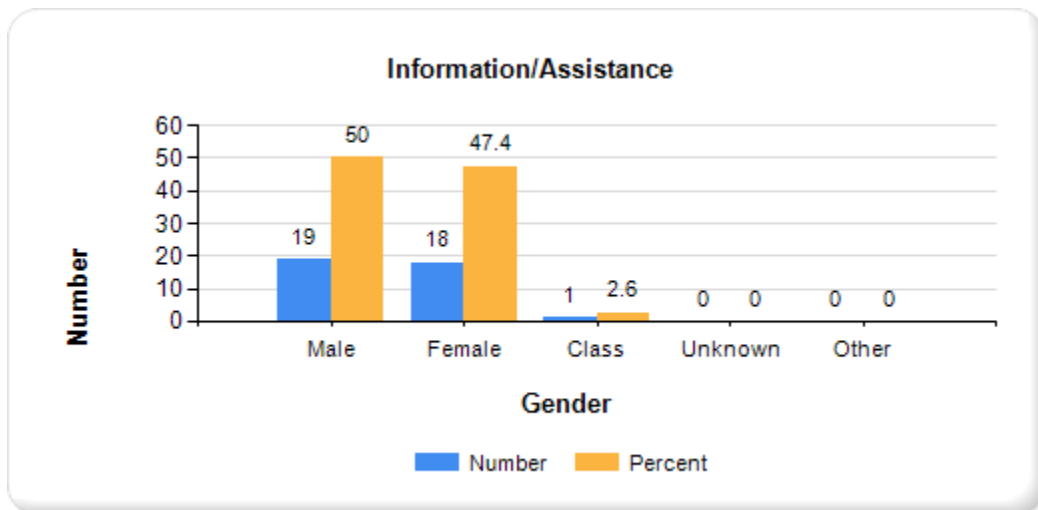
Graph 6C: Holly Center IA data (n=70) by race.

Potomac Center

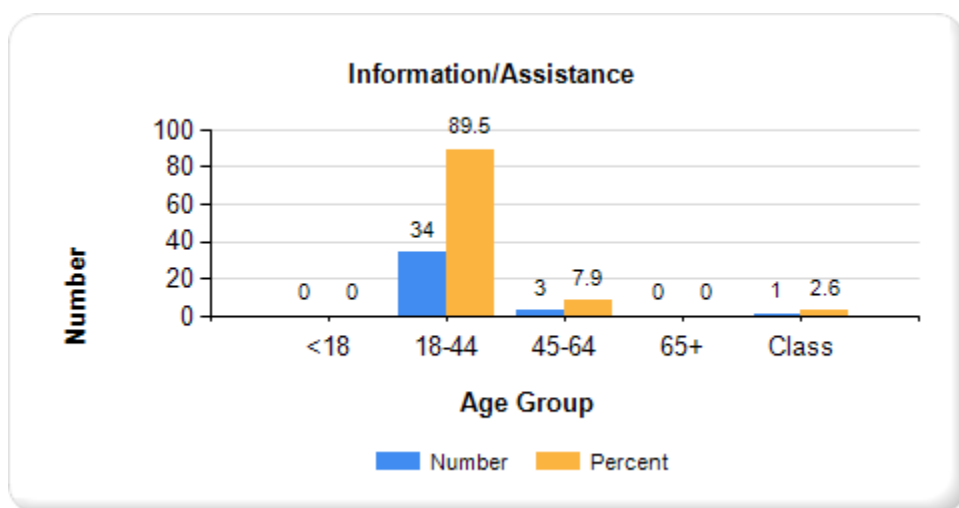
IA Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	19	50	<18	0	0	African American	18	47.4
Female	18	47.4	18-44	34	89.5	Caucasian	15	39.5
			45-64	3	7.9	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	1	2.6	Class	1	2.6	Class	1	2.6
Unknown	0	0	Unknown	0	0	Unknown	4	10.5
Other	0	0	Other	0	0	Other		
Total	38	100	Total	38	100	Total	38	100

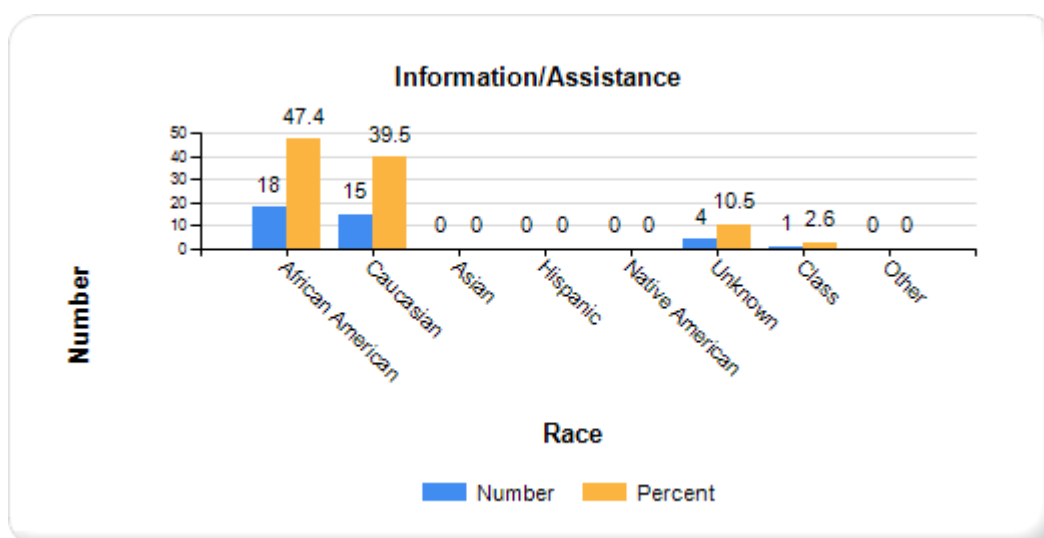
Chart 7: During FY 24, Potomac Center had a total of 38 IA cases.



Graph 7A: Potomac Center IA data (n=38) by gender.



Graph 7B: Potomac Center IA data (n=38) by age.



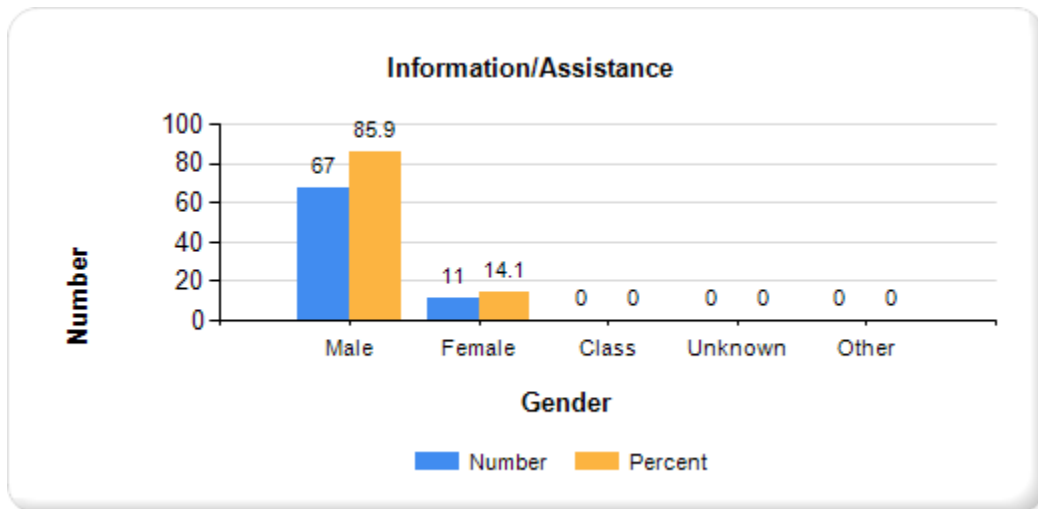
Graph 7C: Potomac Center IA data (n=38) by race.

Secure Evaluation and Therapeutic Treatment (SETT) - Potomac

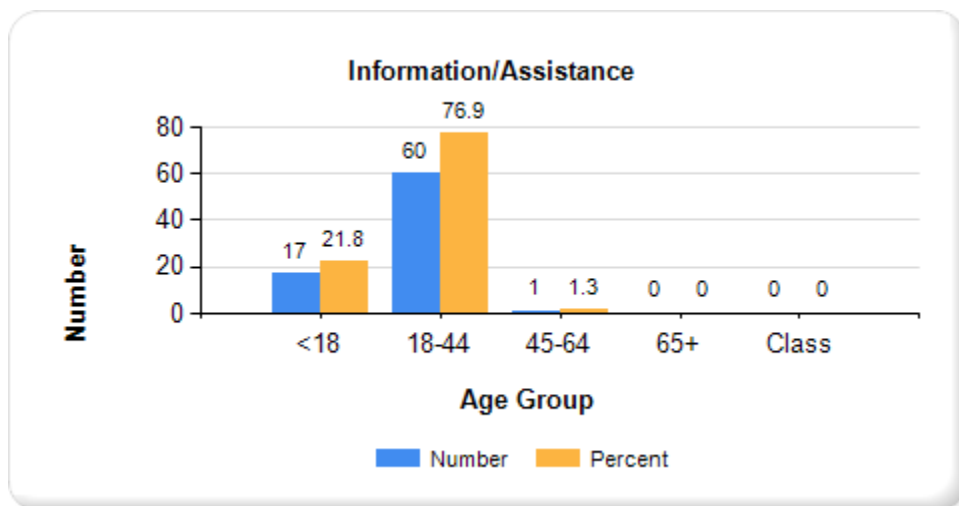
IA Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	67	85.9	<18	17	21.8	African American	47	60.2
Female	11	14.1	18-44	60	76.9	Caucasian	19	24.4
			45-64	1	1.3	Asian	0	0
			65+	0	0.0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Unknown	0	0	Unknown	0	0	Unknown	8	10.3
Other	0	0	Other	0	0	Other	4	5.1
Total	78	100	Total	78	100	Total	78	100

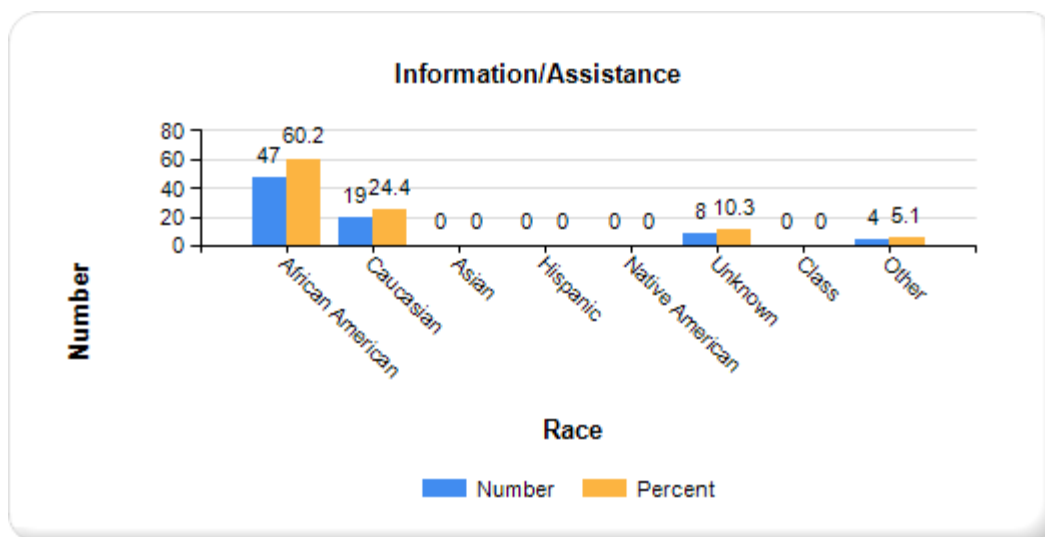
Chart 8: During FY 24, SETT Potomac had a total of 78 IA cases.



Graph 8A: SETT Potomac IA data (n=78) by gender.



Graph 8B: SETT Potomac IA data (n=78) by age.



Graph 8C: SETT Potomac IA data (n=78) by race.

RESIDENT GRIEVANCE SYSTEM

**Rhonda Callum, Director
201 West Preston Street, Room 427-A
Baltimore, Maryland 21201
1-800-747-7454**