Maryland
DEPARTMENT OF HEALTH

RESIDENT GRIEVANCE SYSTEM

Psychiatric Inpatient and Residential Facilities

Fiscal Year 2025

Health General Article §10–908

MDH Healthcare System

RESIDENT GRIEVANCE SYSTEM

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Psychiatric Inpatient Facilities
Fiscal Year 2025

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PART I

RESIDENT GRIEVANCE SYSTEM
MDH Healthcare System
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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 MDH Healthcare Systems (HCS)[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 HCS 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) Unit[3].

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 MDH-HCS 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 the MDH-HCS 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

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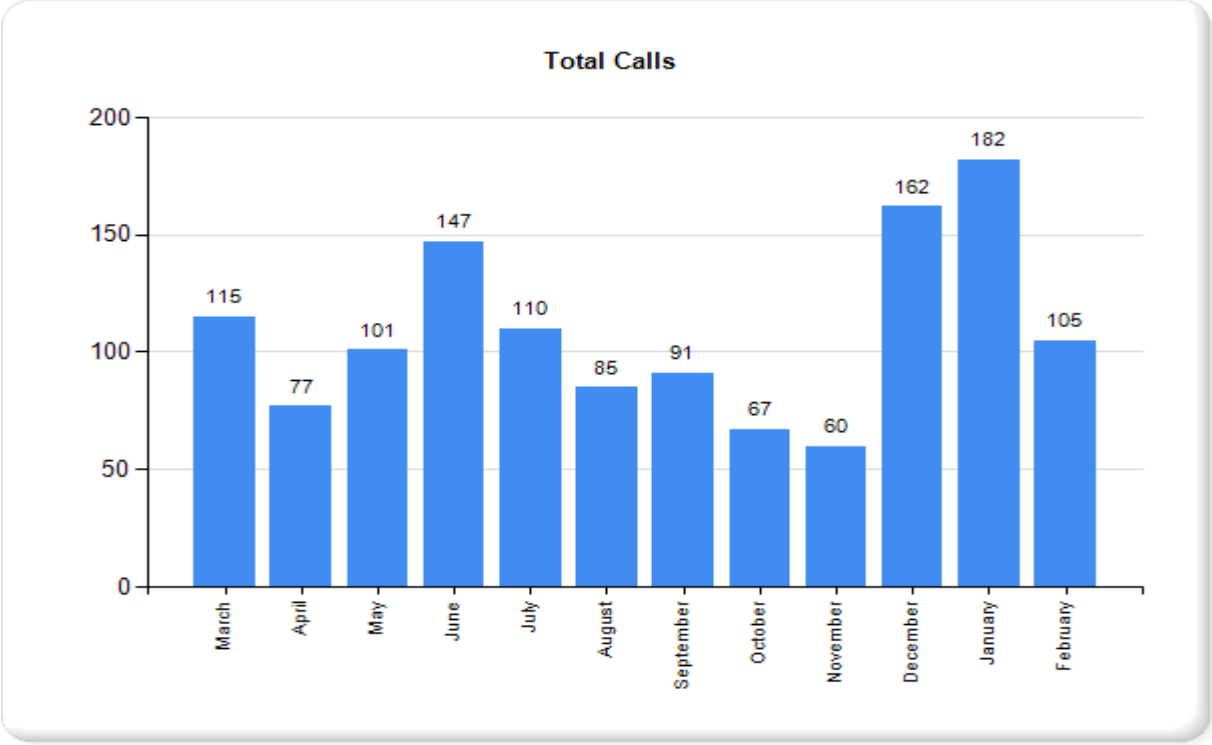
[1] *Effective July 1, 2017, the Department of Health and Mental Hygiene was renamed to the Maryland Department of Health (MDH).*

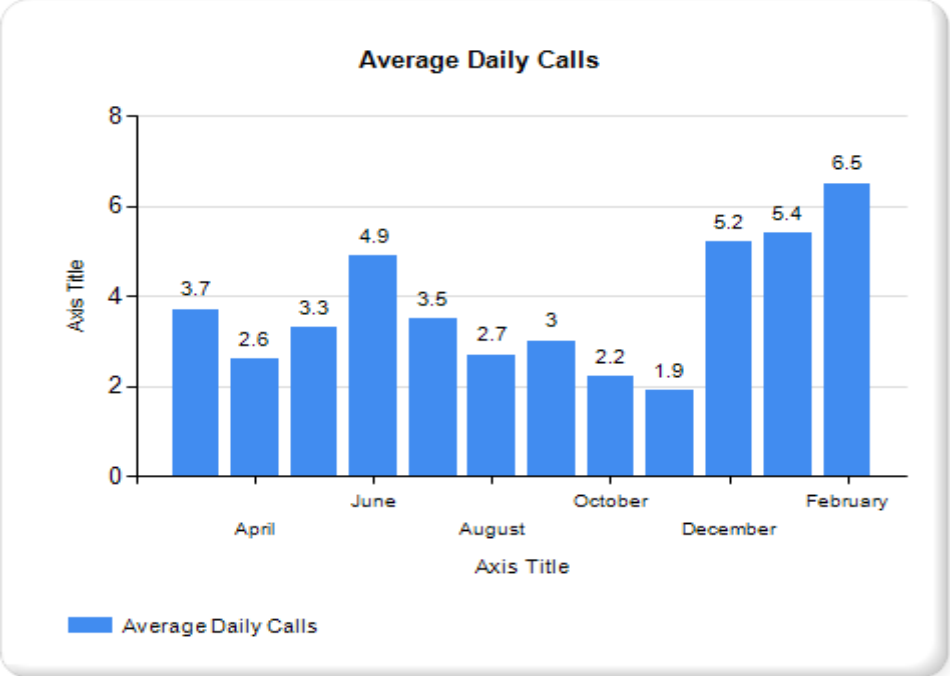
[2] *Effective July 1, 2014, the Mental Hygiene Administration and Alcohol and Drug Abuse Administration combined to become the Behavioral Health Administration (BHA).and on May 31, 2019, the Behavioral Health Administration (BHA) facilities were transferred to MDH Operations, renamed the Office of Hospital Administration, and eventually named the MDH Office Of Healthcare Systems.*

[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.*

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 number, 1-800-747-7454. During FY 25, RGS received a total of 1,302 calls via the toll-free number.



Total calls received from the toll-free number by the month for FY 2025



The average daily calls per month received from the toll-free number for FY 2025

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.

Another service the LAP provides is the representation of residents in obtaining benefits and entitlements. Following admission to a HCS 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 HCS 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 residents. These benefits and entitlements are provided for residents to obtain community services necessary for discharge.

In fiscal year 2025, the LAPs represented patients at 84 Clinical Review Panel Administrative Appeals, 6 Emergency Transfer Hearings, 34 Rights Issues, 1 entitlement case, and 0 Habeas Corpus/Petition for Release cases. The LAPs conducted 40 Legal Case Reviews, and 25 Quarterly Informational Meetings. In total, the LAPs provided 1491.21 hours of services for patients. There were 5 LAP referrals for General Civil Claims and 1 referral for entitlement benefits (Community Waiver) with 0 lump sum and monthly benefits awarded.

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, Office of Healthcare System, 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, IA, and CRPs. Additionally, RGS sorts each case into one of 16 major rights categories for purposes of data collection.

Facility	***Grievances***	***Information Assistance***	***Clinical Review Panel***	***Facility Total***
Clifton T. Perkins Hospital Center	135	357	77	**569**
Eastern Shore Hospital Center	5	115	33	**153**
RICA – Baltimore	9	40	0	**49**
RICA - Rockville	14	51	0	**65**
Spring Grove Hospital Center	47	876	71	**994**
Springfield Hospital Center	62	467	74	**603**
Thomas B. Finan Center	8	40	13	**61**
Activity Total =	**280**	**1946**	**268**	**2494**

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 a 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, the 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 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. *October 2024, RGS submitted emergency revised regulations to include HB121/SB08 approved regulation. The revision omitted Stage 3A and was posted for public comment. Currently, they have not been approved.*

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. 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, Director of Healthcare System (or designee), and the Medical Director of the 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 280 grievances. Of those grievances, 113 (40%) were resolved at Stage One, 34 (12%) were resolved at Stage Two, 100 (36%) were resolved at Stage Three, and 33 (12%) were resolved at Stage Four.

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 except in an emergency, by order of a physician, where the individual presents a danger to self or others.

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 2025, a total of **268** CRPs were held.

Facility	*Clinical Review Panel*
Clifton T. Perkins Hospital Center	77
Eastern Shore Hospital Center	33
Spring Grove Hospital Center	71
Springfield Hospital Center	74
Thomas B. Finan Center	13
Activity Total =	**268**

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 2025, Rights Advisors provided Information/Assistance for 1946 patients, 78% of the total 2494 patient contacts. All patient contacts are documented in the RGS database.

IV. Rights Categories

All patients are entitled to certain rights guaranteed by, and explained in, Health-General (HG) 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 those rights stipulated in HG and 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 with 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, including a long-term discharge goal(s) and an estimate of the probable length of inpatient stay the individual requires before transfer to a less restrictive or intensive treatment setting;
    - 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.

Grievances and IAs are assigned to one of the major sixteen rights categories listed above. CRPs are listed as a major classification but cannot be divided into all sixteen rights categories. They *only address* one of the major sixteen rights categories – Treatment Rights; 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. The following charts (A&B) list the breakdown of grievances and IA cases by facility and 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	1	15	7	12	27	38
ADMISSION / DISCHARGE / TRANSFER	0	0	1	0	0	0	0
CIVIL RIGHTS	1	1	38	2	1	17	5
COMMUNICATION / VISITS	0	0	1	0	0	1	0
CONFIDENTIALITY	0	1	2	0	0	0	1
ENVIRONMENTAL	2	0	18	0	0	5	0
FREEDOM OF MOVEMENT	0	0	10	0	0	0	0
MONEY	0	0	3	0	0	1	0
NEGLECT	0	0	5	0	0	0	0
PERSONAL PROPERTY	0	1	4	0	0	1	1
RIGHTS PROTECTION SYSTEM – RGS	0	0	1	0	0	0	0
TREATMENT RIGHTS	0	3	36	0	1	9	1
OTHER	0	0	1	0	0	1	0
NO RIGHTS INVOLVED	0	1	0	0	0	0	0
RESIDENT TO RESIDENT ASSAULT	0	0	0	0	0	0	1
DEATH	0	0	0	0	0	0	0
TOTAL	**5**	**8**	**135**	**9**	**14**	**62**	**47**

Chart B - Information/Assistance

RIGHTS CATEGORIES	EASTERN SHORE HOSPITAL	THOMAS B. FINAN HOSPITAL	CLIFTON T. PERKINS HOSPITAL	RICA BALTIMORE	RICA ROCKVILLE	SPRINGFIELD HOSPITAL	SPRING GROVE HOSPITAL
ABUSE	29	6	4	1	3	8	1
ADMISSION /DISCHARGE/ TRANSFER	1	0	8	0	22	32	30
CIVIL RIGHTS	5	2	8	4	2	16	57
COMMUNICATION / VISITS	2	8	6	0	0	9	94
CONFIDENTIALITY	0	0	3	0	0	3	6
ENVIRONMENTAL	12	1	9	3	7	44	145
FREEDOM OF MOVEMENT	5	0	5	4	0	8	59
MONEY	0	0	2	1	0	10	10
NEGLECT	0	0	0	0	0	0	0
PERSONAL PROPERTY	1	0	3	1	1	3	28
RIGHTS PROTECTION SYSTEM	4	2	13	0	0	35	10
TREATMENT RIGHTS	5	2	11	1	0	31	128
OTHER	22	8	4	0	0	26	11
NO RIGHTS INVOLVED	21	9	136	8	9	54	42
RESIDENT TO RESIDENT ASSAULT	8	1	145	17	7	188	254
DEATH	0	1	0	0	0	0	1
TOTAL	**115**	**40**	**357**	**40**	**51**	**467**	**876**

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 HCS 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 for total grievance, IA, and CRP cases across a five-year span (2021-2025).

Annual Data 2021 – 2025

YEAR	2021	2022	2023	2024	2025
Grievances	246	208	250	291	**280**
IAs	1842	1600	1791	1608	**1946**
CRPs	288	292	285	299	**268**
Total	2376	2100	2326	2198	2494

Chart C: The data indicates a fluctuating pattern in the number of grievances, IA cases and CRPs. Based on the patient contact data provided there is a notable instability in the data that suggests a need for further investigation into possible factors that contribute to increases and decreases over the 5-year period. These factors can range from patient dissatisfaction to inconsistent reporting by RAs, to improved patient staff engagement.

PART II
FACILITY DATA
FISCAL YEAR 2025

This section provides facility data for each of the HCS 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 reports aggregate information for all HCS 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. Class action cases cannot be assigned to any gender, age group, or race.

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

The second section 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.

The third section reports CRP data by gender, age group, and race. The aggregate number of CRPs conducted for all the adult HCS 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 2025

MDH Healthcare System (HCS) Aggregate Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	171	61.1	<18	29	10.4	African American	174	62.2
Female	88	31.4	18-44	149	53.2	Caucasian	68	24.3
			45-64	73	26.1	Asian	1	0.4
			65+	9	3.2	Hispanic	11	3.9
						Native American	0	0
Class	20	7.1	Class	20	7.1	Class	20	7.1
Other	1	0.4	Other	0	0	Other	6	2.1
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**280**	**100**	**Total**	**280**	**100**	**Total**	**280**	**100**

Chart 1: During FY 25, the seven (7) HCS inpatient hospitals had a total of 280 grievances.
Graphs 1A-1C represent HCS aggregate grievance data

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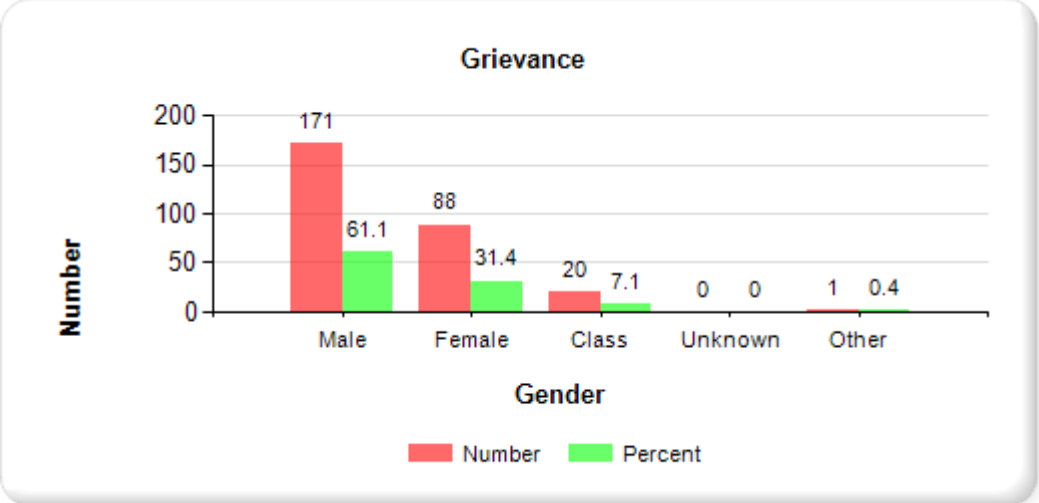
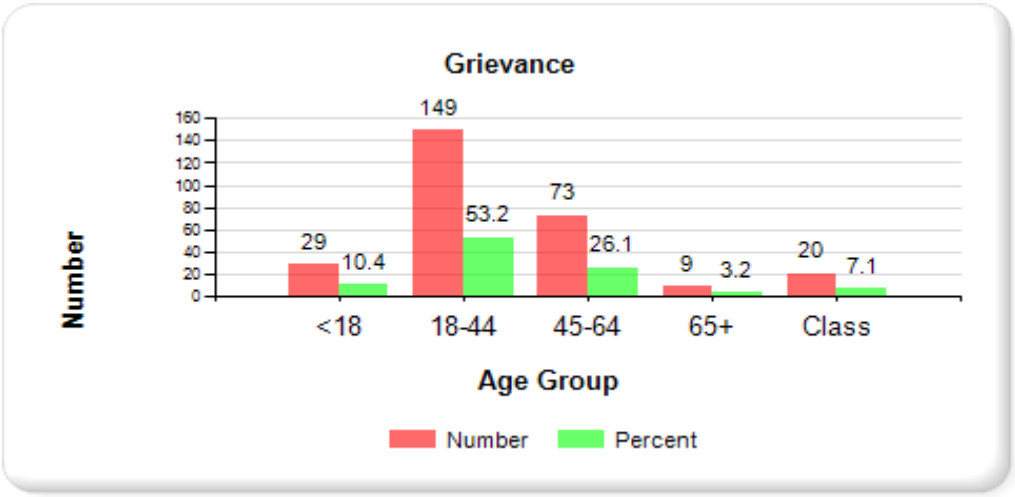
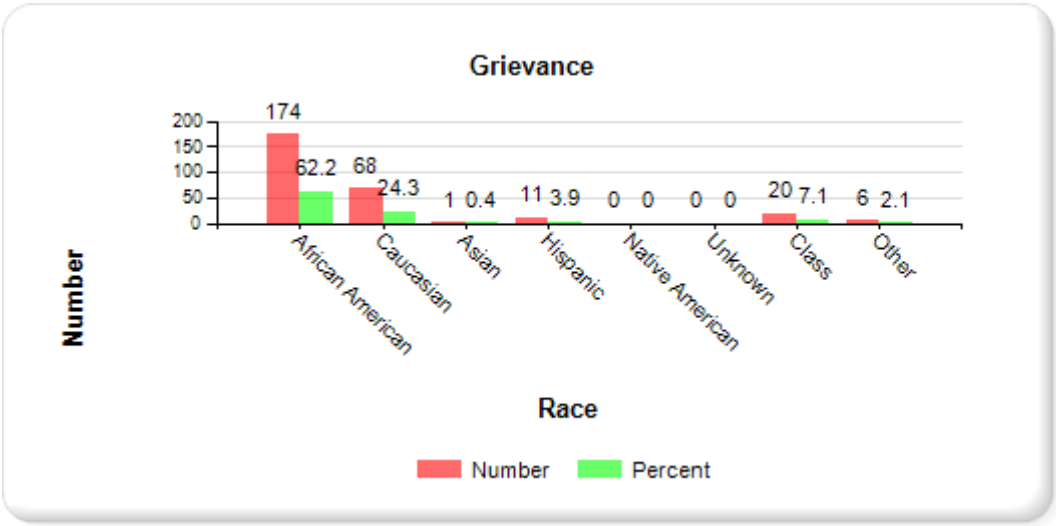


Graph 1A: Grievances by Gender



Graph 1B: Grievances by age.



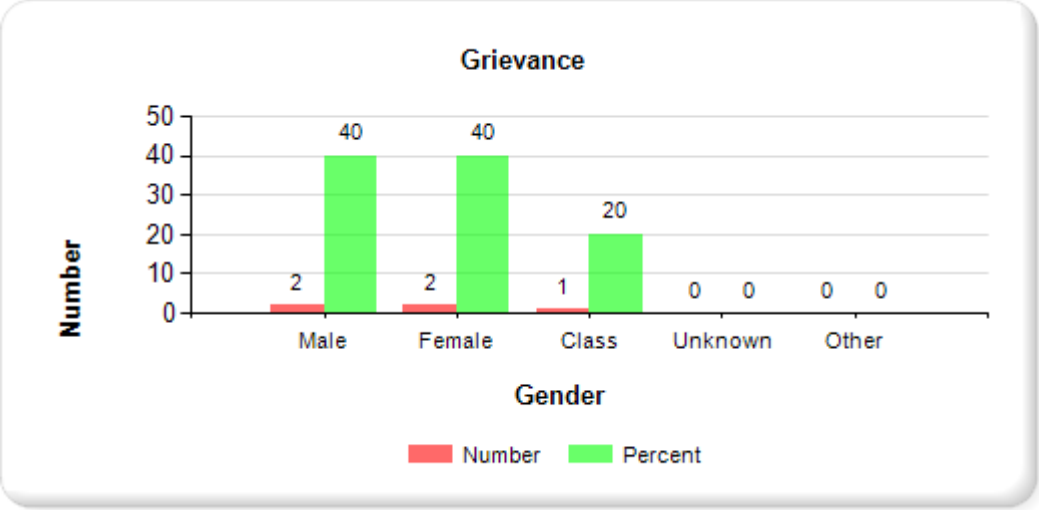
Graph 1C: Grievances by race.

Eastern Shore Hospital Center (ESHC)

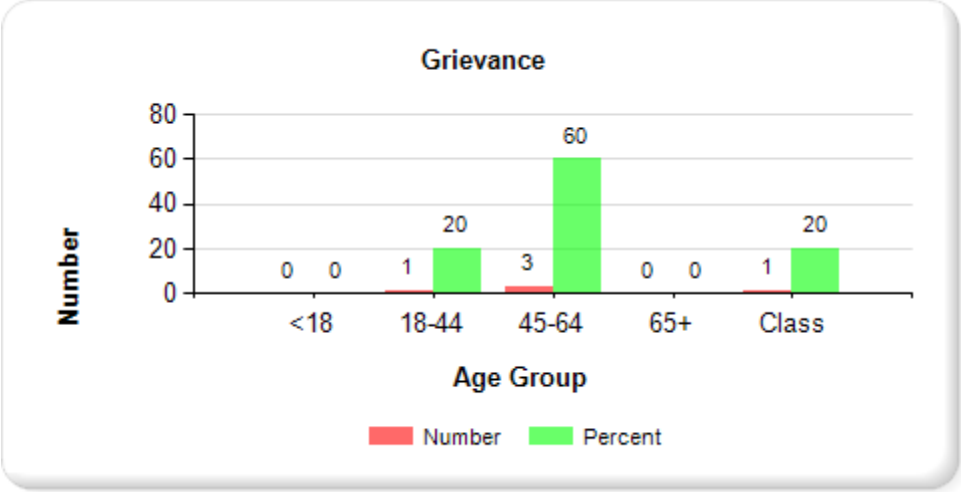
Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	2	40	<18	0	0	African American	1	20
Female	2	40	18-44	1	20	Caucasian	1	20
			45-64	3	60	Asian	0	0
			65+	0	0	Hispanic	2	40
						Native American	0	0
Class	1	20	Class	1	20	Class	1	20
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**5**	**100**	**Total**	**5**	**100**	**Total**	**5**	**100**

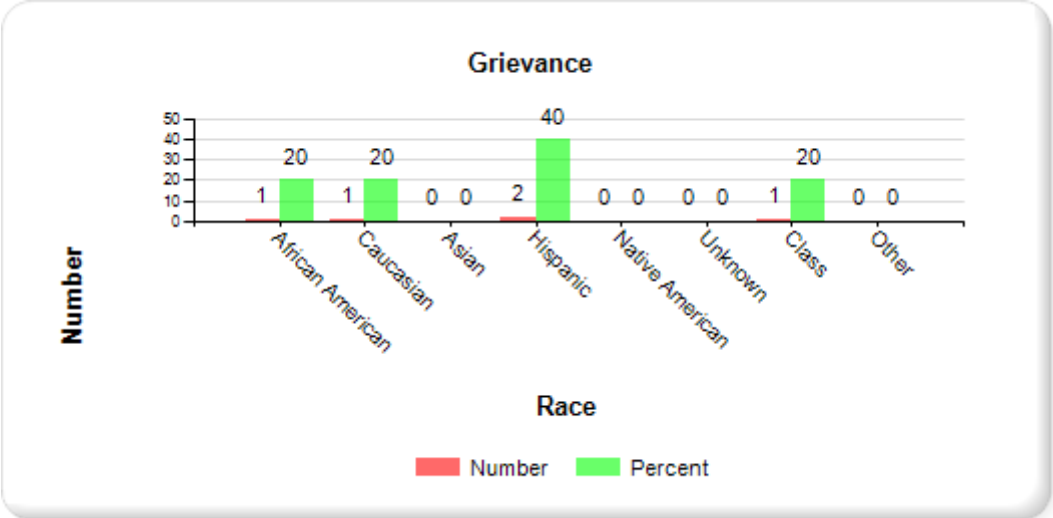
Chart 2: During FY 25, ESHC had a total of 5 grievances.
Graphs 2A-2C represent ESHC grievance data



Graph 2A: ESHC gender data.



Graph 2B: ESHC age data.



Graph 2C: ESHC race data.

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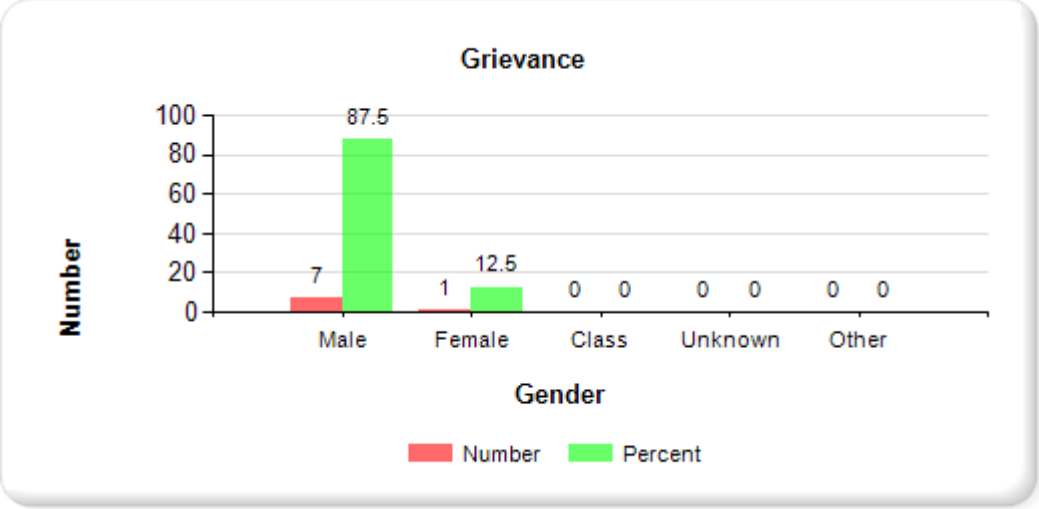
Thomas B. Finan Center (TBFC)

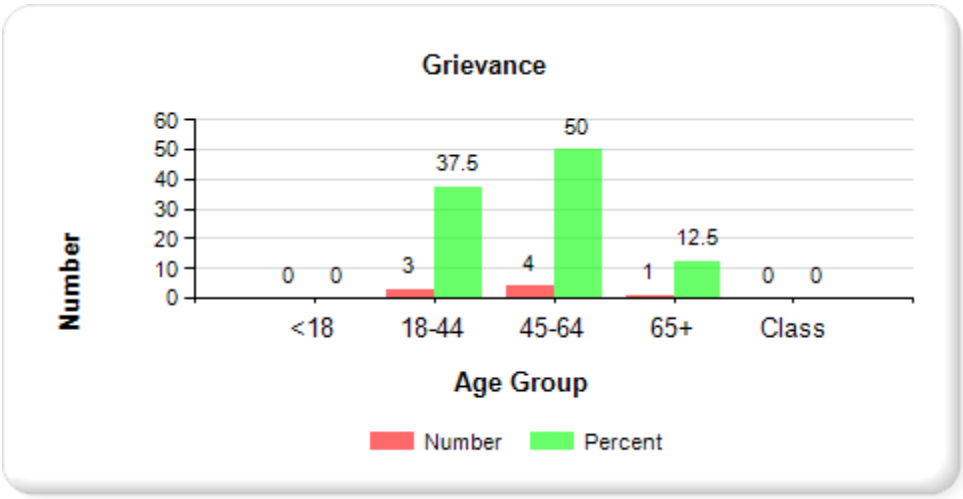
Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	7	87.5	<18	0	0	African American	1	12.5
Female	1	12.5	18-44	3	37.5	Caucasian	7	87.5
			45-64	4	50	Asian	0	0
			65+	1	12.5	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	**8**	**100**	**Total**	**8**	**100**	**Total**	**8**	**100**

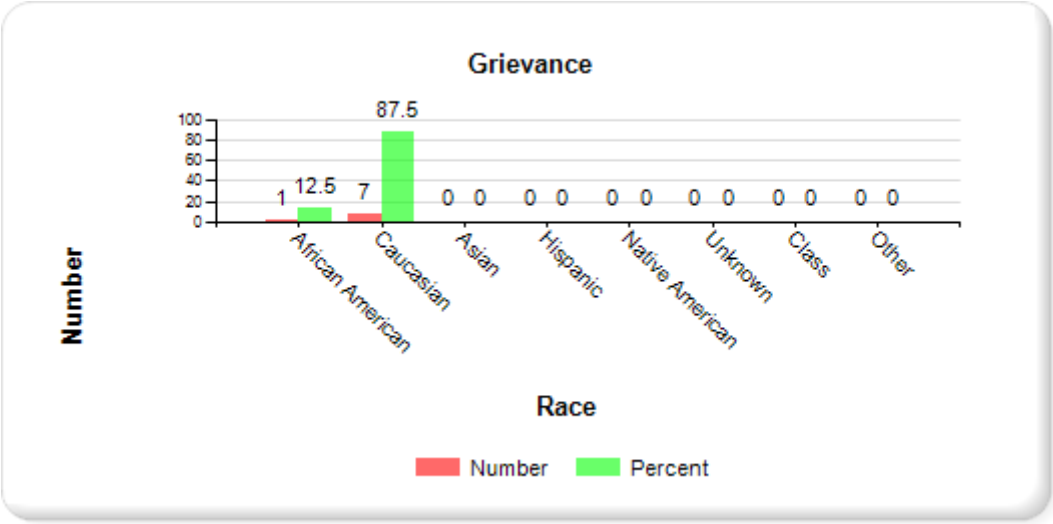
Chart 3: During FY 25, TBFC had a total of 8 grievances.
Graphs 3A-3C represent TBFC grievance data



Graph 3A: TBFC gender data



. *Graph 3B: TBFC age data*



Graph 3C: TBFC race data

Clifton T. Perkins Hospital Center (CTPHC)

Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	84	62.2	<18	0	0	African American	87	64.5
Female	35	25.9	18-44	83	61.5	Caucasian	25	18.5
			45-64	33	24.4	Asian	1	0.7
			65+	3	2.2	Hispanic	5	3.7
						Native American	0	0
Class	16	11.9	Class	16	11.9	Class	16	11.9
Other	0	0	Other	0	0	Other	1	0.7
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**135**	**100**	**Total**	**135**	**100**	**Total**	**135**	**100**

Chart 4: During FY 25 CTPHCs had a total of 135 grievances.
Graphs 4A-4C represent CTPHC grievance data

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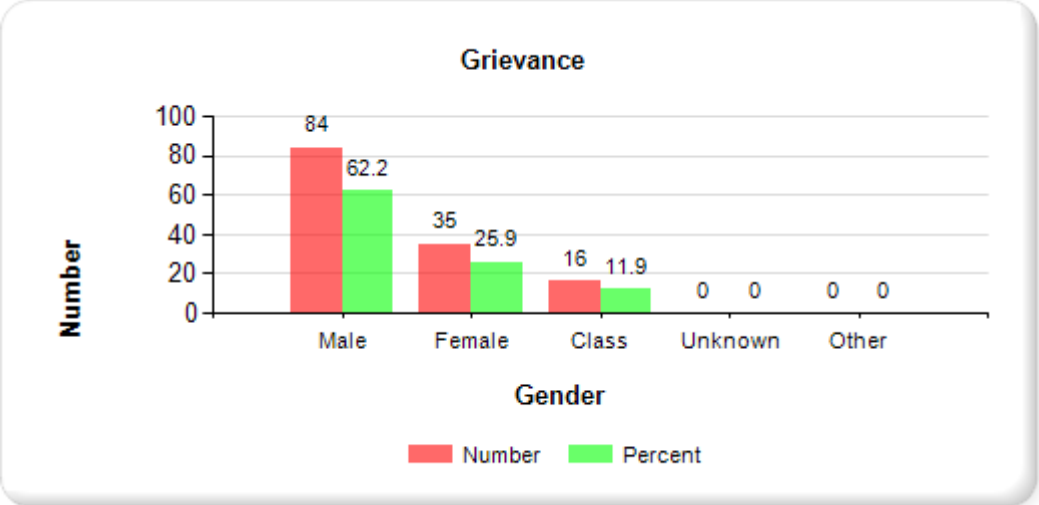
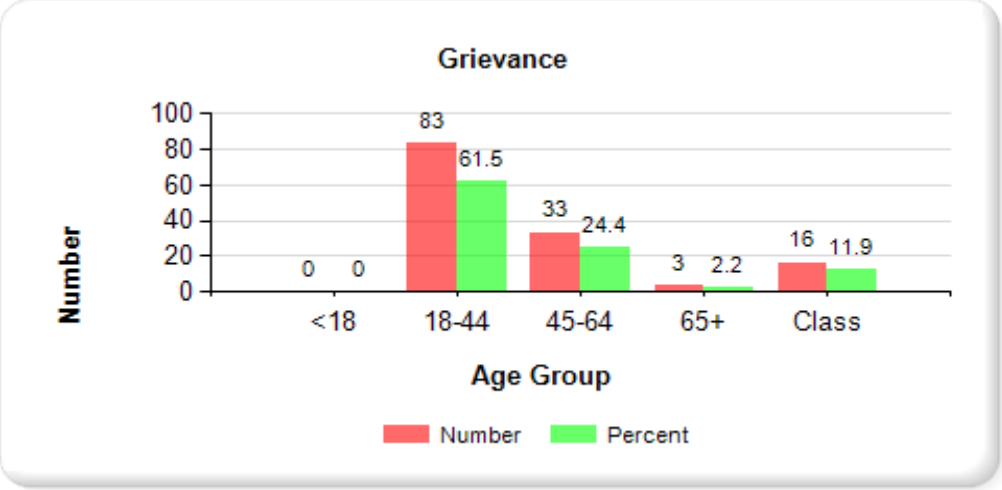


Graph 4A: CTPHC gender data.



Graph 4B: CTPHC age data

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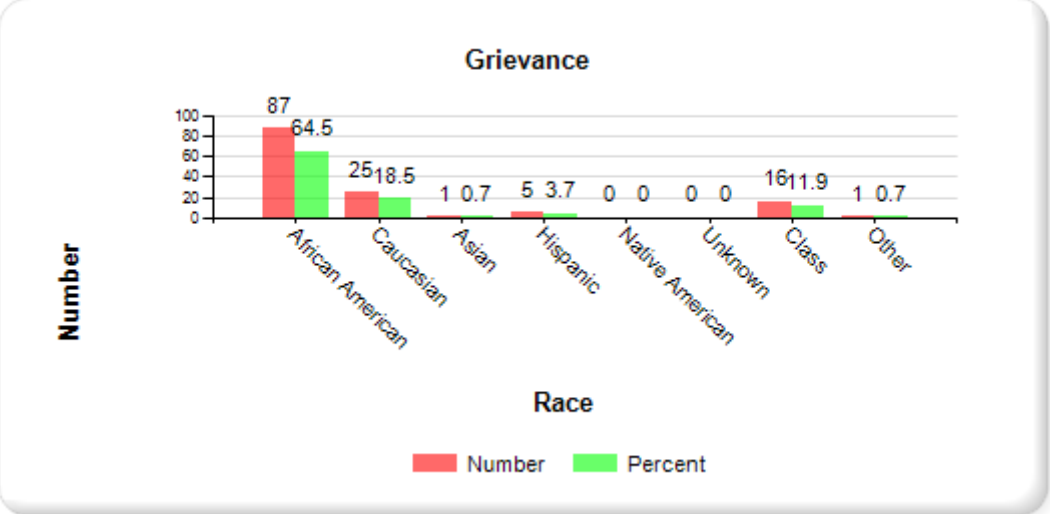


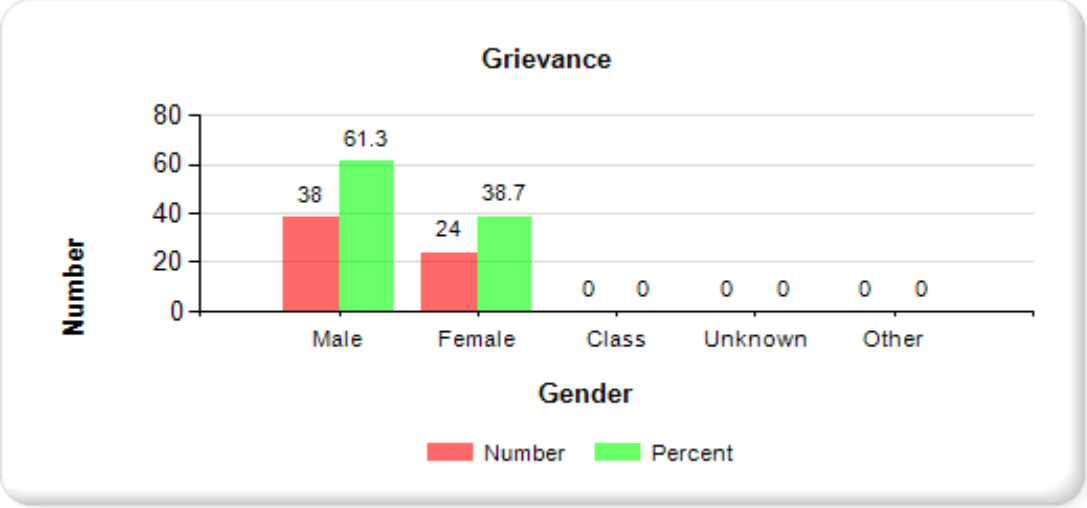
Graph 4C: CTPHC race data

Springfield Hospital Center (SFHC)

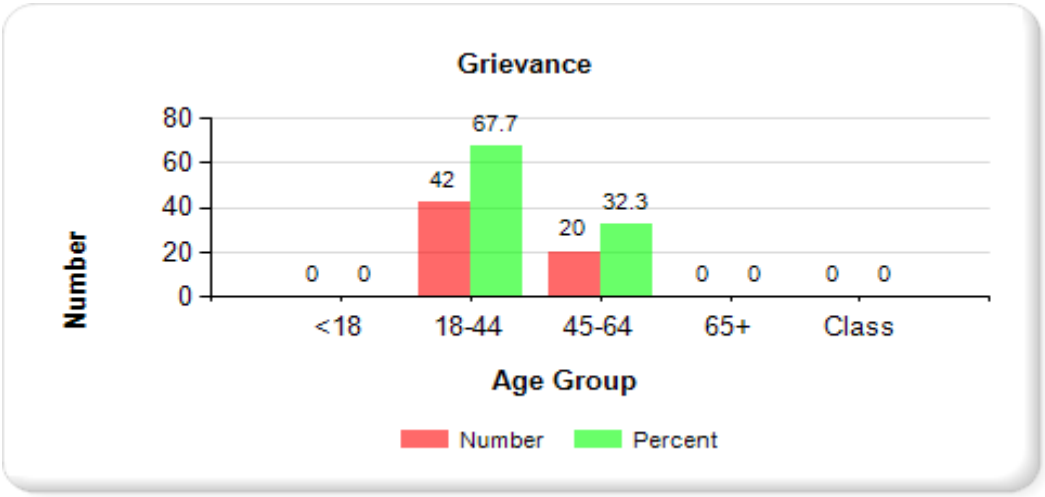
Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	38	61.3	<18	0	0	African American	43	69.4
Female	24	38.7	18-44	42	67.7	Caucasian	18	29
			45-64	20	32.3	Asian	0	0
			65+	0	0	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	0	0
Total	**62**	**100**	**Total**	**62**	**100**	**Total**	**62**	**100**

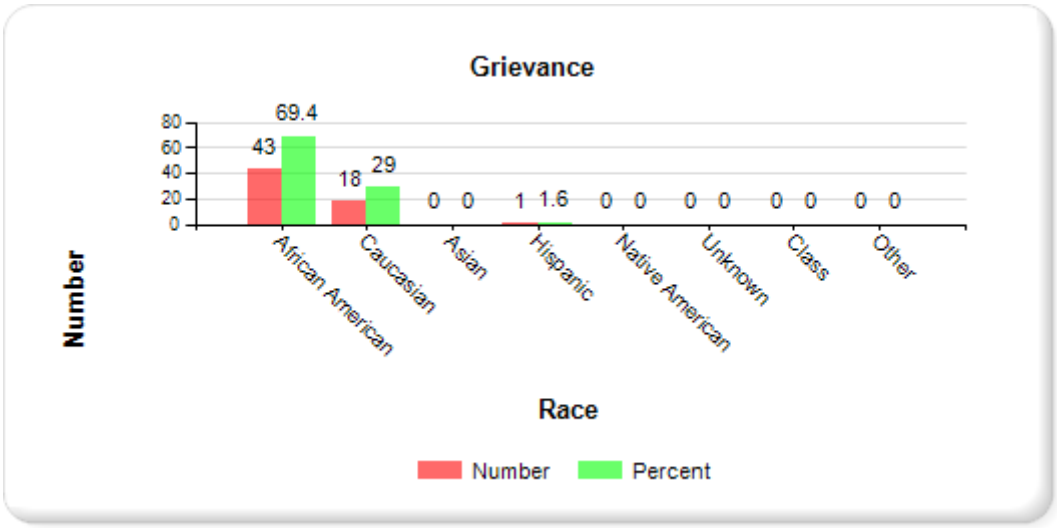
Chart 5: During FY 25, SFHC had a total of 62 grievances.
Graphs 5A-5C represent SFHC grievance data



Graph 5A: SFHC gender data



Graph 5B: SFHC age data



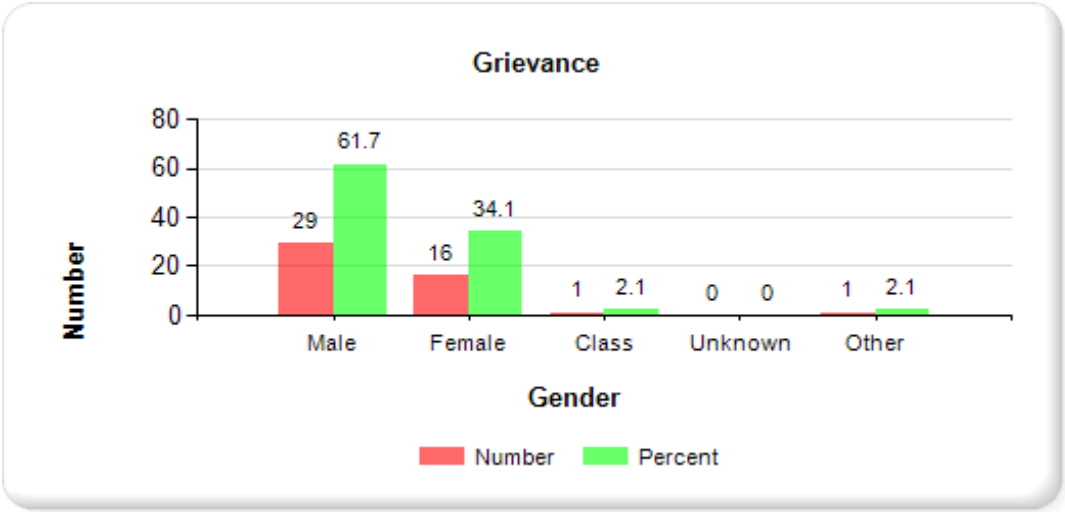
Graph 5C: SFHC race data

Spring Grove Hospital Center (SGHC)

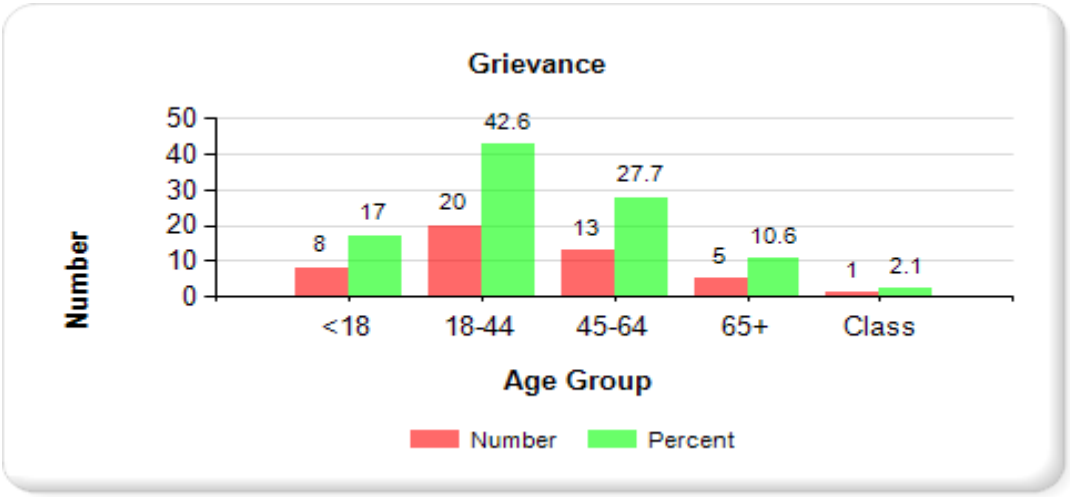
Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	29	61.7	<18	8	17	African American	33	70.2
Female	16	34.1	18-44	20	42.6	Caucasian	10	21.3
			45-64	13	27.7	Asian	0	0
			65+	5	10.6	Hispanic	0	0
						Native American	0	0
Class	1	2.1	Class	1	2.1	Class	1	2.1
Other	1	2.1	Other	0	0	Other	3	6.4
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**47**	**100**	**Total**	**47**	**100**	**Total**	**47**	**100**

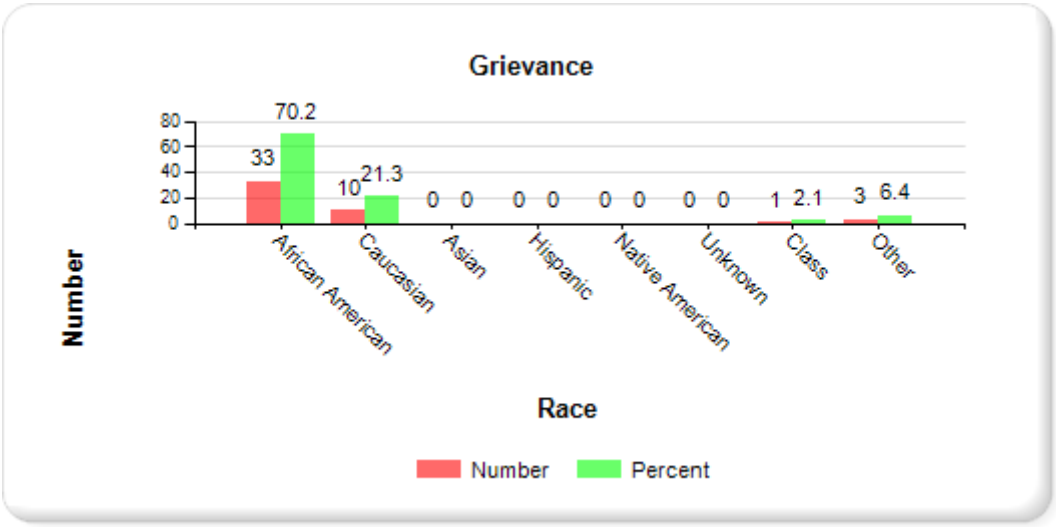
Chart 6: During FY 25, SGHC had a total of 47 grievances.
Graphs 6A-6C represent grievance data for SGHC.



Graph 6A: SGHC gender data



Graph 6B: SGHC age data



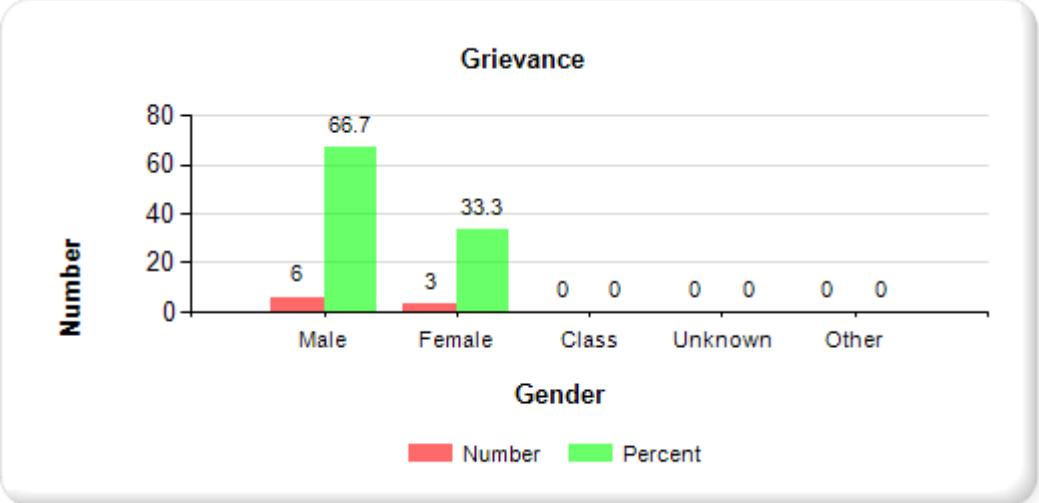
Graph 6C: SGHC race data.

Regional Institute for Children and Adolescents (RICA) - Baltimore

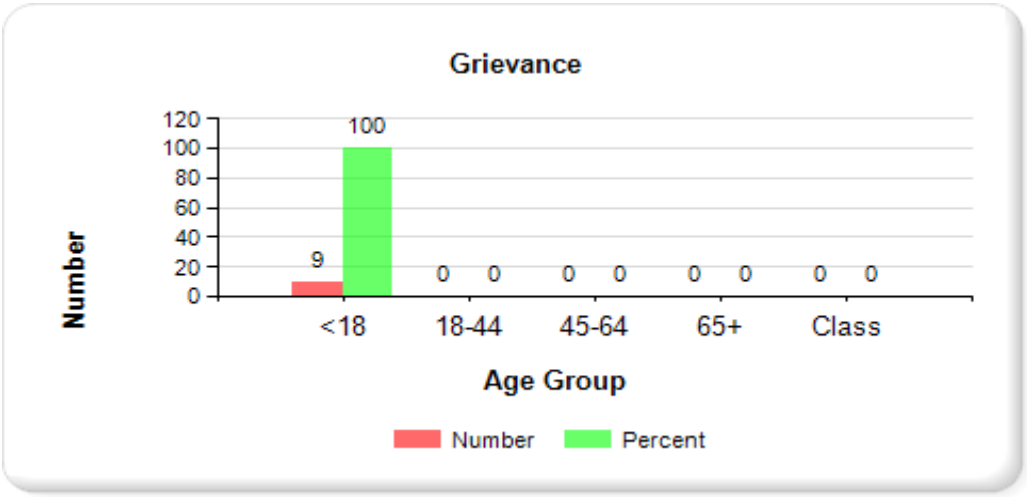
Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	6	66.7	<18	9	100	African American	3	33.3
Female	3	33.3	18-44	0	0	Caucasian	4	44.5
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	1	11.1
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	1	11.1
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**9**	**100**	**Total**	**9**	**100**	**Total**	**9**	**100**

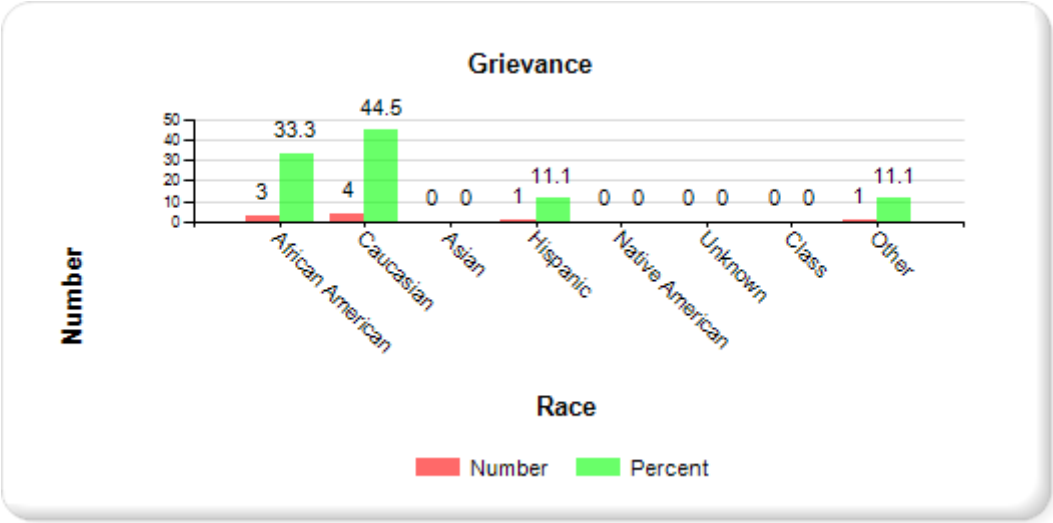
Chart 7: During FY 25, RICA Baltimore had a total of 9 grievances.
Graphs 7A-7C represents grievance data for RICA Baltimore.



Graph 7A: RICA Baltimore gender data



Graph 7B: RICA Baltimore age data



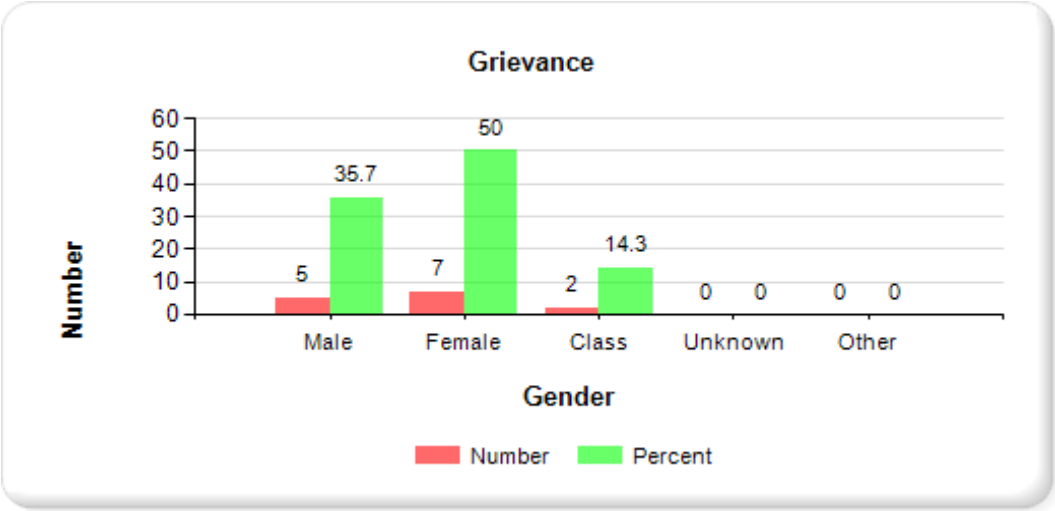
Graph 7C: RICA Baltimore race data

Regional Institute for Children and Adolescents (RICA) - Rockville

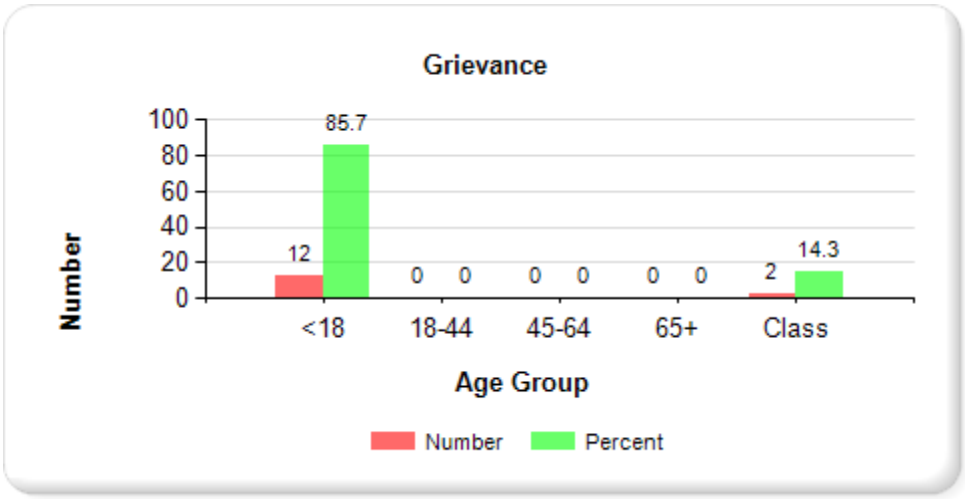
Aggregate Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	5	35.7	<18	12	85.7	African American	6	42.9
Female	7	50	18-44	0	0	Caucasian	3	21.4
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	2	14.3
						Native American	0	0
Class	2	14.3	Class	2	14.3	Class	2	14.3
Other	0	0	Other	0	0	Other	1	7.1
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**14**	**100**	**Total**	**14**	**100**	**Total**	**14**	**100**

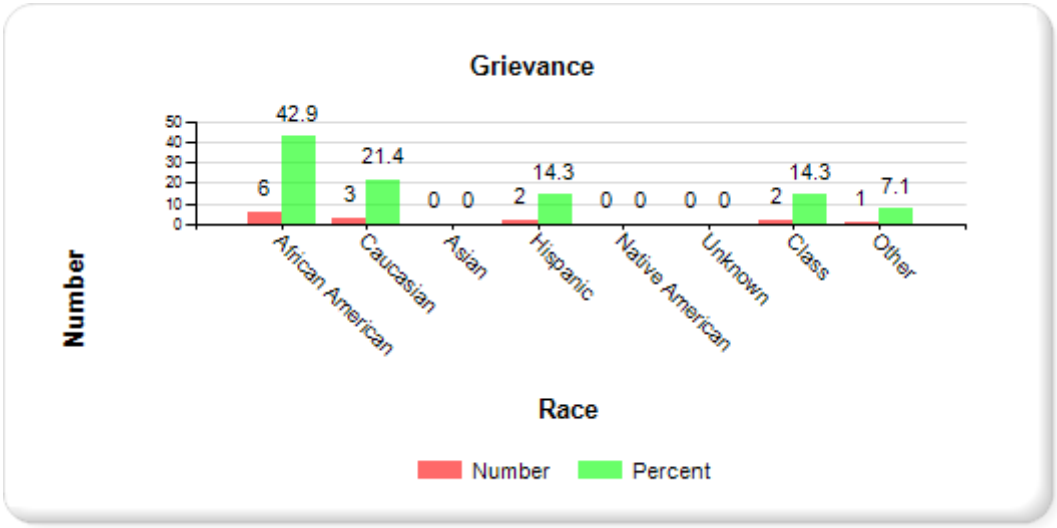
Chart 8: During FY 25, RICA Rockville had a total of 14 grievances.
Graphs 8A-8C represents grievance data for RICA Rockville.



Graph 8A: RICA Rockville gender data



Graph 8B: RICA Rockville age data



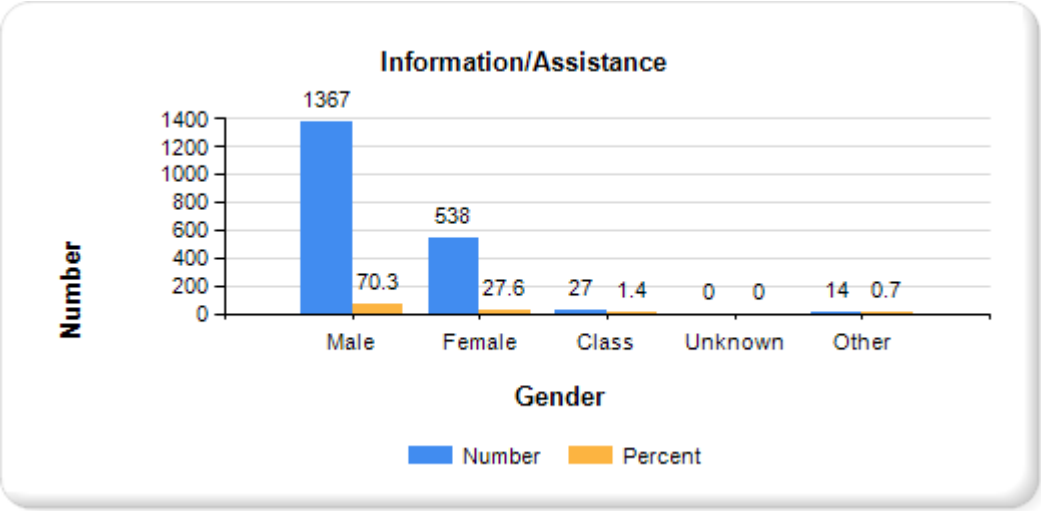
Graph 8C: RICA Rockville race data

SECTION B: INFORMATION/ASSISTANCE (IA) DATA - FY 2025

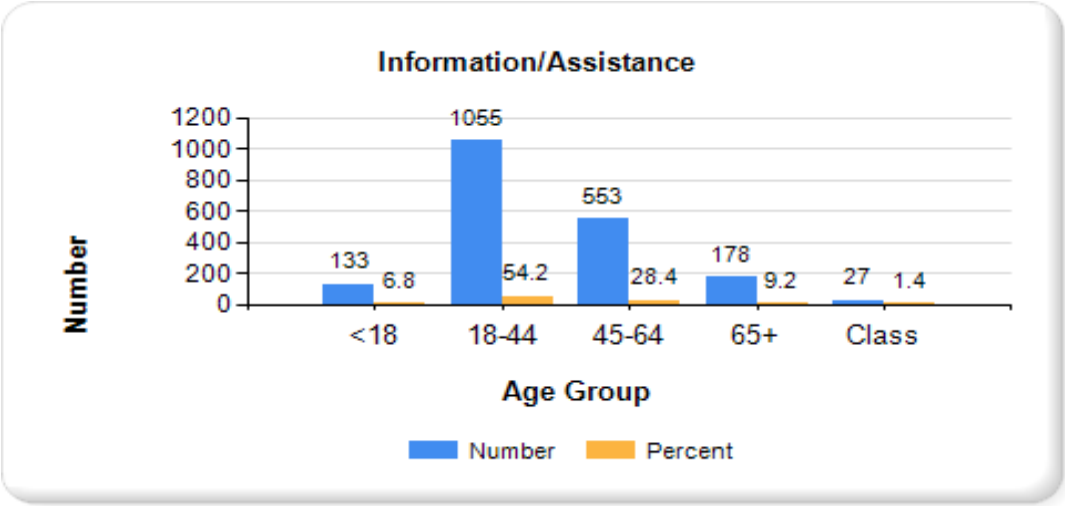
MDH Healthcare System (HCS) Aggregate IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	1367	70.3	<18	133	6.8	African American	1197	61.5
Female	538	27.6	18-44	1055	54.2	Caucasian	568	29.2
			45-64	553	28.4	Asian	26	1.3
			65+	178	9.2	Hispanic	65	3.3
						Native American	1	0.1
Class	27	1.4	Class	27	1.4	Class	27	1.4
Other	14	0.7	Other	0	0	Other	49	2.5
Unknown	0	0	Unknown	0	0	Unknown	13	0.7
Total	**1946**	**100**	**Total**	**1946**	**100**	**Total**	**1946**	**100**

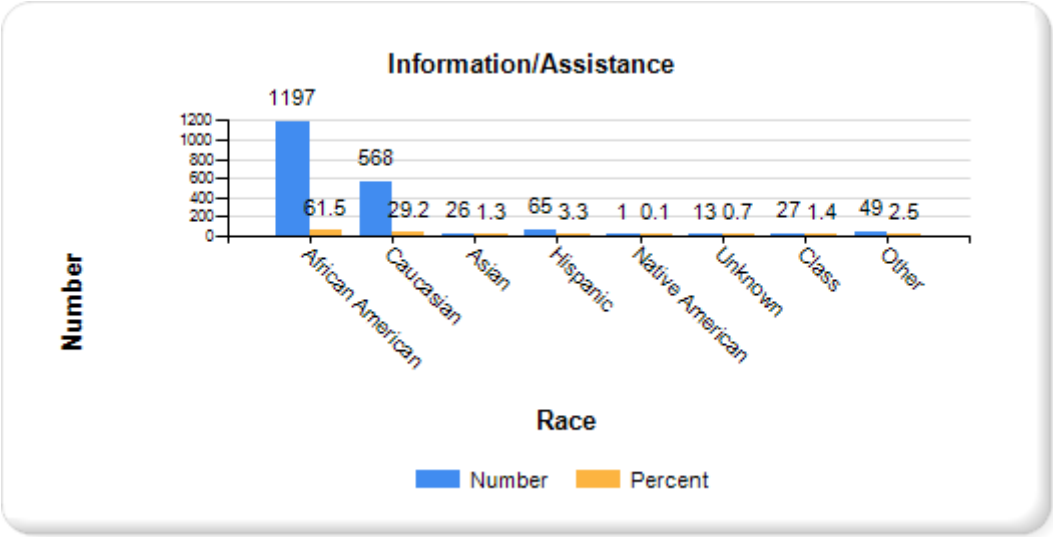
Chart 9: During FY 25, the seven (7) HCS inpatient hospitals had a total of 1946 IA cases.
Graphs 9A-9C represent HCS aggregate IA data.



Graph 9A: HCS gender data



Graph 9B: HCS age data



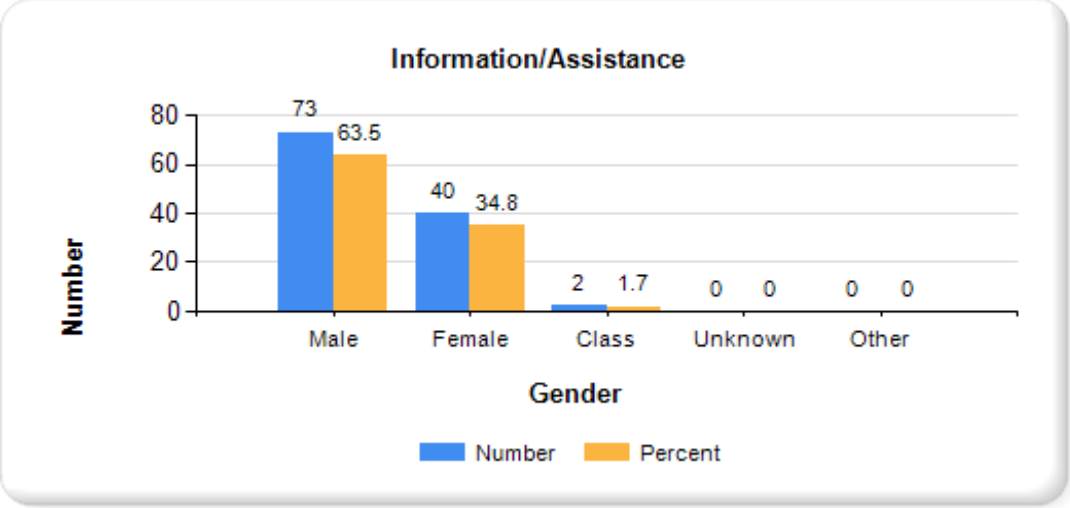
Graph 9C: HCS race data

Eastern Shore Hospital Center (ESHC)

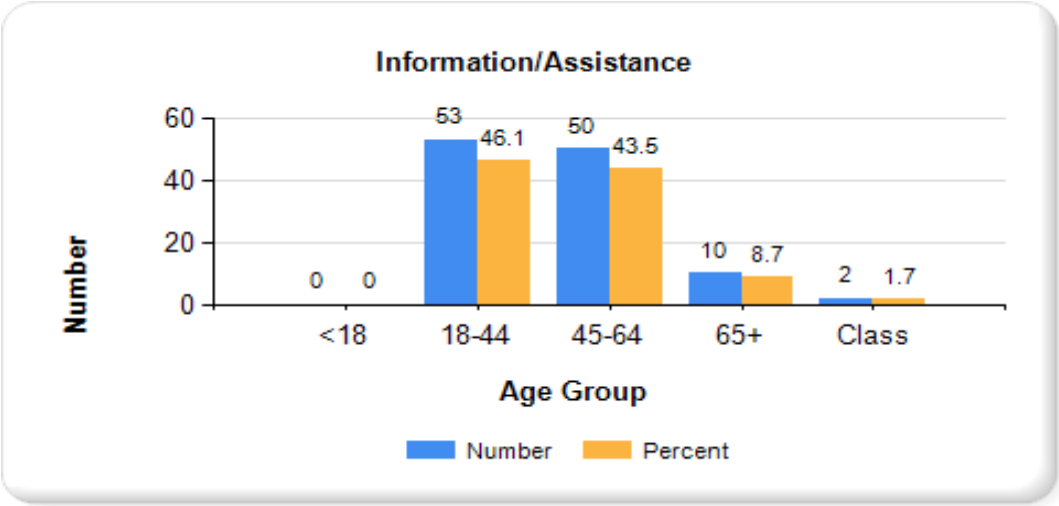
IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	73	63.5	<18	0	0	African American	54	47
Female	40	34.8	18-44	53	46.1	Caucasian	54	47
			45-64	50	43.5	Asian	2	1.7
			65+	10	8.7	Hispanic	3	2.6
						Native American	0	0
Class	2	1.7	Class	2	1.7	Class	2	1.7
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**115**	**100**	**Total**	**115**	**100**	**Total**	**115**	**100**

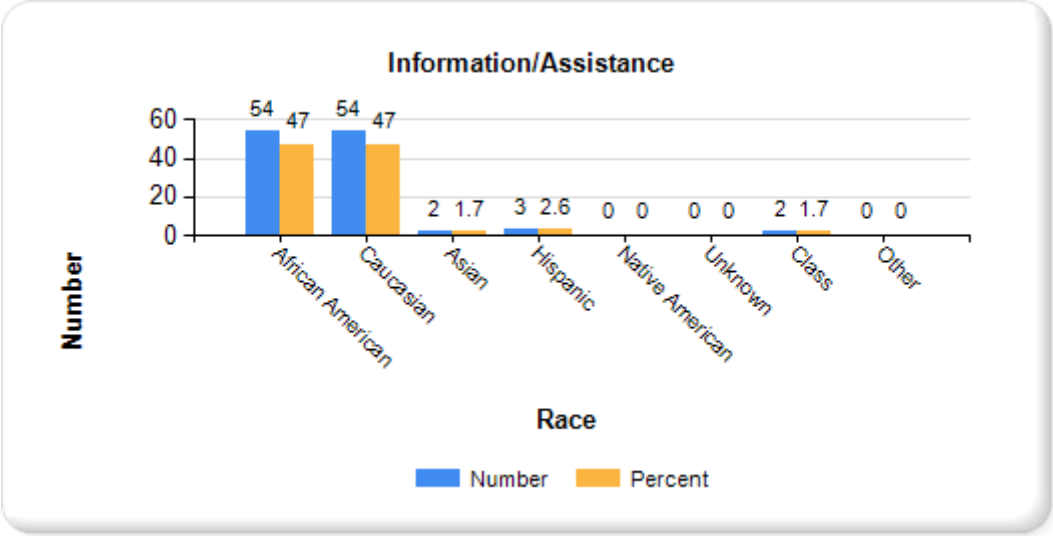
Chart 10: During FY 25, ESHC had a total of 115 IA cases.
Graphs 10A-10C represent IA data for ESHC.



Graph 10A: ESHC gender data



Graph 10B: ESHC age data



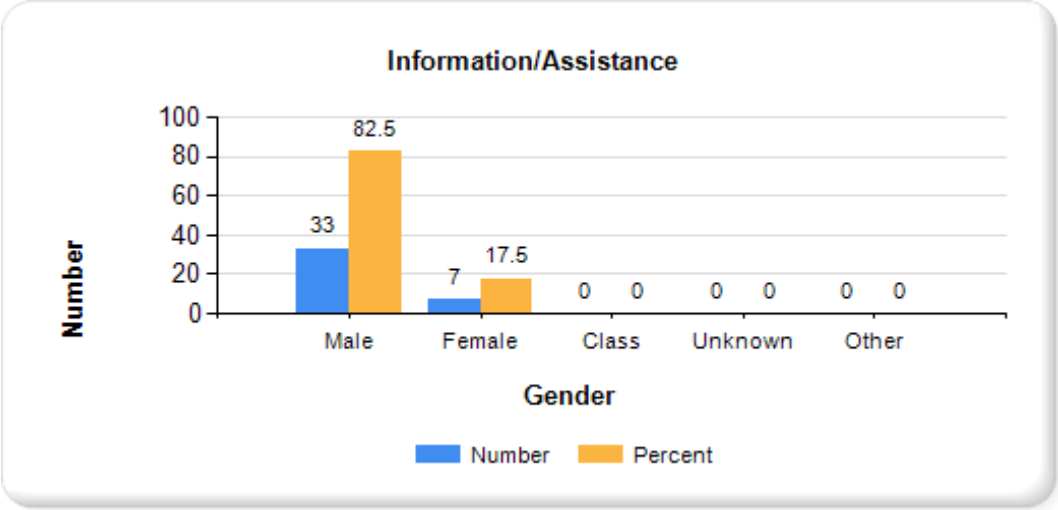
Graph 10C: ESHC race data

Thomas B. Finan Center (TBFC)

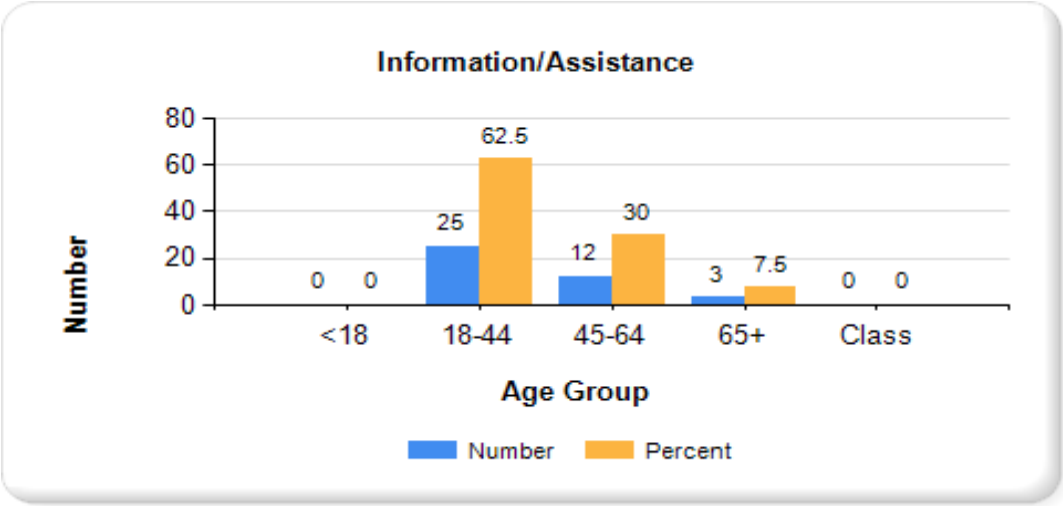
IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	33	82.5	<18	0	0	African American	10	25
Female	7	17.5	18-44	25	62.5	Caucasian	29	72.5
			45-64	12	30	Asian	0	0
			65+	3	7.5	Hispanic	1	2.5
						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	**40**	**100**	**Total**	**40**	**100**	**Total**	**40**	**100**

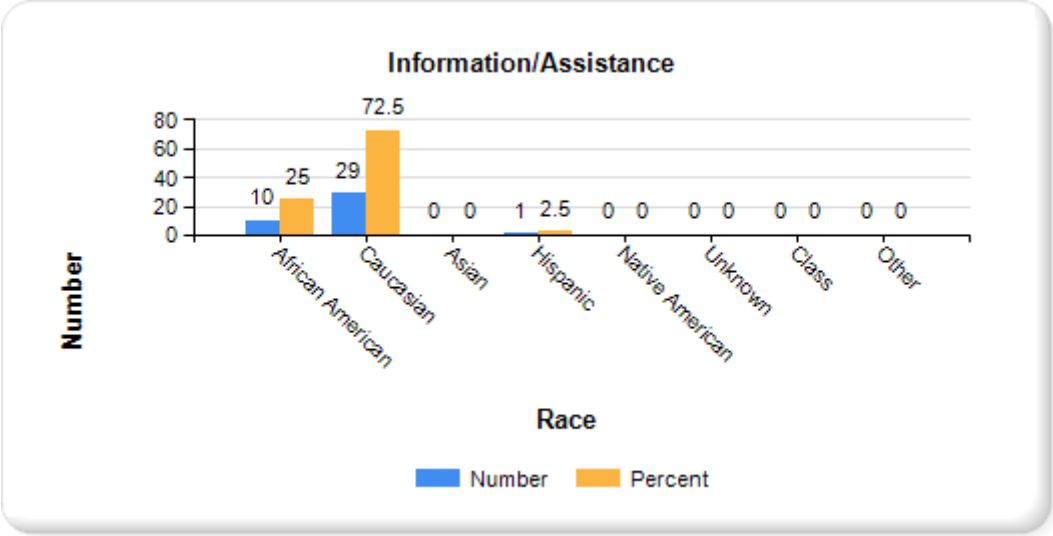
Chart 11: During FY 25, TBFC had a total of 40 IA cases.
Graphs 11A-11C represent IA data for TBFC.



Graph 11A: TBFC gender data



Graph 11B: TBFC age data



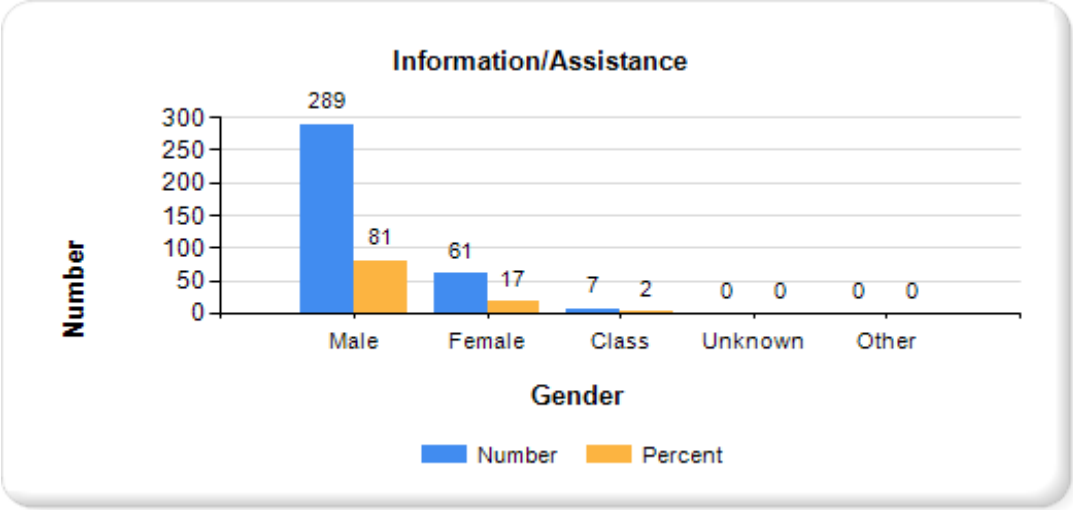
Graph 11C: TBFC race data.

Clifton T. Perkins Hospital Center (CTPHC)

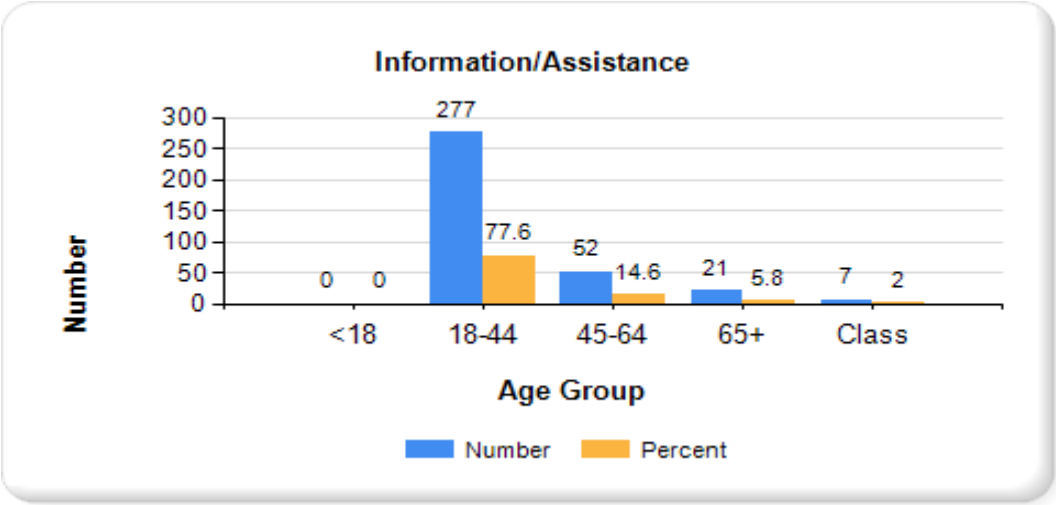
IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	289	81	<18	0	0	African American	248	69.5
Female	61	17	18-44	277	77.6	Caucasian	70	19.6
			45-64	52	14.6	Asian	4	1.1
			65+	21	5.8	Hispanic	10	2.8
1.9						Native American	0	0
Class	7	2	Class	7	2	Class	7	2
Other	0	0	Other	0	0	Other	5	1.4
Unknown	0	0	Unknown	0	0	Unknown	13	3.6
Total	**357**	**100**	**Total**	**357**	**100**	**Total**	**357**	**100**

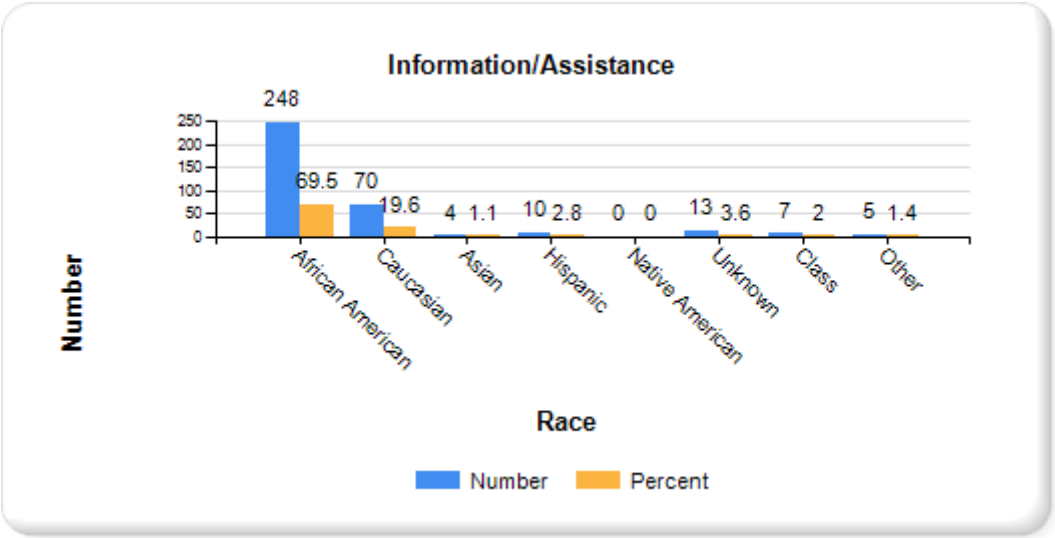
Chart 12: During FY 25, CTPHC had a total of 357 IA cases.
Graphs 12A-12C represent IA data for CTPHC.



Graph 12A: CTPHC gender data



Graph 12B: CTPHC age data



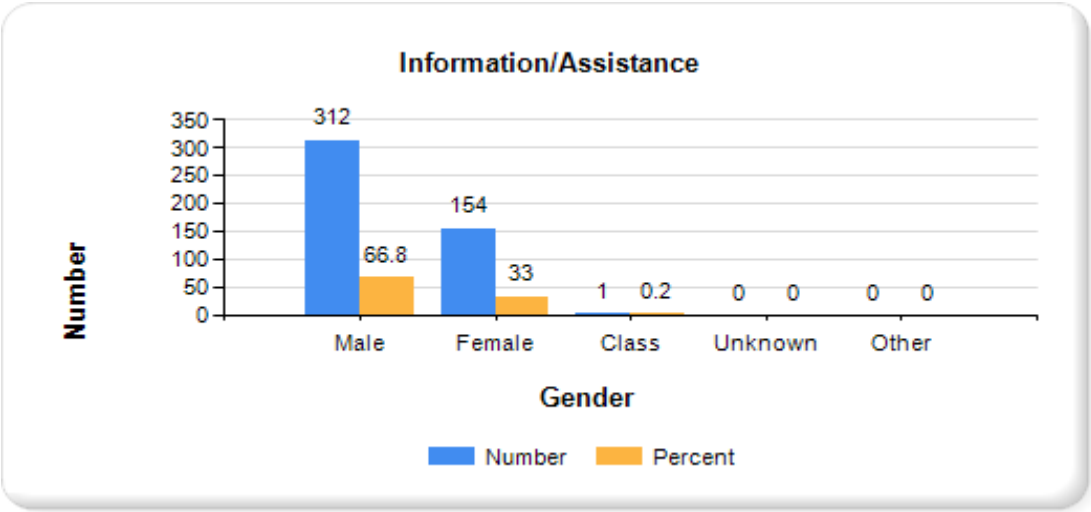
Graph 12C: CTPHC race data

Springfield Hospital Center (SFHC)

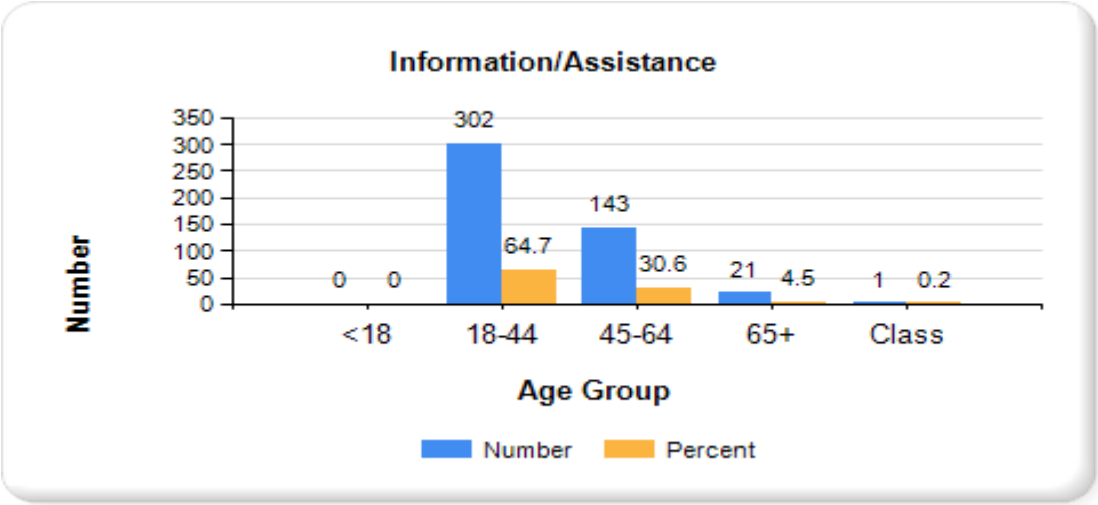
IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	312	66.8	<18	**0**	0	African American	298	63.8
Female	154	33	18-44	302	64.7	Caucasian	132	28.3
			45-64	143	30.6	Asian	11	2.4
			65+	21	4.5	Hispanic	23	4.9
						Native American	0	0
Class	1	0.2	Class	1	0.2	Class	1	0.2
Other	0	0	Other	0	0	Other	2	
Unknown	0	0	Unknown	0	0	Unknown	0	0.4
Total	**467**	**100**	**Total**	**467**	**100**	**Total**	**467**	**100**

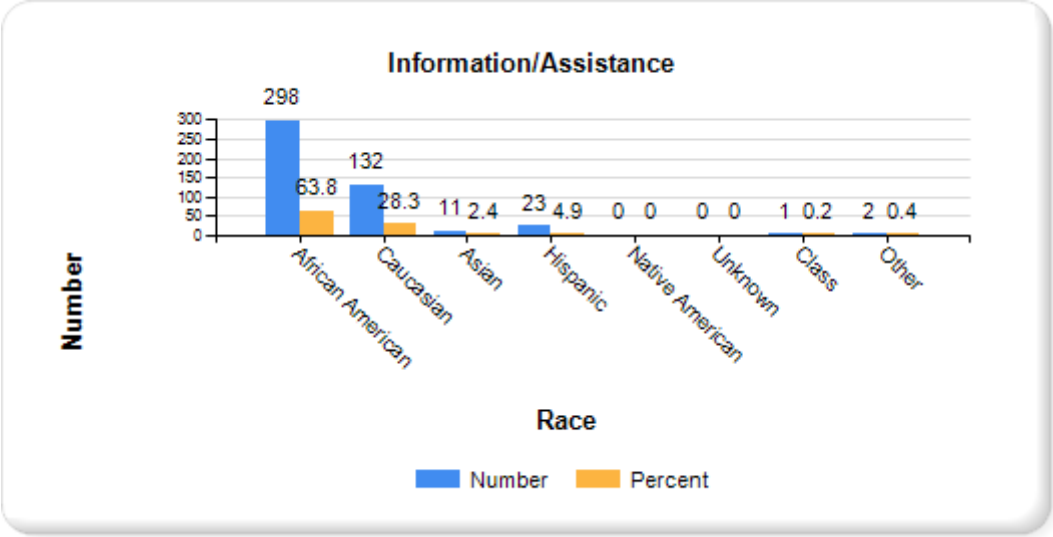
Chart 13: During FY 25, SFHC had a total of 467 IA cases.
Graphs 13A-13C represent IA data for SFHC.



Graph 13A: SFHC gender data



Graph 13B: SFHC age data



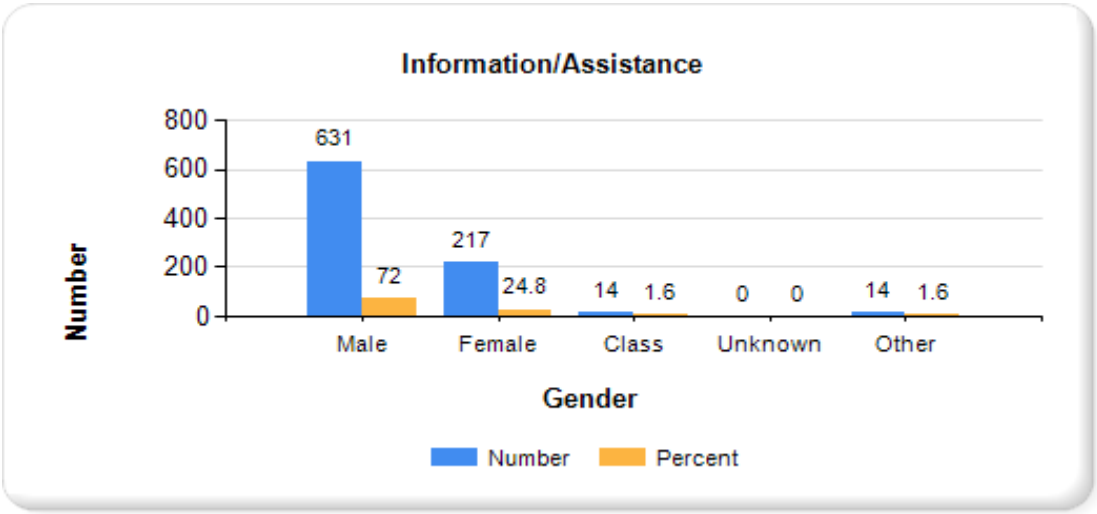
Graph 13C: SFHC race data

Spring Grove Hospital Center (SGHC)

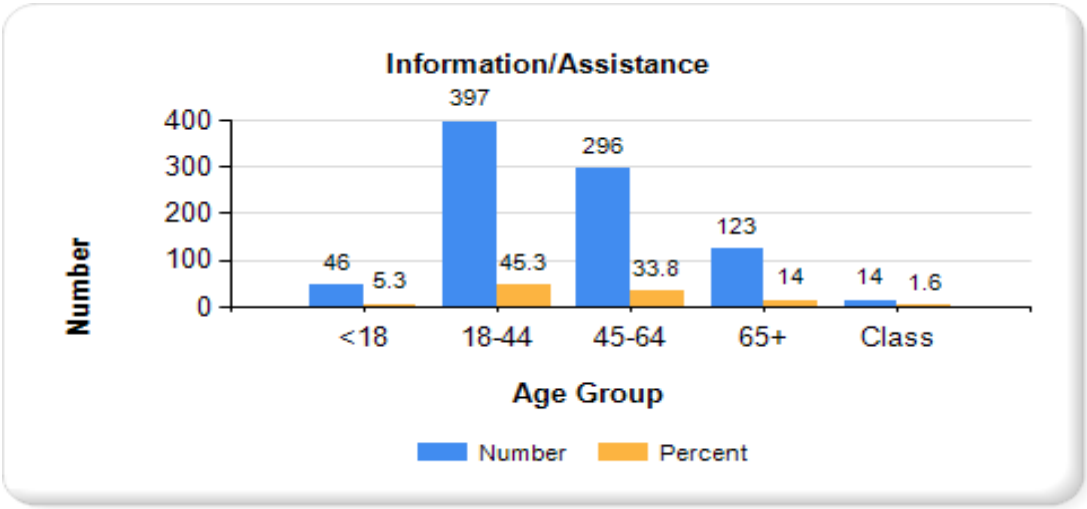
IA Cases by Gender, Age Group and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	631	72	<18	46	5.3	African American	548	62.6
Female	217	24.8	18-44	397	453	Caucasian	256	29.2
			45-64	296	33.8	Asian	8	0.9
			65+	123	14	Hispanic	12	1.4
						Native American	1	0.1
Class	14	1.6	Class	14	1.6	Class	14	1.6
Other	14	1.6	Other	0	0	Other	37	4.2
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**876**	**100**	**Total**	**876**	**100**	**Total**	**876**	**100**

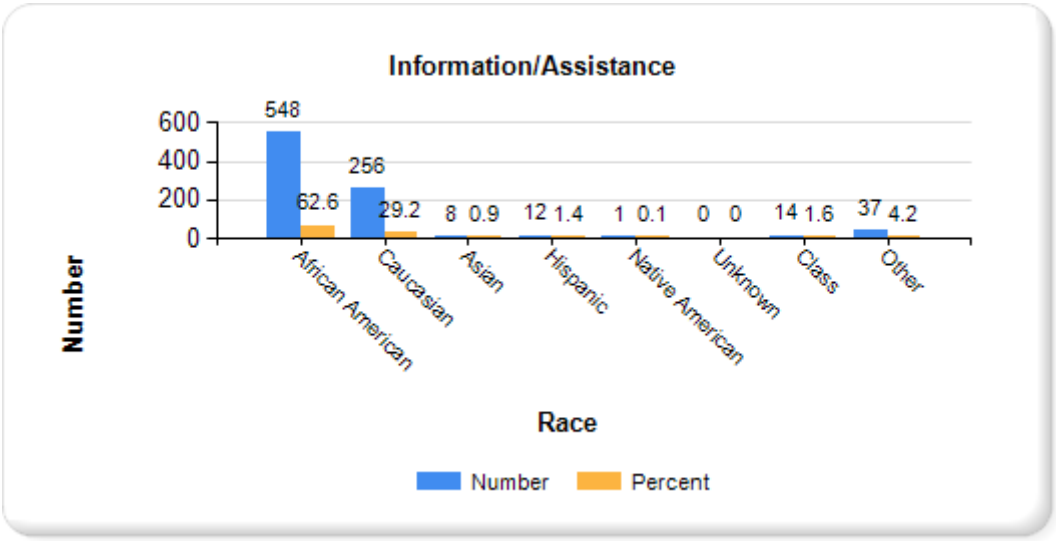
Chart 14: During FY 25, SGHC had a total of 876 IA cases.
Graphs 14A-14C represent IA data for SGHC.



Graph 14A: SGHC gender data



Graph 14B: SGHC age data



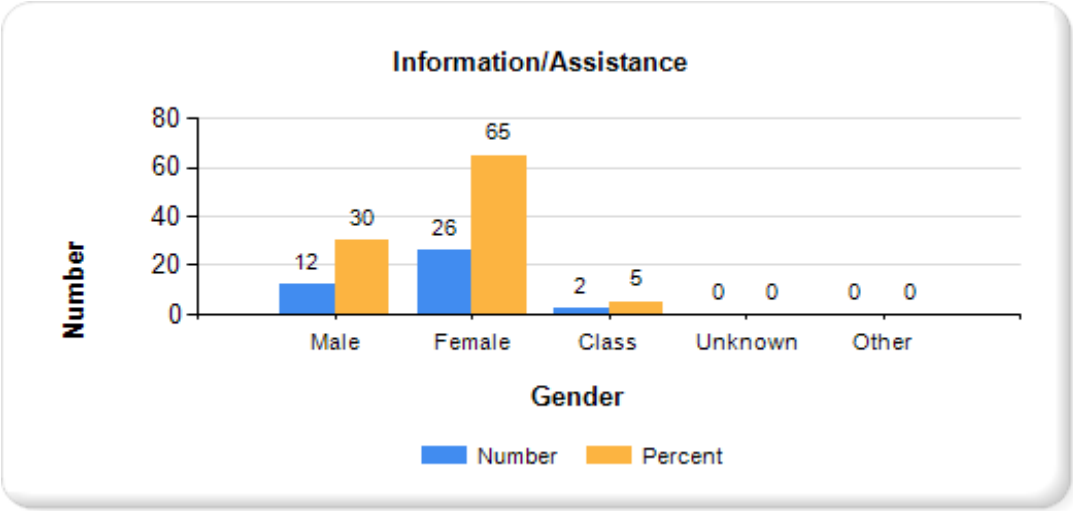
Graph 14C: SGHC race data

Regional Institute for Children and Adolescents (RICA) - Baltimore

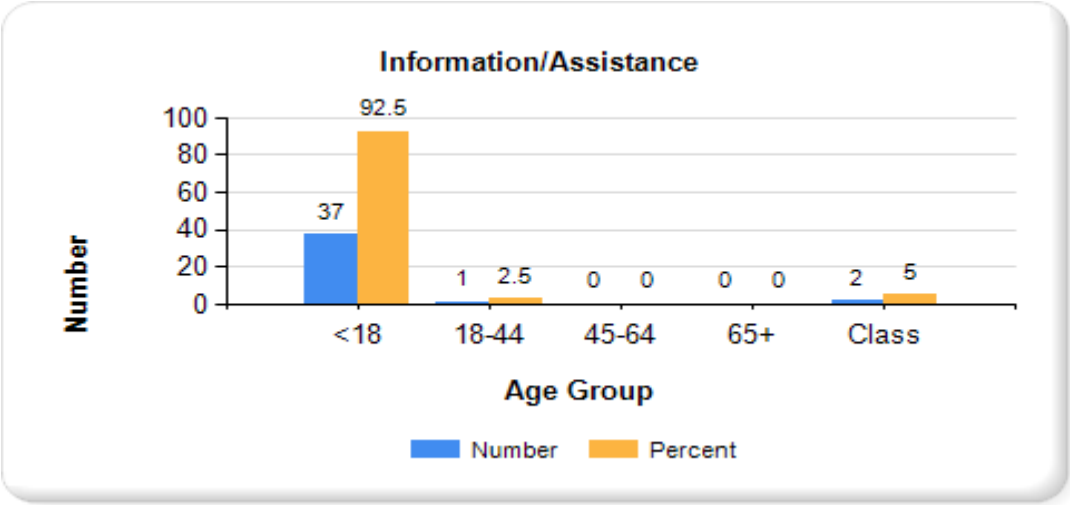
IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	12	30	<18	37	92.5	African American	18	45
Female	26	65	18-44	1	2.5	Caucasian	16	40
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	4	10
						Native American	0	0
Class	2	5	Class	2	5	Class	2	5
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**40**	**100**	**Total**	**40**	**100**	**Total**	**40**	**100**

Chart 15: During FY 25, RICA Baltimore had a total of 40 IA cases.
Graphs 15A-15C represent IA data for RICA Baltimore.



Graph 15A: RICA Baltimore gender data



Graph 15B: RICA Baltimore age data

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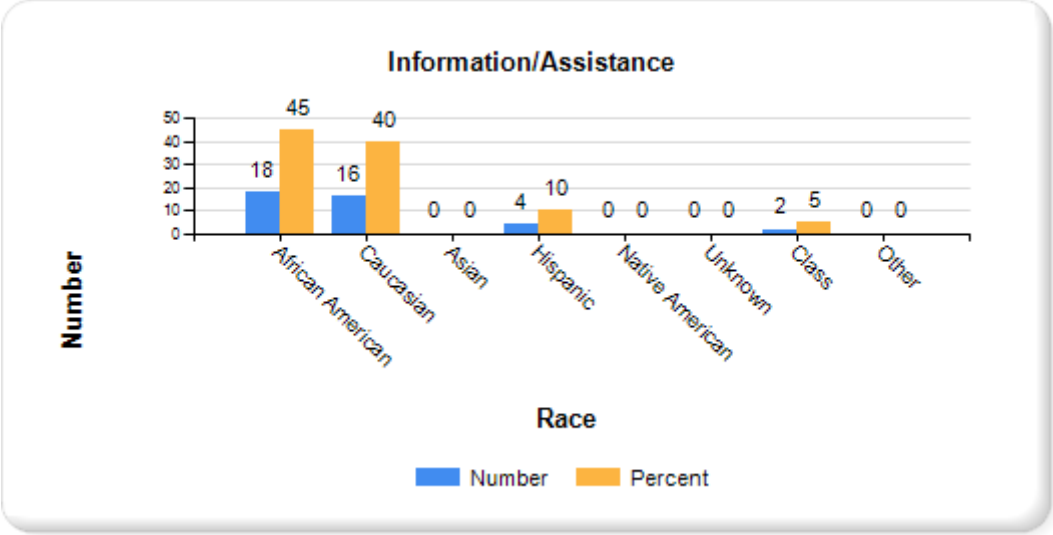


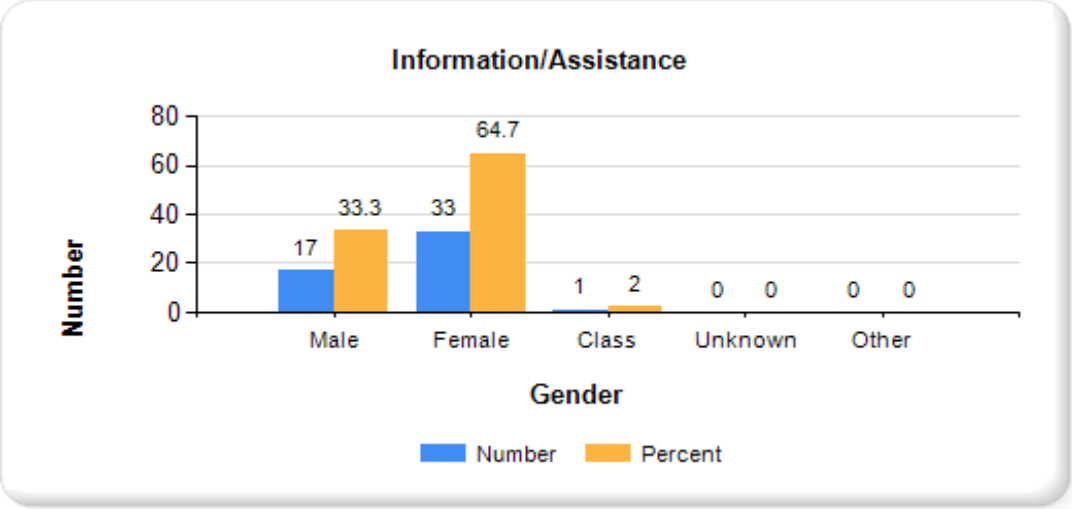
Graph 15C: RICA Baltimore race data

Regional Institute for Children and Adolescents (RICA) - Rockville

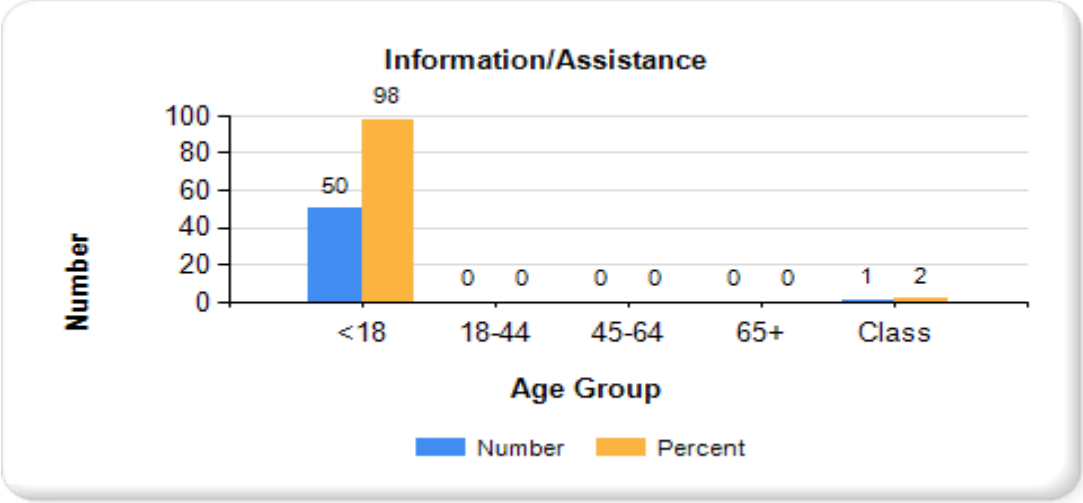
IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	17	33.3	<18	50	98	African American	21	41.2
Female	33	64.7	18-44	0	0	Caucasian	11	21.5
			45-64	0	0	Asian	1	2
			65+	0	0	Hispanic	12	23.5
						Native American	0	0
Class	1	2	Class	1	2	Class	1	2
Other	0	0	Other	0	0	Other	5	9.8
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**51**	**100**	**Total**	**51**	**100**	**Total**	**51**	**100**

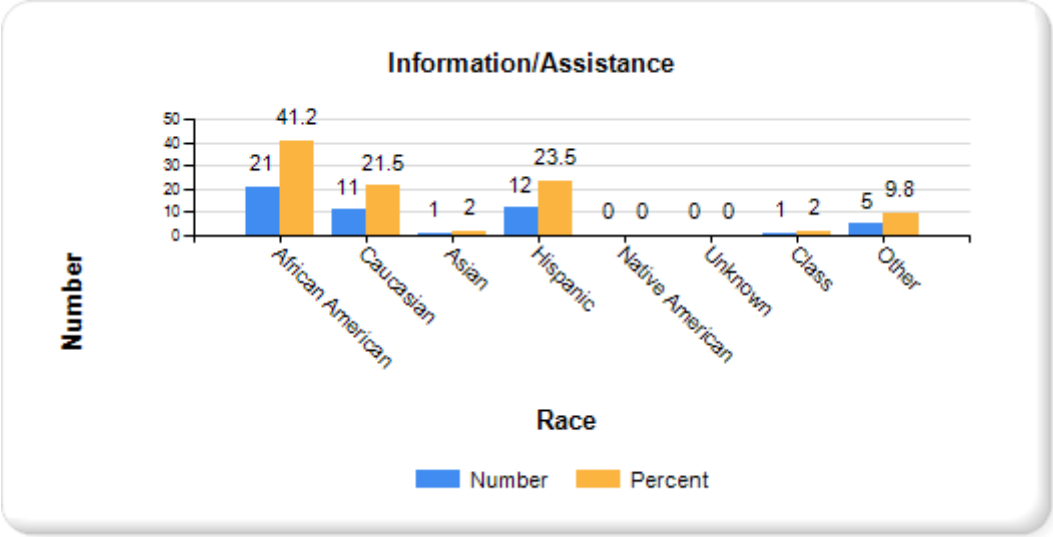
Chart 16: During FY 25, RICA – Rockville had a total of 51 IA cases.
Graphs 16A-16C represent IA data for RICA – Rockville.



Graph 16A: RICA Rockville gender data



Graph 16B: RICA Rockville age data .



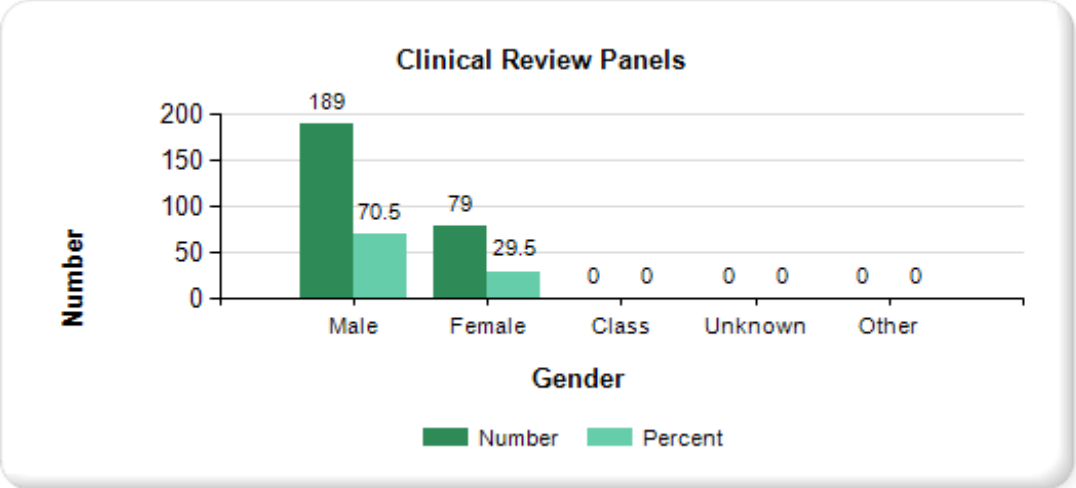
Graph 16C: RICA Rockville race data

SECTION C
CLINICAL REVIEW PANEL (CRP) DATA - FY 2025

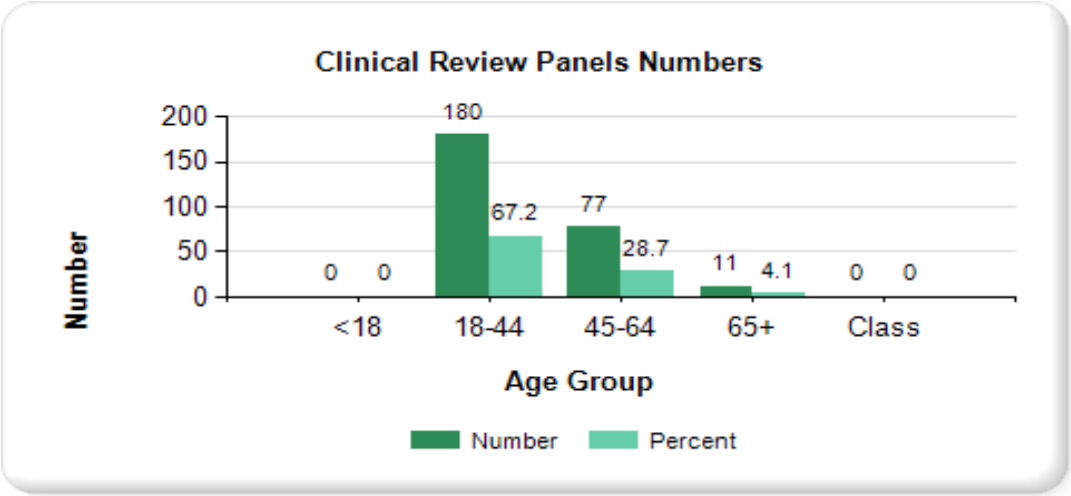
MDH Healthcare System (HCS) Aggregate CRPs by Gender, Age, and Race – HCS Adult Facilities

GENDER	#	%	AGE	#	%	RACE	#	%
Male	189	70.5	<18	0	0	African American	170	63.4
Female	79	29.5	18-44	180	67.2	Caucasian	86	32.1
			45-64	77	28.7	Asian	4	1.5
			65+	11	4.1	Hispanic	3	1.1
						Native American	0	0
Other	0	0	Other	0	0	Other	3	1.1
Unknown	0	0	Unknown	0	0	Unknown	2	0.8
Total	**268**	**100**	**Total**	**268**	**100**	**Total**	**268**	**100**

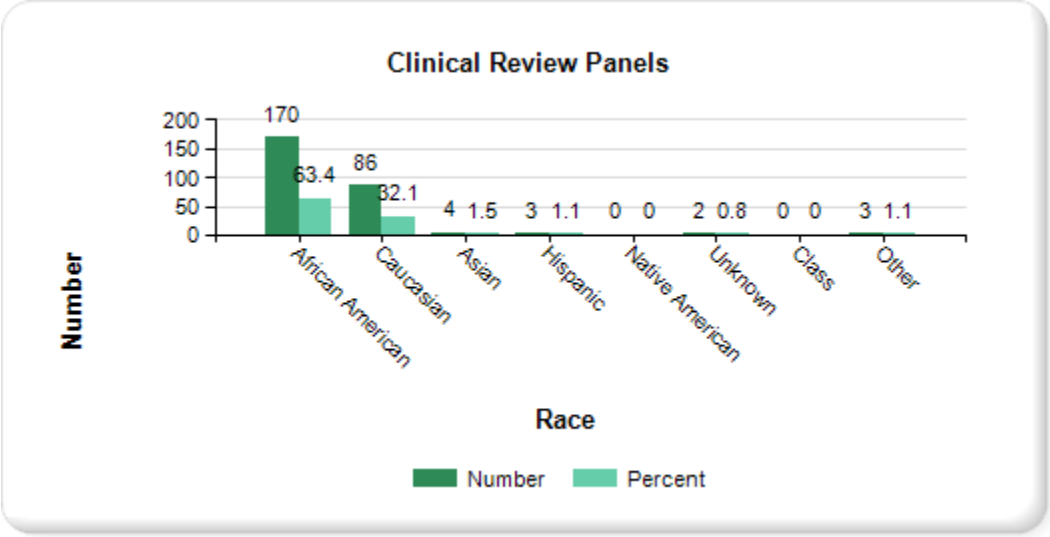
Chart 17: During FY 25, the five (5) adult HCS inpatient psychiatric facilities held a total of 268 CRPs. Graphs 17A-17C represent HCS CRP data.



Graph 17A: HCS gender data



Graph 17B: HCS age data



Graph 17C: HCS race data

Eastern Shore Hospital Center (ESHC)

CRPs by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	26	60.6	<18	0	0	African American	16	48.5
Female	7	39.4	18-44	16	48.5	Caucasian	17	51.5
			45-64	17	51.5	Asian	0	0
			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	0	0
Total	33	100	**Total**	33	100	**Total**	33	100

Chart 18: During FY 25, ESHC conducted a total of 33 CRPs.
Graphs 18A-18C represent CRP data for ESHC.
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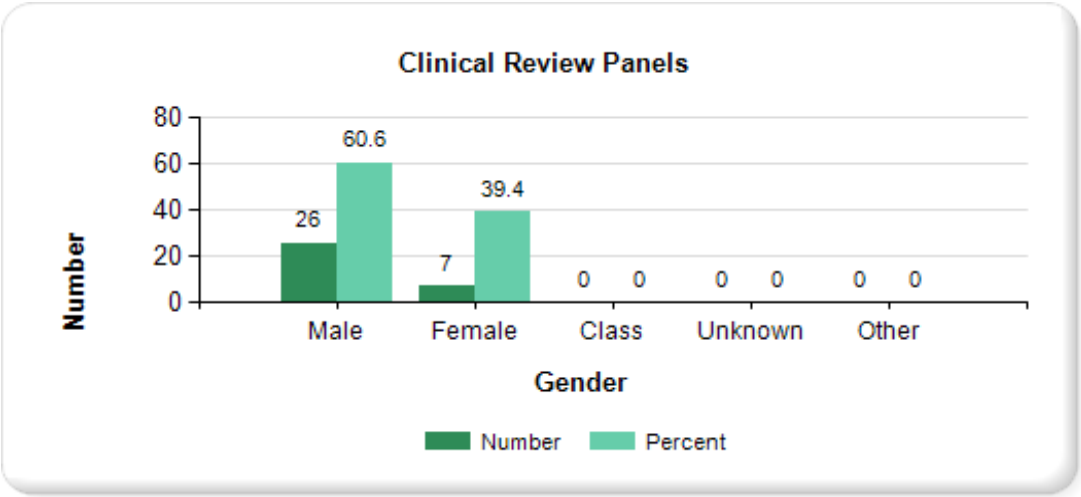
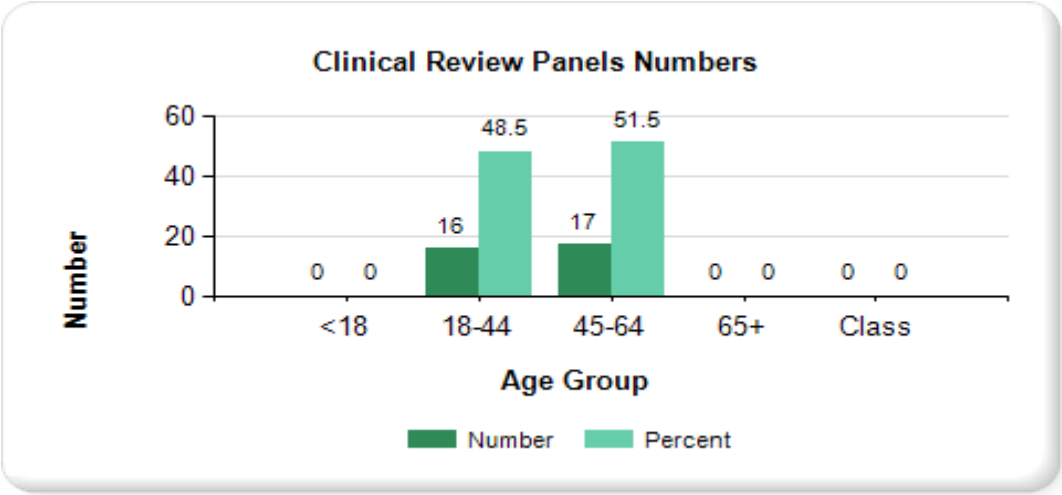
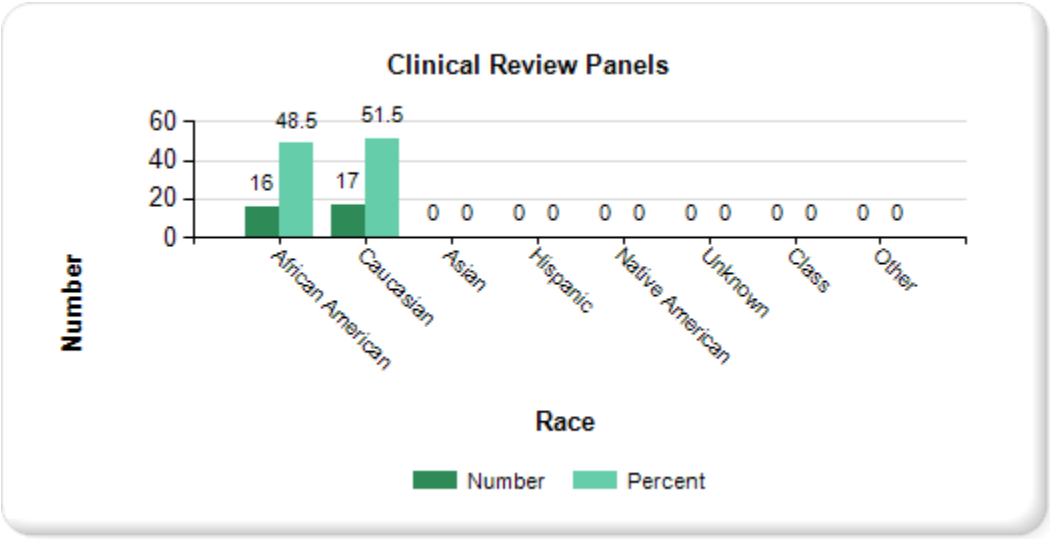


Graph 18A: ESHC gender data .



Graph 18B: ESHC age data



Graph 18C: ESHC race data

Thomas B. Finan Center (TBFC)

CRPs by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	9	69.2	<18	0	0	African American	5	38.5
Female	4	30.8	18-44	5	38.5	Caucasian	8	61.5
			45-64	7	53.8	Asian	0	0
			65+	1	7.7	Hispanic	0	0
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**13**	**100**	**Total**	**13**	**100**	**Total**	**13**	**100**

Chart 19: During FY 25, TBFC conducted a total of 13 CRPs.
Graphs 19A-19C represent CRP data for TBFC.
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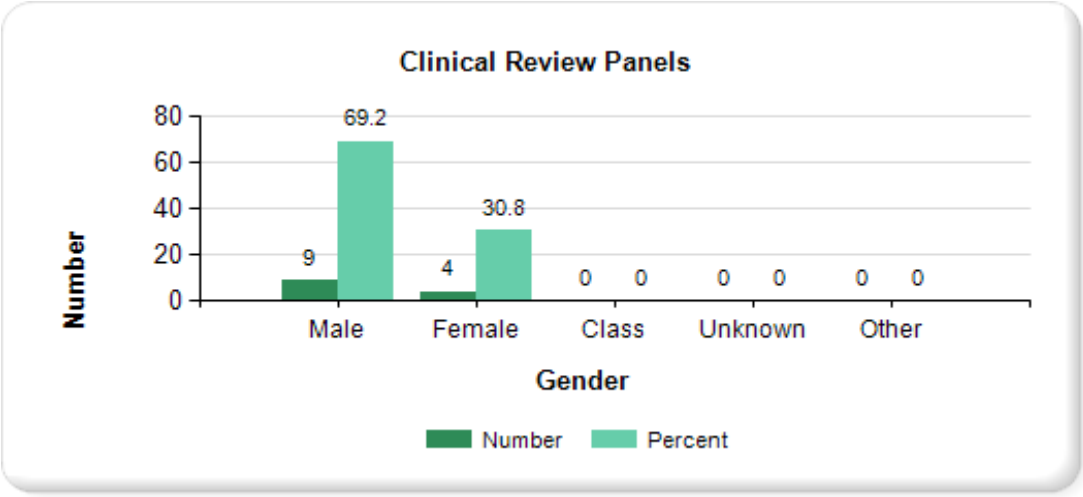
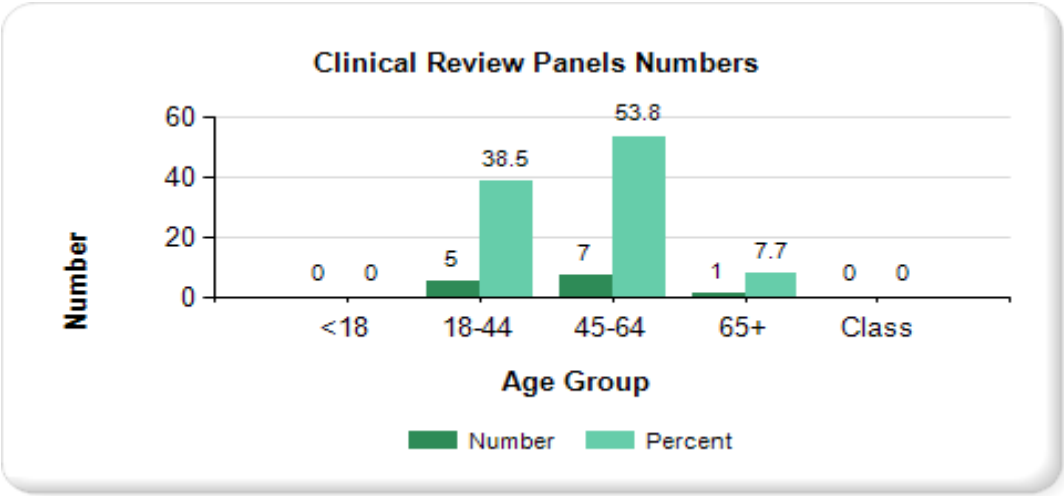
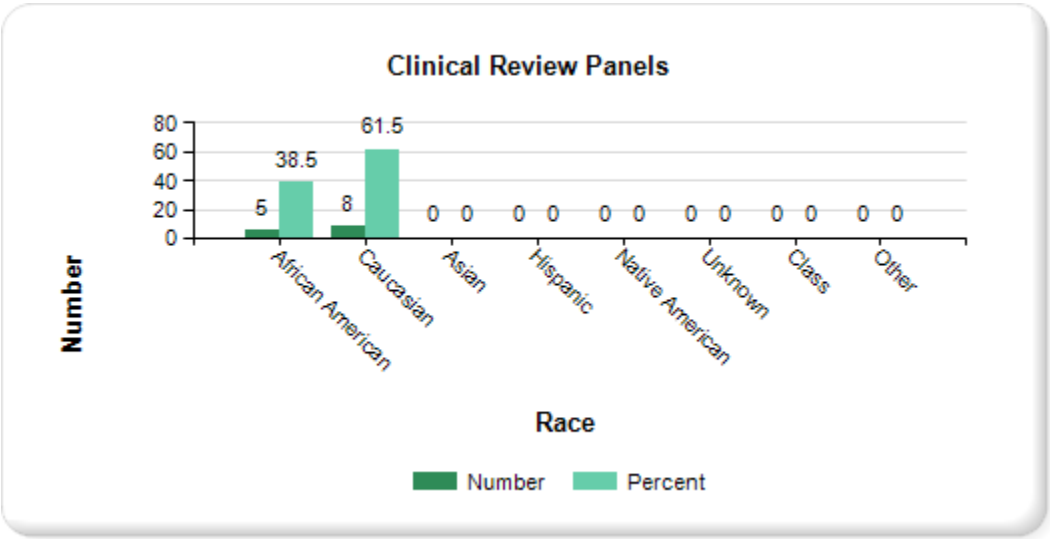


Graph 19A: TBFC gender data.



Graph 19B: TBFC age data



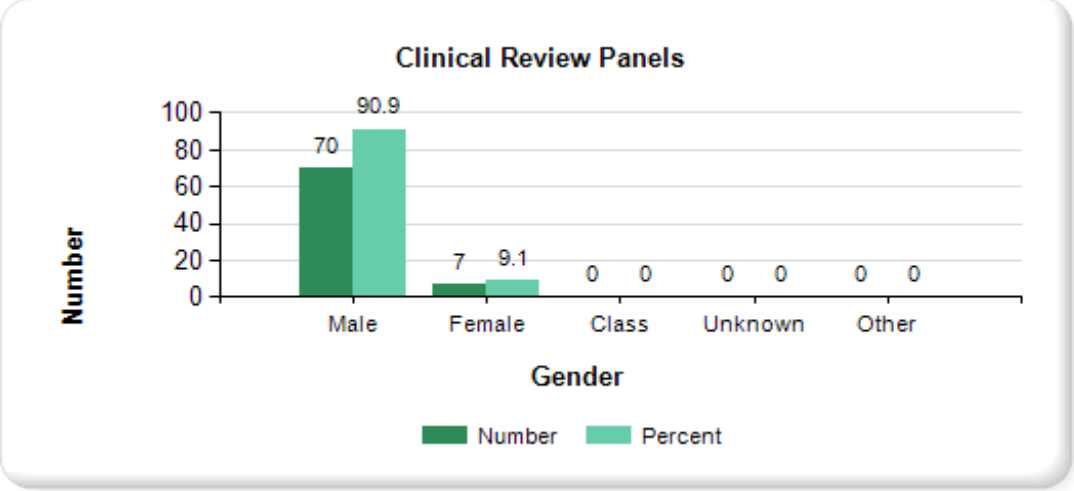
Graph 19C: TBFC race data

Clifton T. Perkins Hospital Center (CTPHC)

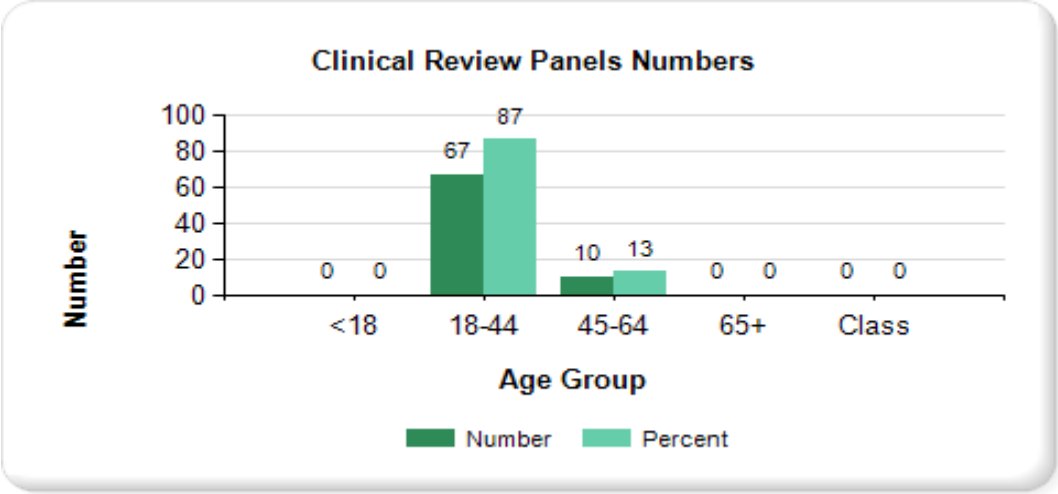
CRPs by Gender, Age Group and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	70	90.9	<18	0	0	African American	50	64.9
Female	7	9.1	18-44	67	87	Caucasian	20	26
			45-64	10	13	Asian	2	2.6
			65+	0	0	Hispanic	3	3.9
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	2	2.6
Total	**77**	**100**	**Total**	**77**	**100**	**Total**	**77**	**100**

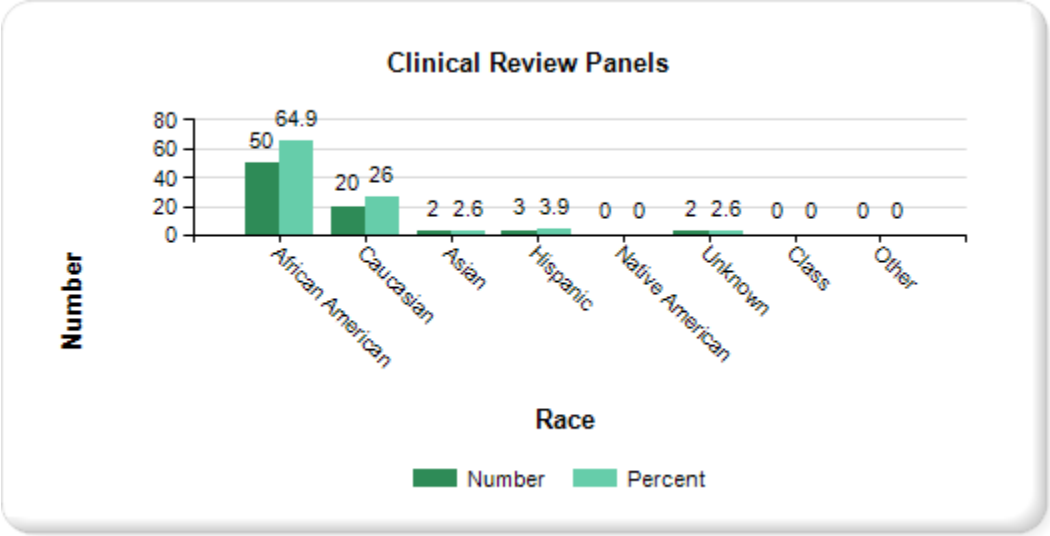
Chart 20: During FY 25, CTPHC conducted a total of 77 CRPs.
Graphs 20A-20C represent CRP data for CTPHC.



Graph 20A: CTPHC gender data



Graph 20B: CTPHC age data



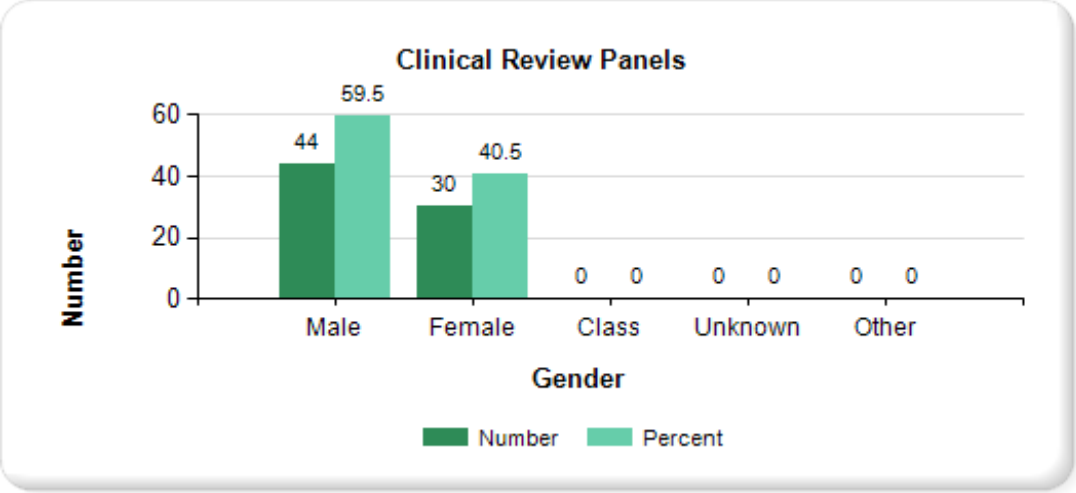
Graph 20C: CTPHC race data

Springfield Hospital Center (SFHC)

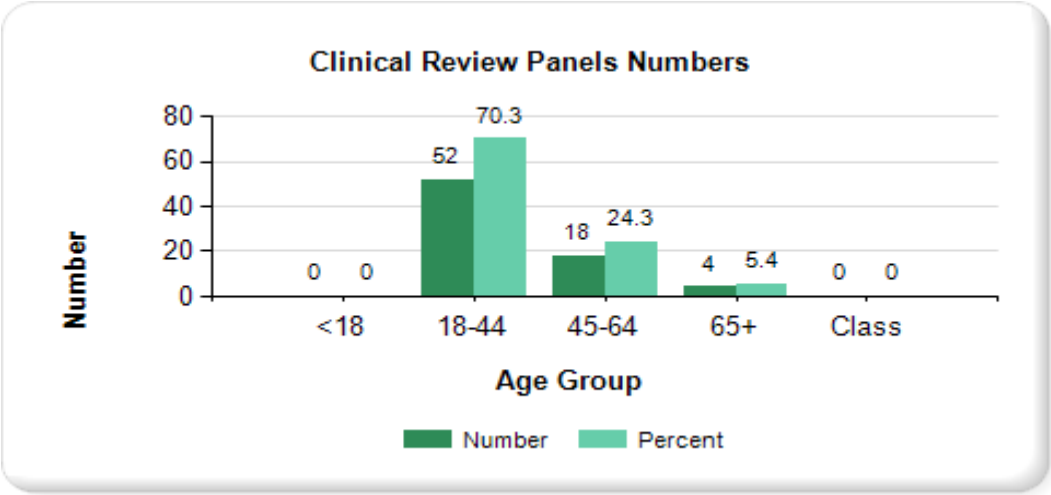
CRPs by Gender, Age Group and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	44	59.5	<18	0	0	African American	50	67.6
Female	30	40.5	18-44	52	70.3	Caucasian	22	29.7
			45-64	18	24.3	Asian	2	2.7
			65+	4	5.4	Hispanic	0	0
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**74**	**100**	**Total**	**74**	**100**	**Total**	**74**	**100**

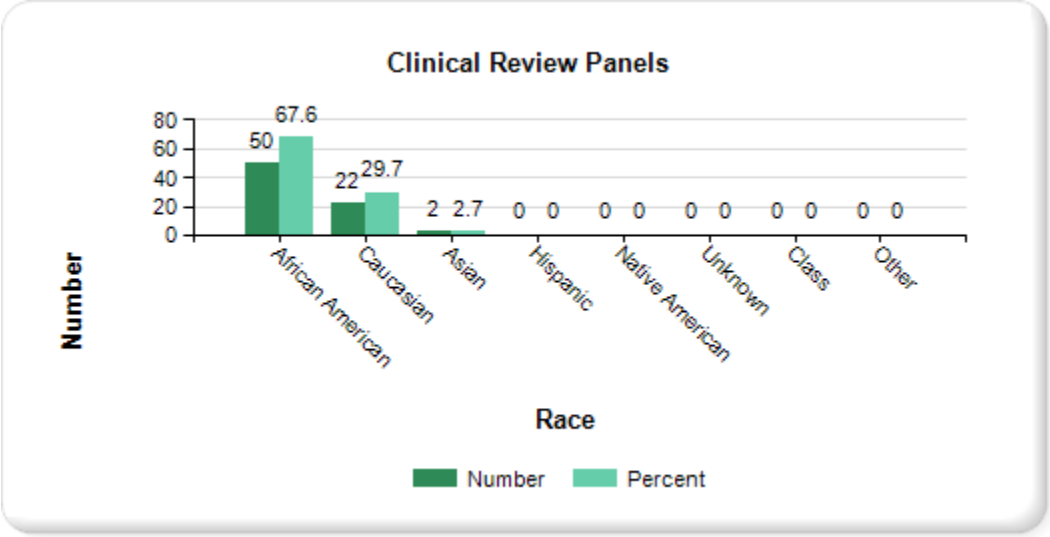
Chart 21: During FY 25, SFHC conducted a total of 74 CRPs.
Graphs 21A-21C represent CRP data for SFHC.



Graph 21A: SFHC gender data



Graph 21B: SFHC age data



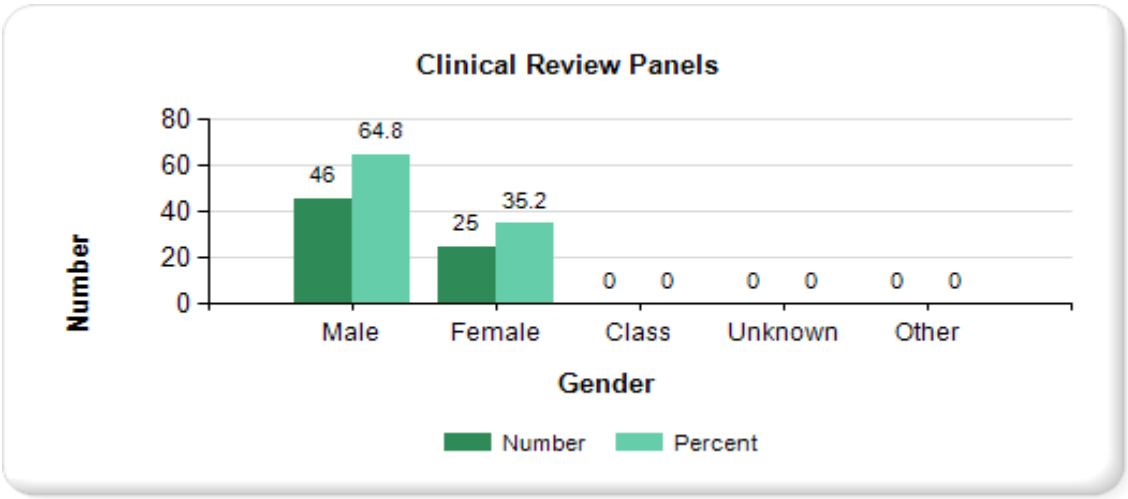
Graph 21C: SFHC race data

Spring Grove Hospital Center (SGHC)

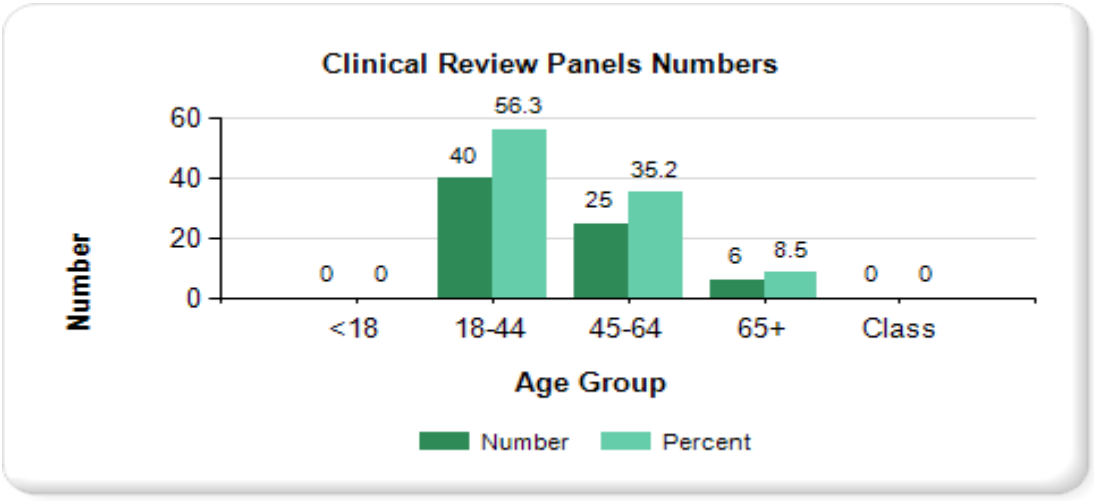
CRPs by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	46	64.8	<18	0	0	African American	49	69
Female	25	35.2	18-44	40	56.3	Caucasian	19	26.8
			45-64	25	35.2	Asian	0	0
			65+	6	8.5	Hispanic	0	0
						Native American	0	0
Other	0	0	Other	0	0	Other	3	4.2
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	**71**	**100**	**Total**	**71**	**100**	**Total**	**71**	**100**

Chart 22: During FY 25, SGHC conducted a total of 71 CRPs.
Graphs 22A-22C represent CRP data for SGHC.



Graph 22A: SGHC gender data



Graph 22B: SGHC age data

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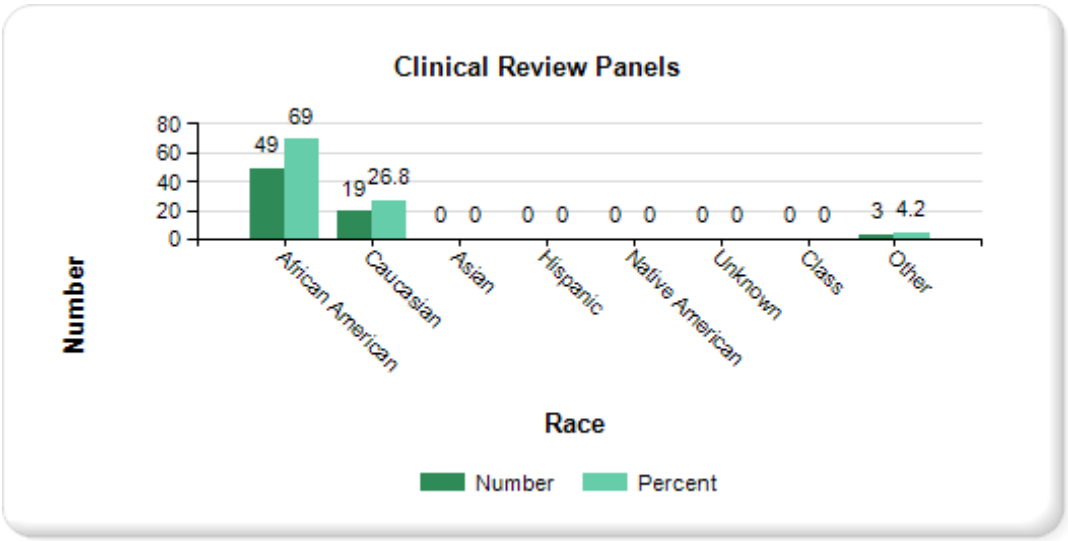

Graph 22C: SGHC race data

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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RESIDENT GRIEVANCE SYSTEM

MDH Healthcare System
Residential Facilities
Fiscal Year 2025

Maryland
DEPARTMENT OF HEALTH

Rhonda Callum, Director

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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)'s[2] 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.

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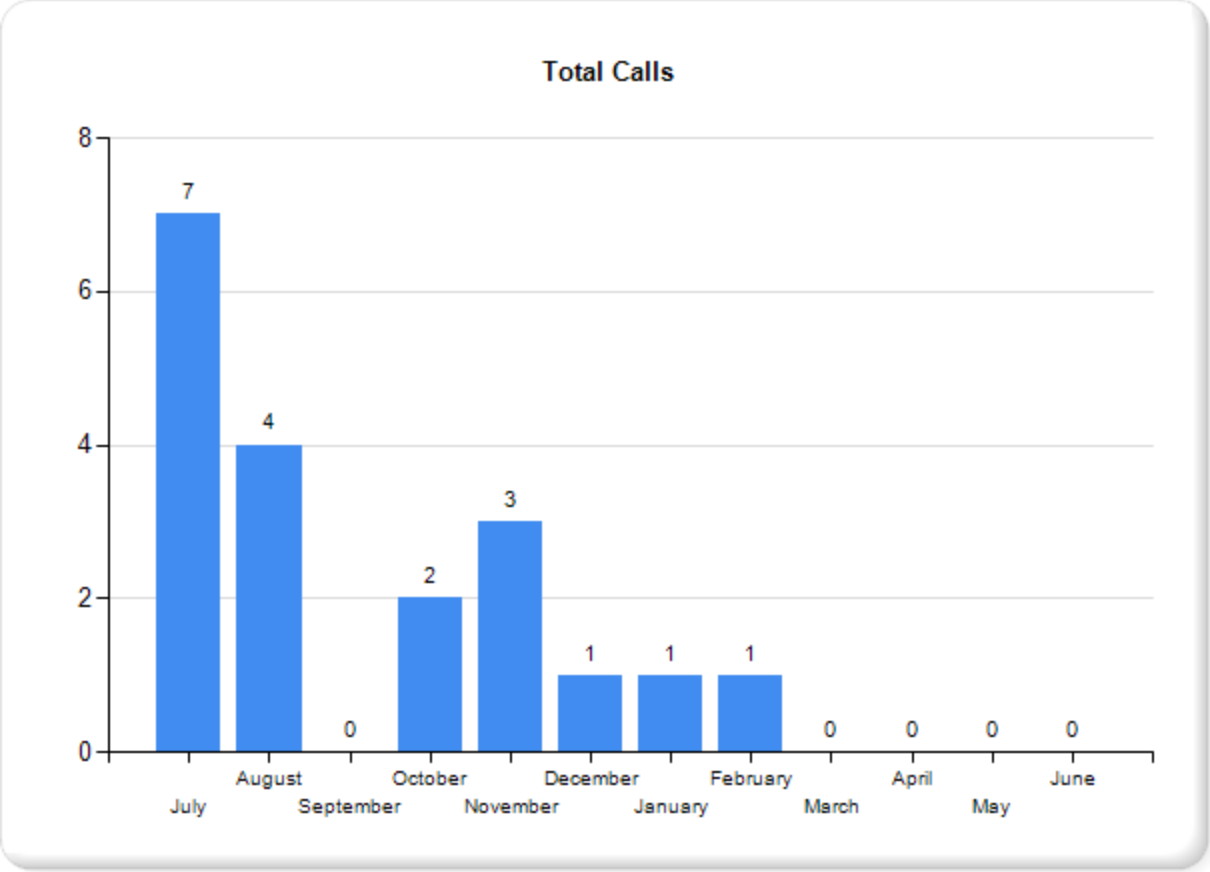
[1] *Effective July 1, 2017, the Department of Health and Mental Hygiene was renamed to the Maryland Department of Health (MDH).*

[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 received 19 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 2025, 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 2025, 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%) was resolved at Stage 4.

II. Information/Assistance (IA)

Cases classified as Information/Assistance (IA) 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

Facility	*Grievances*	*Information Assistance*	***Facility Totals***
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 facilities, 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. 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 grievance data demonstrates a significant pattern of fluctuation in patients complaints, IA cases, and total patient contacts over the five-year period. Fiscal years (FY22 -FY25) saw drastic decreases in all three areas. This can be partially attributed to an RGS staff turnover for Western MD.

PART II: FACILITY DATA – FY 2025

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 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.

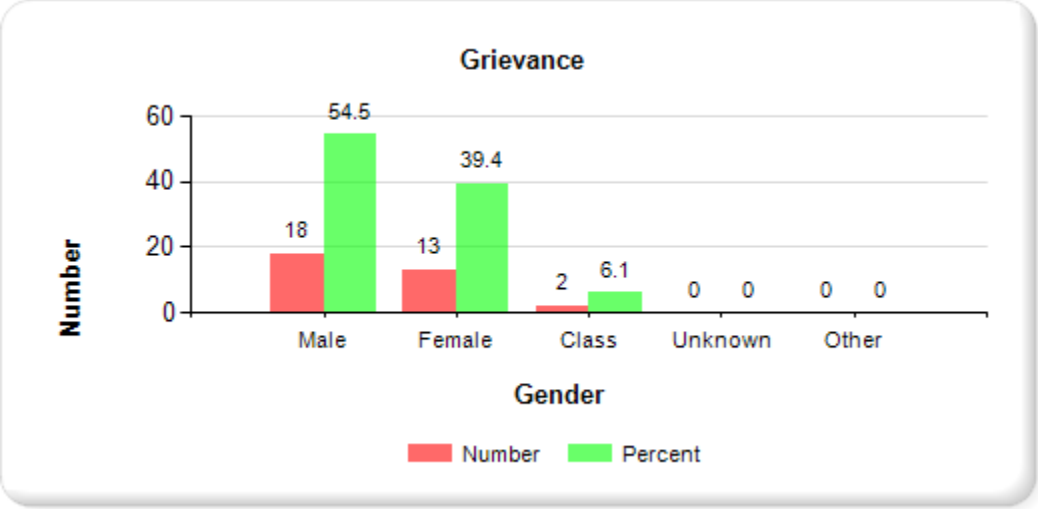
In each section, the category "Race" lists several specific sub-categories – African American, Caucasian, Asian, Hispanic, and Native American. Also listed are the sub-categories – Other, Unknown and Class. "Other" represents information collected from residents who selected this category as their gender 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 2025
MDH Healthcare System Residential Centers and SETT Unit

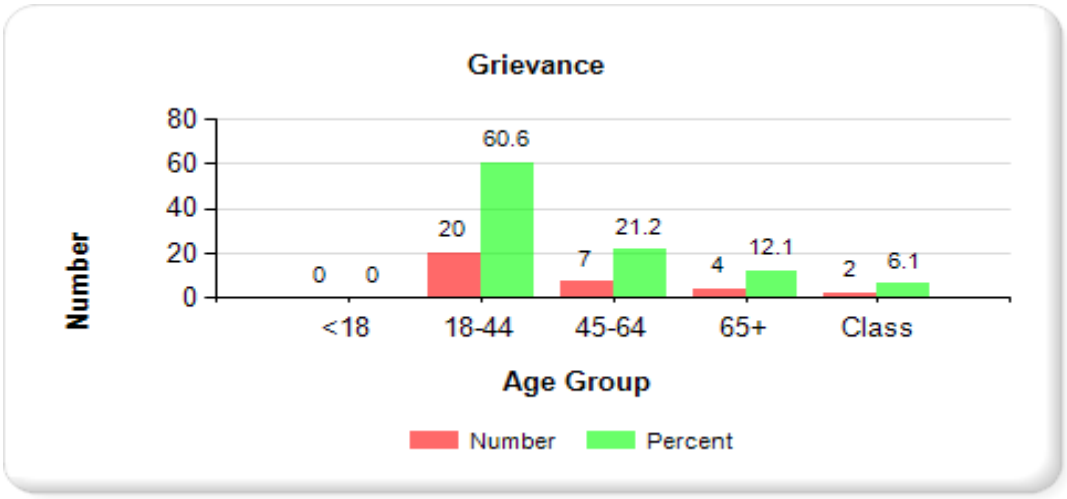
Aggregate Grievance Cases by Gender, Age Group, and Race

Gender	#	%	AGE	#	%	RACE	#	%
Male	18	54.5	<18	0	0	African American	7	21.2
Female	13	39.4	18-44	20	60.6	Caucasian	24	72.7
			45-64	7	21.2	Asian	0	0
			65+	4	12.1	Hispanic	0	0
						Native American	0	0
Class	2	6.1	**Class**	2	6.1	**Class**	2	6.1
Unknown	0	0	Unknown	0	0	Unknown	0	0
Other	0	0	**Other**	0	0	**Other**	0	0
Total	**33**	**100**	**Total**	**33**	**100**	**Total**	**33**	**100**

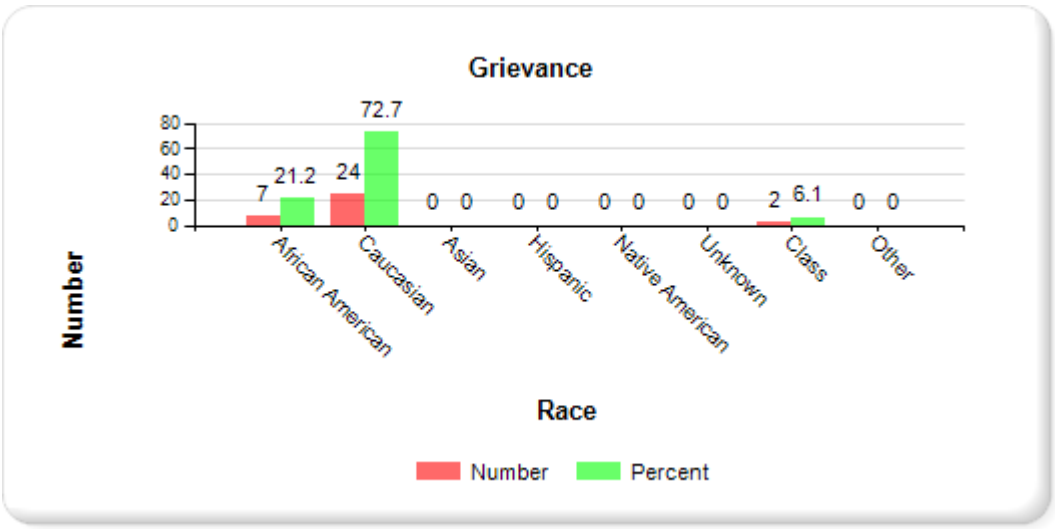
Chart 1: During FY 25, there were a total of 33 grievances for the two HCS Residential Centers and the Secure Evaluation and Therapeutic Treatment (SETT) Unit.
Graphs 1A-1C represent HCS aggregate grievance data



Graph 1A: HCS aggregate DDA gender data



Graph 1B: HCS aggregate DDA age data



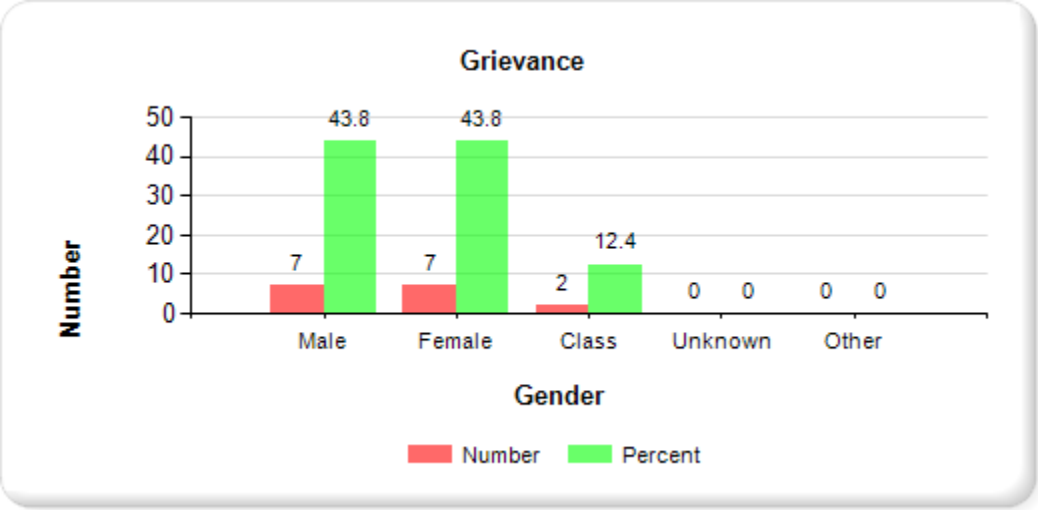
Graph 1C: HCS aggregate DDA race data

Holly Center

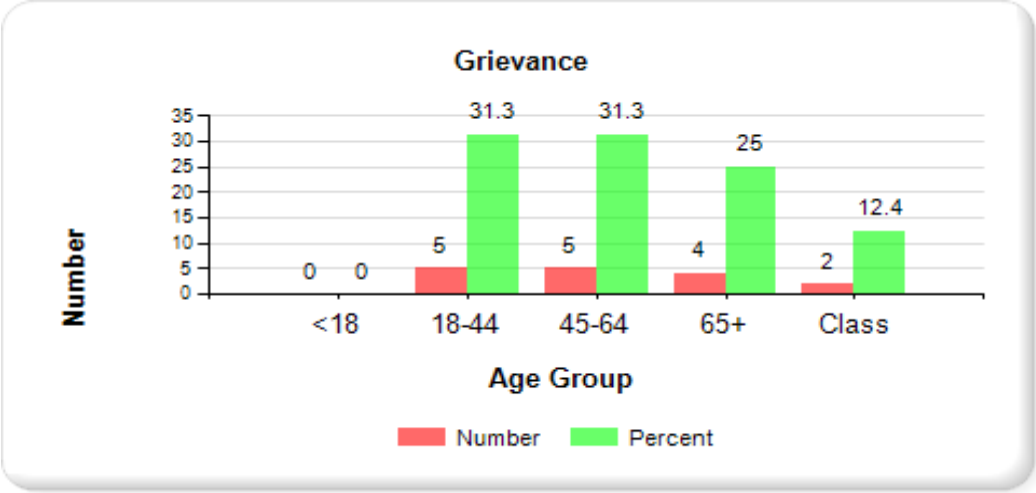
Grievance Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	7	43.8	<18	0	0	African American	2	12.4
Female	7	43.8	18-44	5	31.3	Caucasian	12	75.2
			45-64	5	31.3	Asian	0	0
			65+	4	25	Hispanic	0	0
						Native American	0	0
Class	2	12.4	**Class**	2	12.4	**Class**	2	12.4
Unknown	0	0	Unknown	0	0	Unknown	0	0
Other	0	0	**Other**	0	0	**Other**	0	0
Total	**16**	**100**	Total	**16**	**100**	Total	**16**	**100**

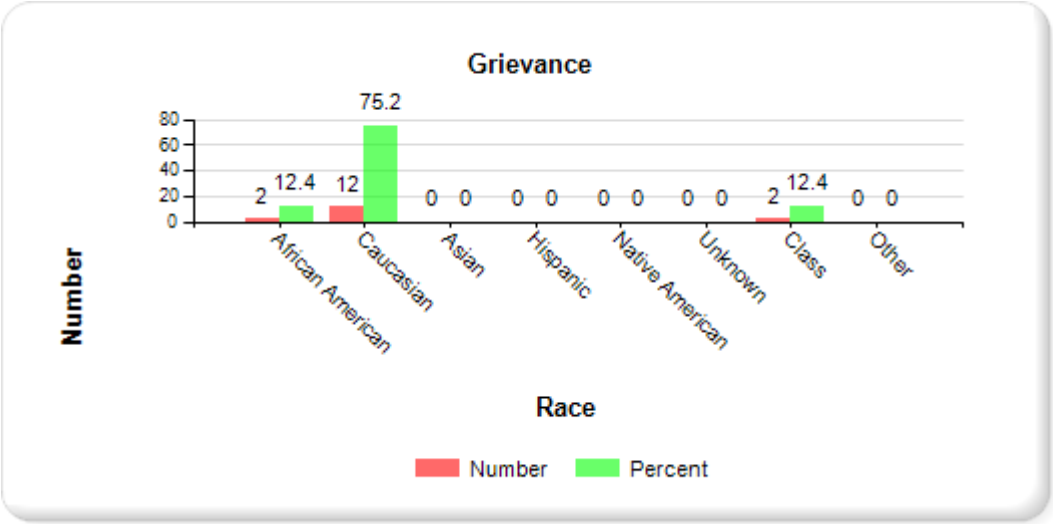
Chart 2: During FY 25, Holly Center had a total of 16 grievance.
Graphs 2A-2C represent Holly Center grievance data



Graph 2A: Holly Center gender data



Graph 2B: Holly Center age data



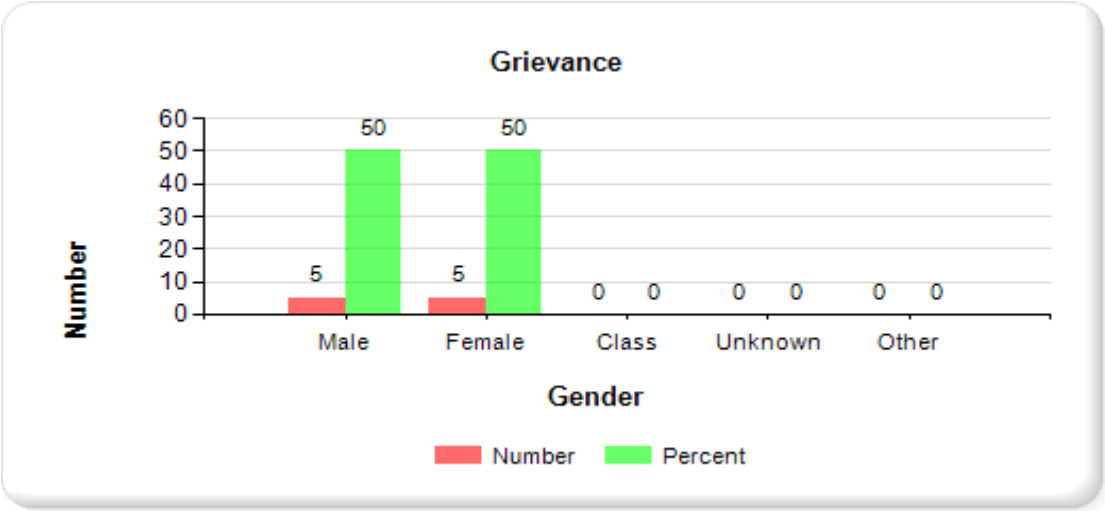
Graph 2C: Holly Center race data

Potomac Center

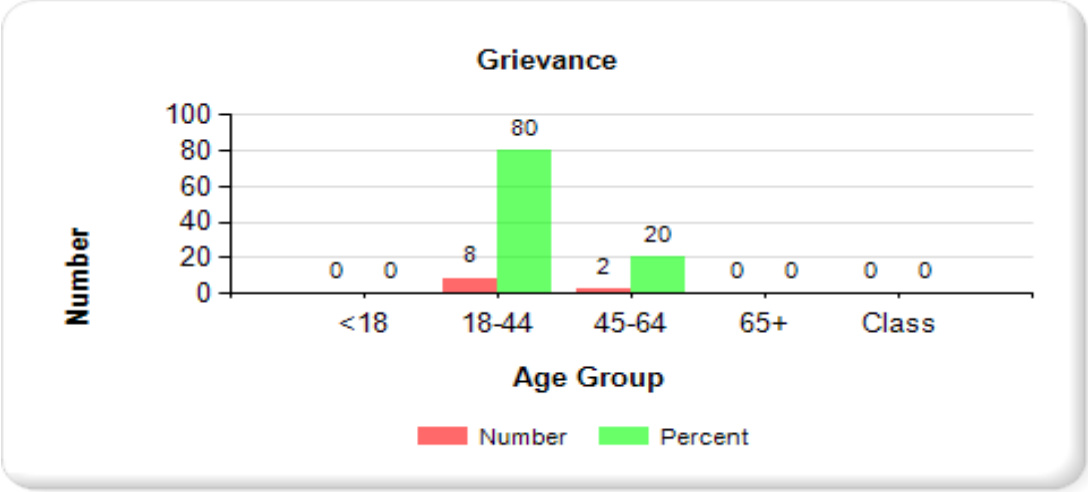
Grievance Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	5	50	<18	0	0.0	African American	4	40
Female	5	50	18-44	8	80	Caucasian	6	60
			45-64	2	20	Asian	0	0
			65+	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	0	0
Other	0	0	**Other**	0	0	**Other**	0	0
Total	**10**	**100**	**Total**	**10**	**100**	**Total**	**10**	**100**

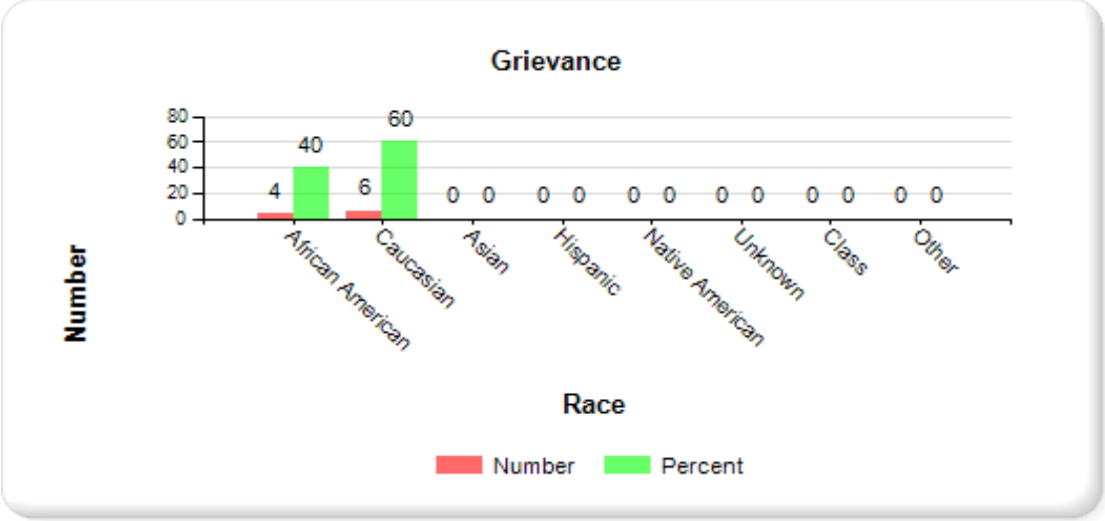
Chart 3: During FY 25, Potomac Center had a total of 10 grievances.
Graphs 3A-3C represent Potomac Center grievance data



Graph 3A: Potomac Center gender data



Graph 3B: Potomac Center age data



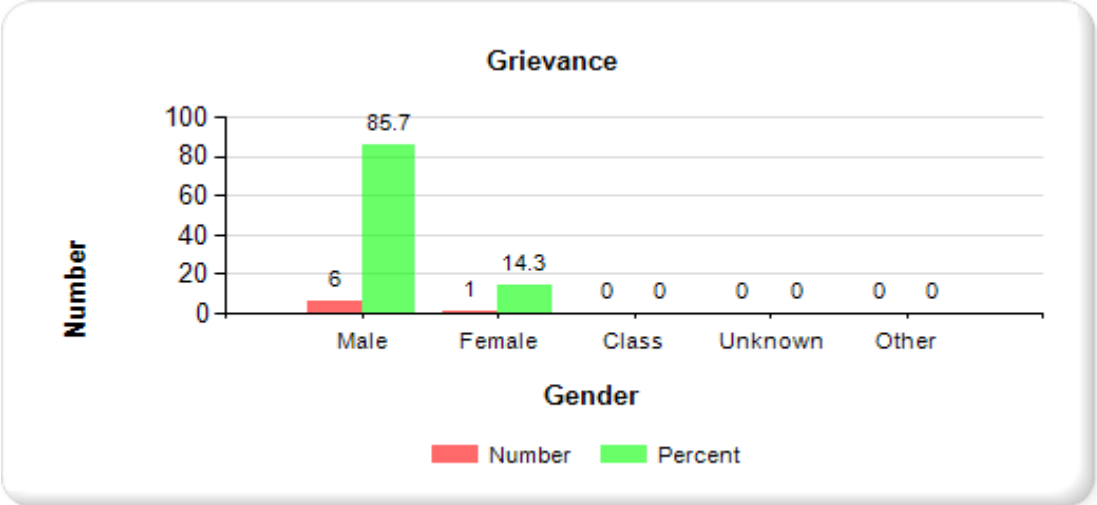
Graph 3C: Potomac Center race data

Secure Evaluation and Therapeutic Treatment (SETT) – Potomac

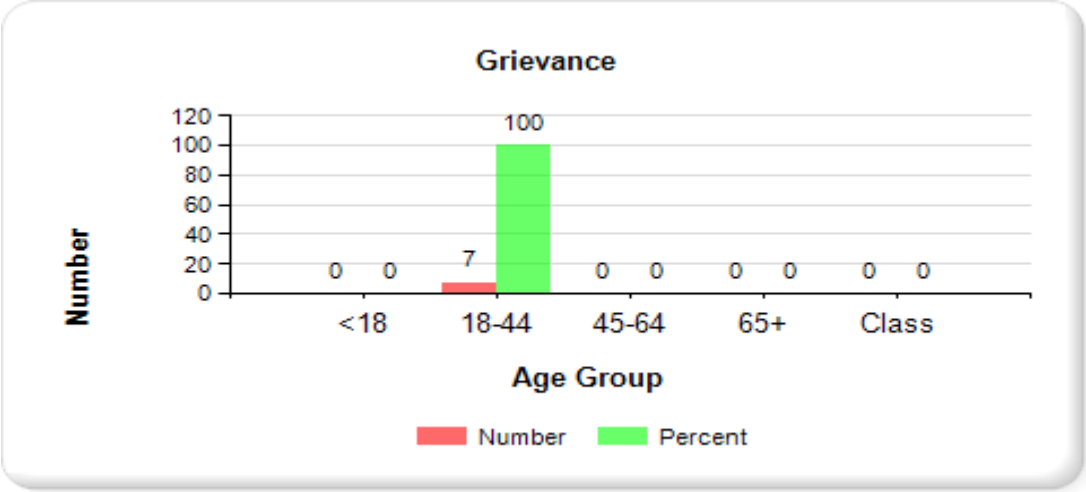
Grievance Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	6	85.7	<18	0	0	African American	1	14.3
Female	1	14.3	18-44	7	100	Caucasian	6	85.7
			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
Unknown	0	0	Unknown	0	0	Unknown	0	0
Other	0	0	**Other**	0	0	**Other**	0	0
Total	7	100	Total	7	100	Total	7	100

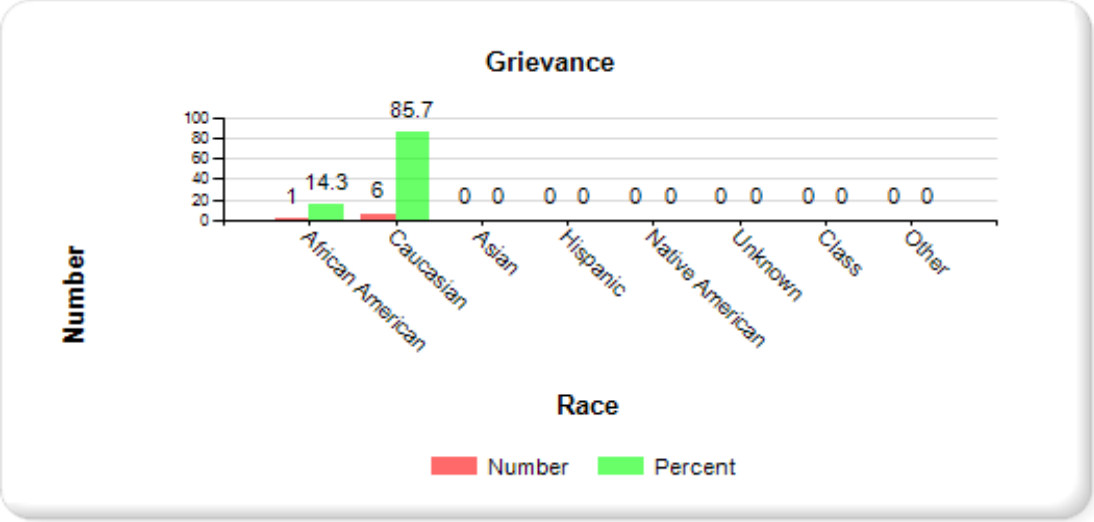
Chart 4: During FY 25, Potomac SETT had a total of 7 grievances.
Graphs 4A-4C represent Potomac SETT grievance data



Graph 4A: Potomac SETT gender data



Graph 4B: Potomac SETT age data



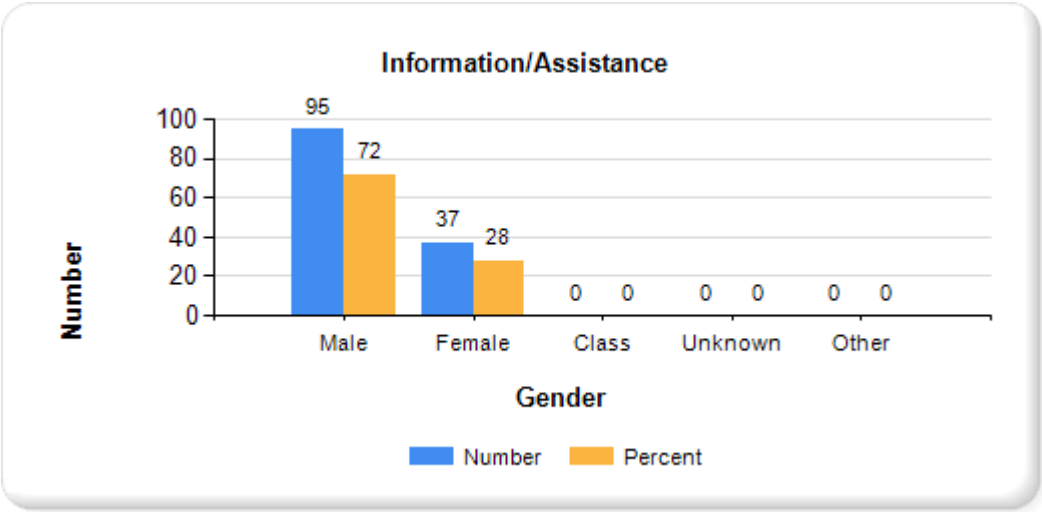
Graph 4C: Potomac SETT race data

SECTION B
MDH Healthcare System Residential Centers and SETT Unit
INFORMATION AND ASSISTANCE (IA) DATA - FY 2025

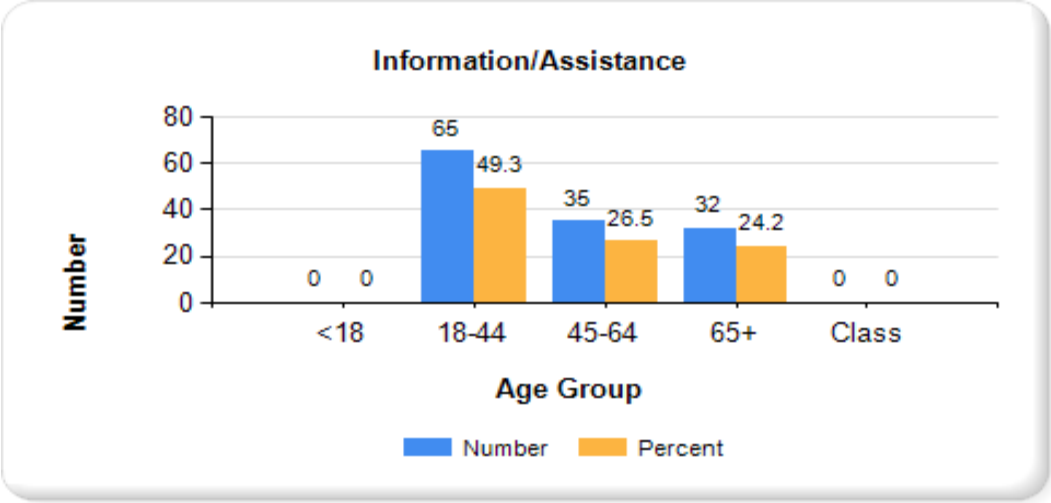
IA Cases by Gender, Age Group, and Race – DDA

SEX	#	%	AGE	#	%	RACE	#	%
Male	95	72	<18	0	0	African American	51	38.6
Female	37	28	18-44	65	49.3	Caucasian	78	59.1
			45-64	35	26.5	Asian	0	0
			65+	32	24.2	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Unknown	0	0	Unknown	0	0	Unknown	2	1.5
Other	0	0	Other	0	0	Other	1	0.8
Total	132	**100**	Total	132	**100**	Total	132	**100**

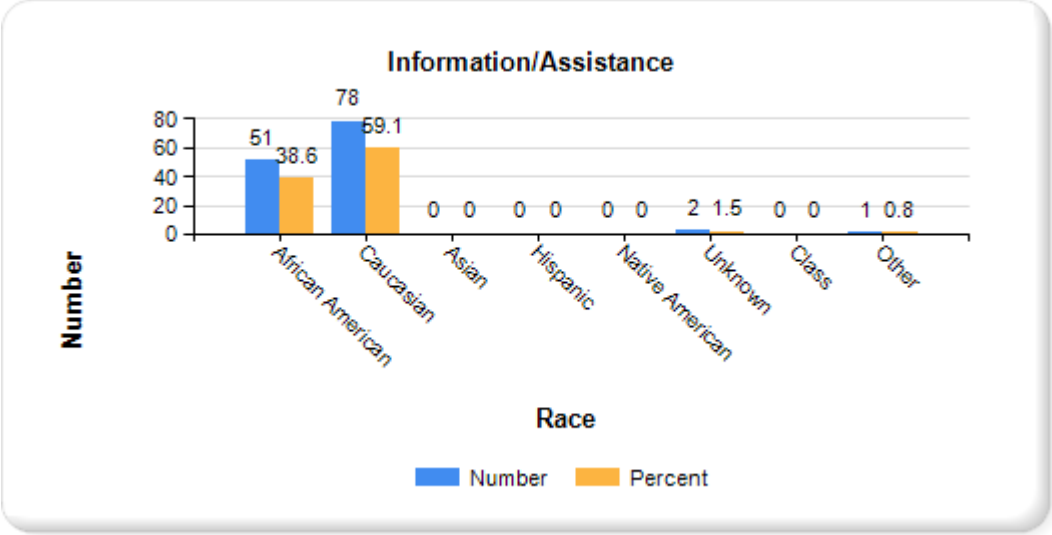
Chart 5: During FY 25, HCS facilities had a total of 132 IA cases for the two DDA Residential Centers and the Secure Evaluation and Therapeutic Treatment (SETT) Unit.
Graphs 5A-5C represents HCS DDA facilities data



Graph 5A: HCS aggregate DDA gender data



Graph 5B HCS aggregate DDA age data



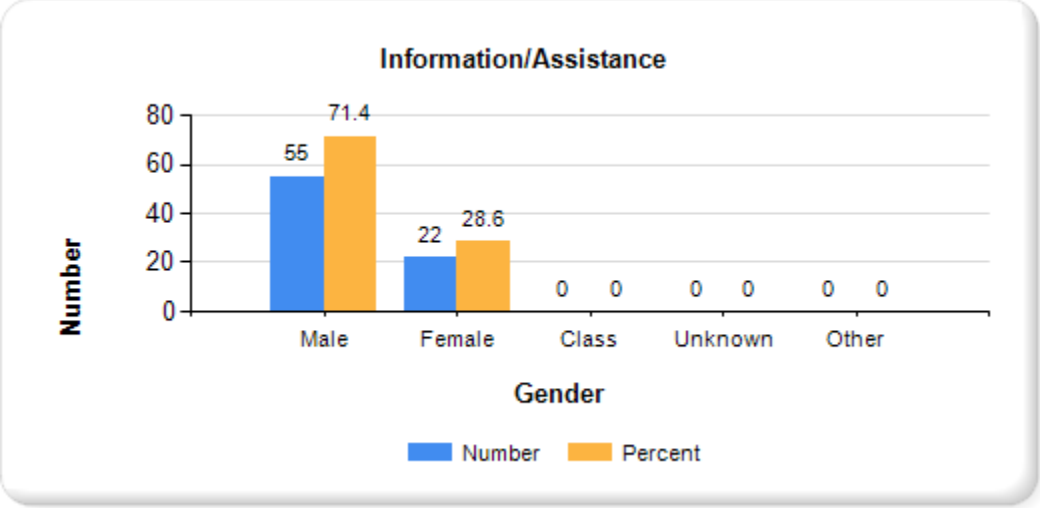
Graph 5C: HCS aggregate DDA race data

Holly Center

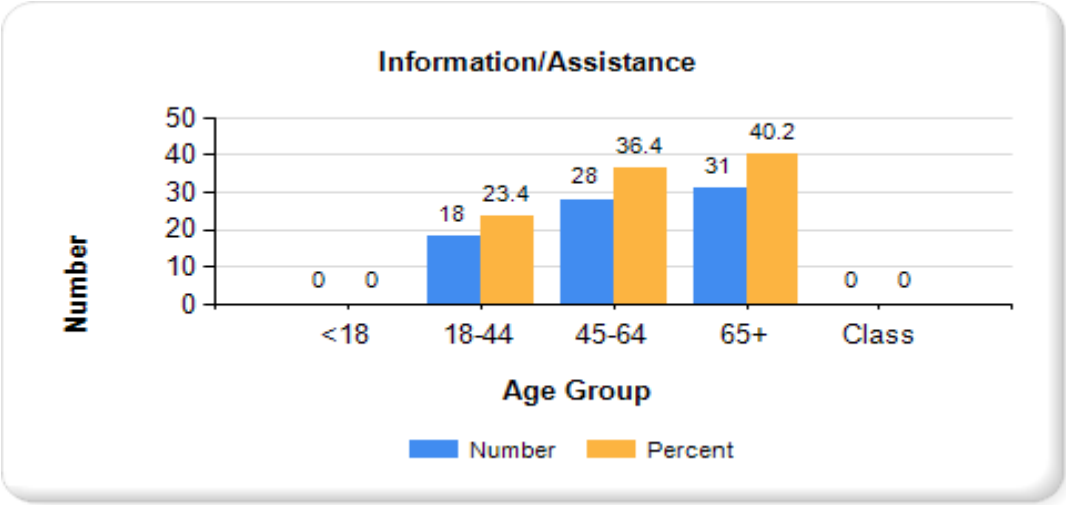
IA Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	55	71.4	<18	0	0	African American	21	27.3
Female	22	28.6	18-44	18	23.4	Caucasian	56	72.7
			45-64	28	36.4	Asian	0	0
			65+	31	40.2	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	**77**	**100**	**Total**	**77**	**100**	**Total**	**77**	**100**

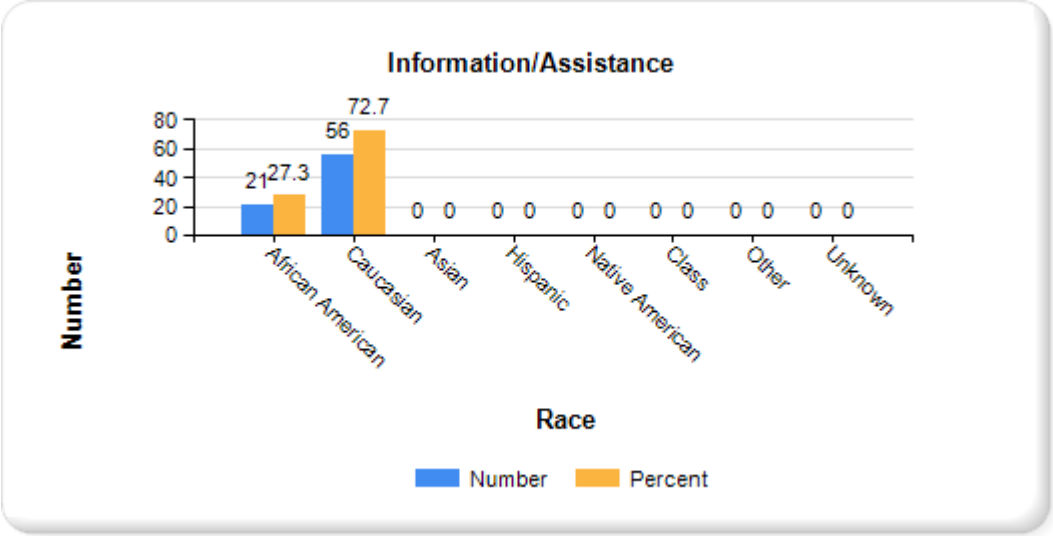
Chart 6: During FY 25, Holly Center had a total of 77 IA cases.
Graphs 6A-6C represent Holly Center grievance data



Graph 6A: Holly Center gender data



Graph 6B: Holly Center age data



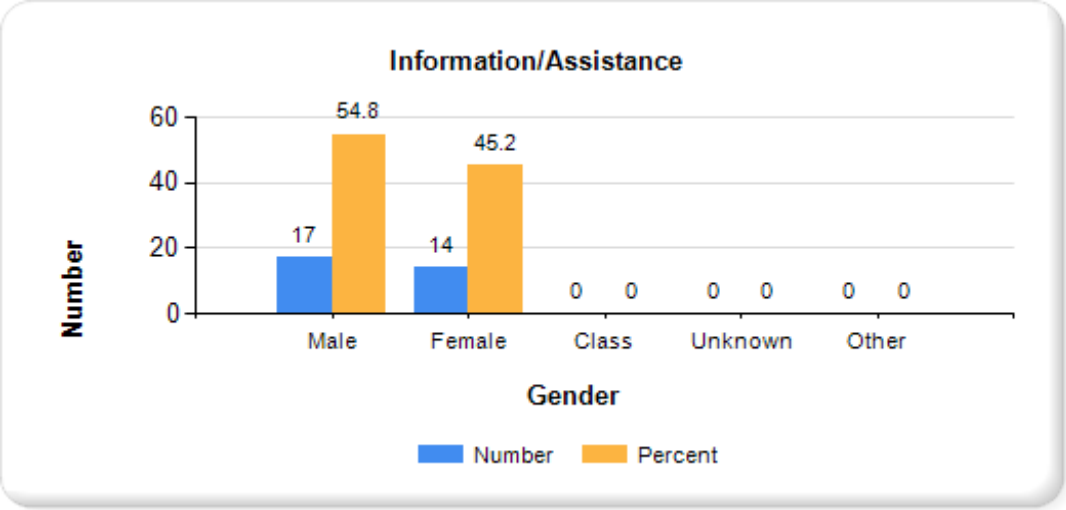
Graph 6C: Holly Center race data

Potomac Center

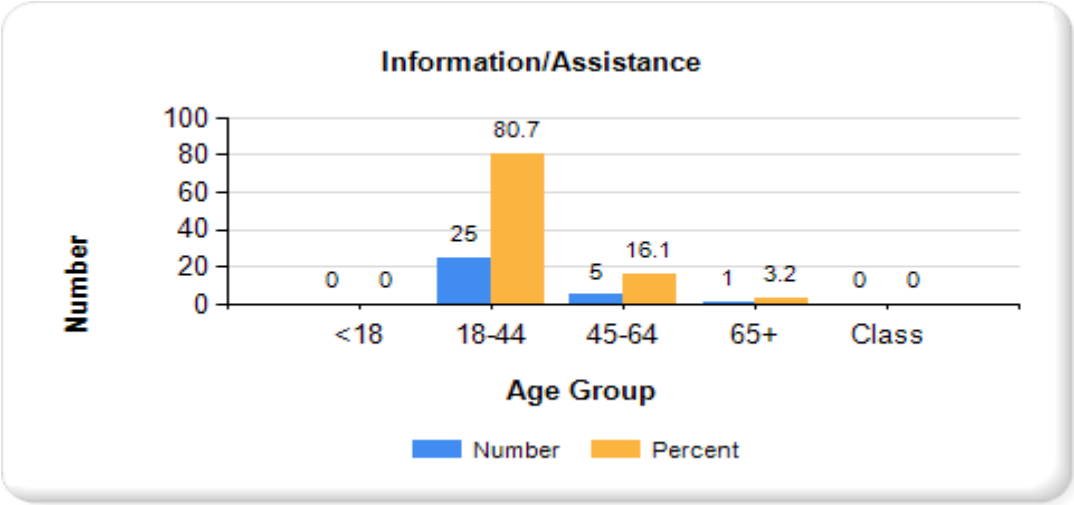
IA Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	17	54.8	<18	0	0	African American	16	51.6
Female	14	45.2	18-44	25	80.7	Caucasian	14	45.2
			45-64	5	16.1	Asian	0	0
			65+	1	3.2	Hispanic	0	0
						Native American	0	0
Class	0	0	**Class**	0	0	**Class**	0	0
Unknown	0	0	Unknown	0	0	Unknown	1	3.2
Other	0	0	**Other**	0	0	**Other**		
Total	**31**	**100**	**Total**	**31**	**100**	**Total**	**31**	**100**

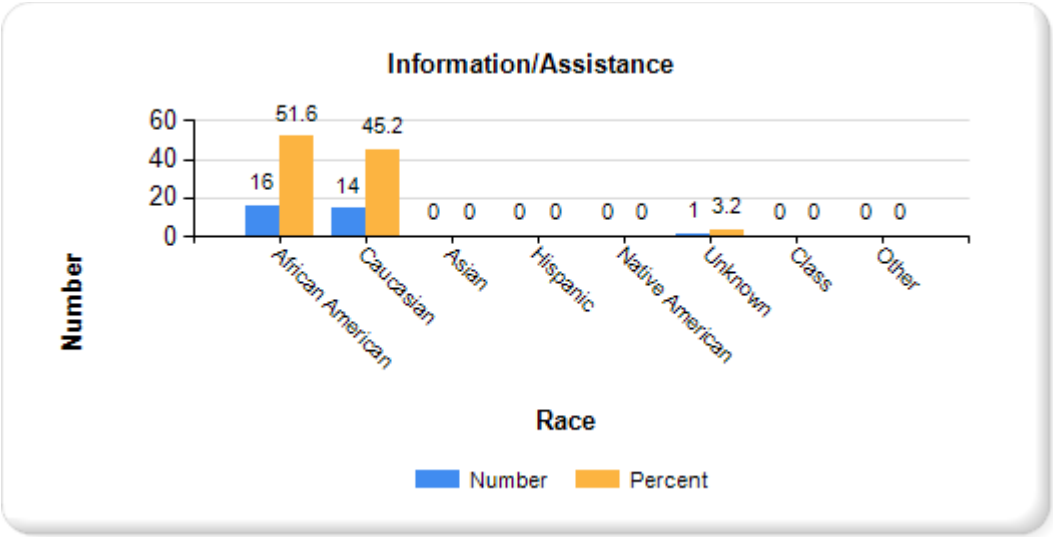
Chart 7: During FY 25, Potomac Center had a total of 31 IA cases.
Graphs 7A-7C represent Potomac Center grievance data



Graph 7A: Potomac Center gender data



Graph 7B: Potomac Center age data



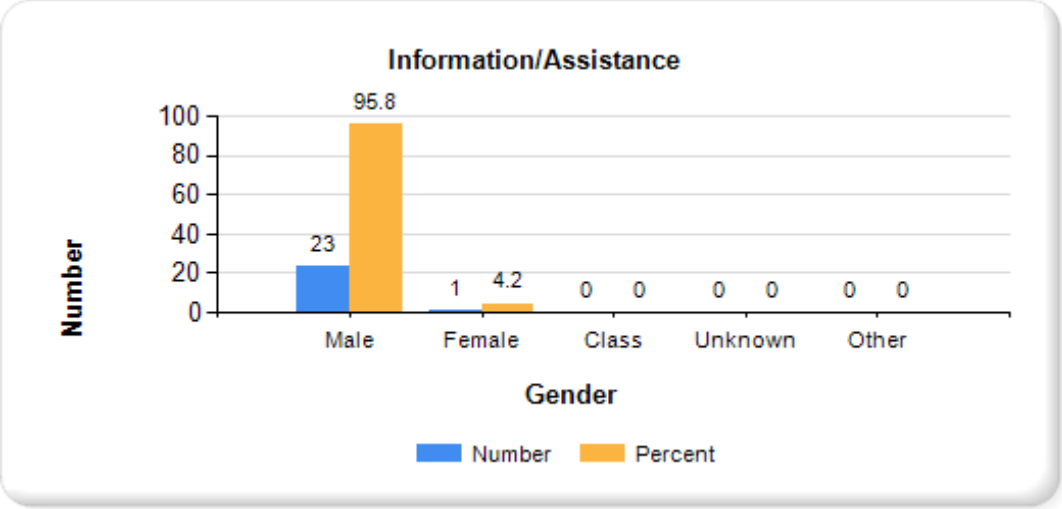
Graph 7C: Potomac Center race data

Secure Evaluation and Therapeutic Treatment (SETT) - Potomac

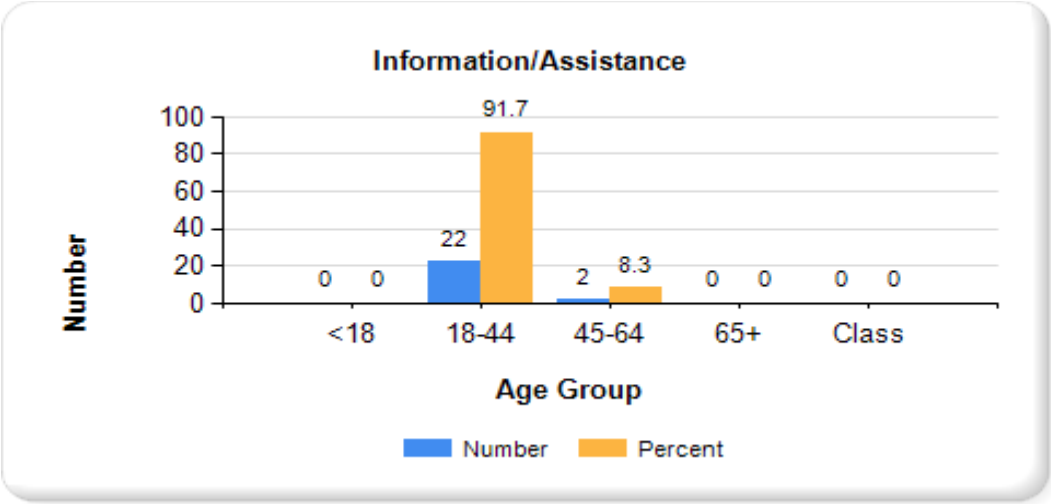
IA Cases by Gender, Age Group, and Race

SEX	#	%	AGE	#	%	RACE	#	%
Male	23	95.8	<18	0	0	African American	14	58.3
Female	1	4.2	18-44	22	91.7	Caucasian	8	33.3
			45-64	2	8.3	Asian	0	0
			65+	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	4.2
Other	0	0	**Other**	0	0	**Other**	1	4.2
Total	**24**	**100**	**Total**	**24**	**100**	**Total**	**24**	**100**

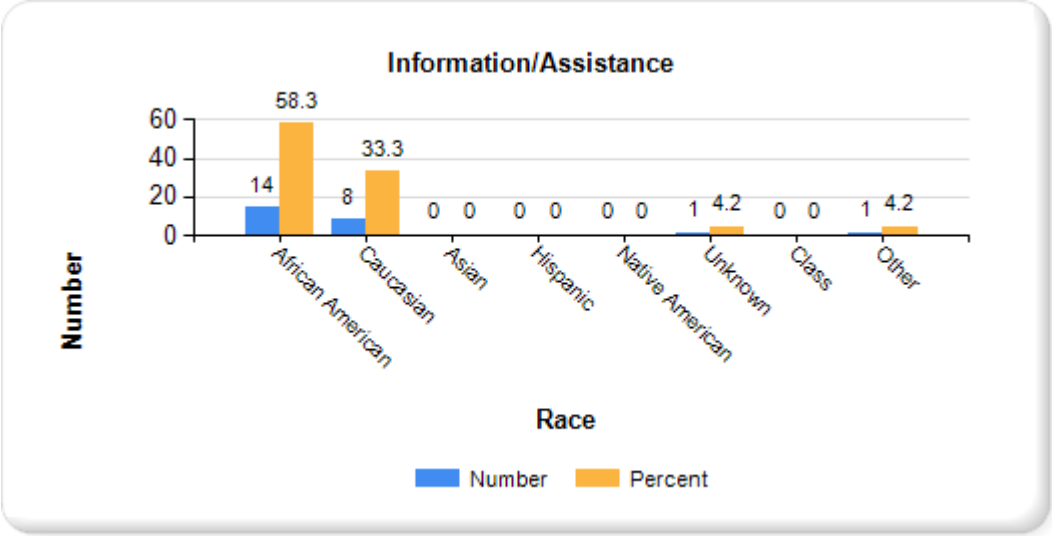
Chart 8: During FY 25, Potomac SETT had a total of 24 IA cases.
Graphs 8A-8C represent Potomac SETT IA data



Graph 8A: Potomac SETT gender data



Graph 8B: Potomac SETT age data



Graph 8C: Potomac SETT race data

RESIDENT GRIEVANCE SYSTEM

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