Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

December 04, 2024

The Honorable Bill Ferguson
President of the Senate
H-107 State House
100 State Circle
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
H-101 State House
100 State Circle
Annapolis, MD 21401-1991

Re: Resident Grievance Report for 2024 (Health General §10–908)

Dear President Ferguson and Speaker Jones,
As required by, Health General §10–908 the Behavioral Health Administration (BHA) Resident Grievance System MDH Healthcare System Inpatient Psychiatric Facilities Resident Grievance report for fiscal year 2024 is hereby submitted to the General Assembly, in accordance with § 2–1257 of the State Government Article).

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

cc: Marie Grant, Assistant Secretary of Health Policy
Alyssa Lord, Deputy Secretary for Behavioral Health,
Sarah Case-Herron, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (5 copies)

RESIDENT GRIEVANCE SYSTEM
MDH Healthcare System
Psychiatric Inpatient Facilities
Fiscal Year 2024

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Executive Summary

The Resident Grievance System (RGS) is a cornerstone of Maryland's patient rights program, established to ensure the fair treatment and protection of residents within facilities managed by the Maryland Department of Health and Human Services (MDH-HCS). Created in 1985 as part of the Coe Consent Decree, the RGS provides a structured, four-stage grievance process that prioritizes the resolution of resident concerns through mediation, negotiation, and reconciliation. The system operates under the legal framework set by the Code of Maryland Regulations (COMAR) 10.21.14 and is overseen by the Deputy Secretary for Behavioral Health within the Maryland Department of Health.

The RGS serves residents in seven MDH-HCS psychiatric inpatient facilities, as well as individuals in the State Residential Centers (SRCs) for those with developmental disabilities. Key functions include advocating for residents' legal rights, addressing grievances related to patient care, and offering critical support in areas such as benefits, forced medication, and entitlement claims.

Integral to the system are Rights Advisors (RAs), who are stationed at each facility to investigate grievances, mediate disputes, and educate both residents and staff. The system also collaborates with external partners such as Disabilities Rights Maryland (DRM) and the Office of Health Care Quality (OHCQ) to ensure comprehensive advocacy for residents.

The Legal Assistance Providers (LAPs), another essential tier, offer legal representation in complex grievance cases, particularly in forced medication appeals and entitlement disputes. In fiscal year 2024, LAPs provided 1,687.93 hours of legal services, including 95 administrative appeals for Clinical Review Panels (CRPs) and assistance with rights issues and benefit claims.

In 2024, the RGS processed 291 grievances across its facilities, achieving resolution at various stages of the process, and conducted 299 CRPs. The system also responded to 1,969 calls via its toll-free number, ensuring residents have immediate access to advocacy services.

Overall, the RGS is a vital resource that safeguards the rights and well-being of residents, ensuring they are heard, supported, and treated fairly within Maryland's healthcare facilities. The system’s dedication to timely resolution, legal advocacy, and collaboration with external agencies highlights its critical role in protecting patient rights and promoting dignity for individuals in care.

Overview

The Resident Grievance System (RGS) is the first tier of Maryland's patient rights program. It ensures that residents' grievances are handled fairly, justly, and in their best interests. Maryland's RGS is a structured, four-stage administrative process designed to protect patients' rights in facilities operated by the Maryland Department of Health and Human Services (MDH-HCS). This system provides a timely, fair, efficient, and comprehensive approach to receiving, investigating, and resolving residents' complaints. The primary purpose of the RGS is to address grievances through mediation, negotiation, and reconciliation, always prioritizing the well-being

of the patients.

The Resident Grievance System (RGS) was established in 1985 as part of a negotiated settlement in the class-action lawsuit Coe v. Hughes et al. This settlement resulted in the creation of the Coe Consent Decree.
The Coe Consent Decree established a two-tiered patient right advocacy program consisting of The Resident Grievance System (RGS) and the Legal Assistance Providers (LAPs).
The program aims to:

1. Ensure that patients' rights are upheld, as guaranteed by federal and state laws and regulations.
2. Help patients with claims for benefits and entitlements, ensuring they receive the necessary support and resources they are legally entitled to.
3. Support the transition of patients from institutional care to community-based settings, in line with deinstitutionalization policies that encourage the integration of individuals with disabilities into mainstream society.
4. Provide guidance and advocacy in matters such as housing, finance, and personal rights to assist patients in addressing civil legal issues.

RGS Structure

The Resident Grievance System (RGS) is governed by the Code of Maryland Regulations (COMAR) 10.21.14, which was adopted on March 28, 1994, and amended on January 26, 1998. These regulations establish the legal framework and operational guidelines for the RGS.
This system ensures that individuals residing in facilities have a straightforward means to advocate for themselves, defend their rights, and seek remedies when necessary. It is part of broader efforts to protect patients' rights and conditions for those in institutional care settings.
The RGS is under the auspices of the Deputy Secretary for Behavioral Health within the Maryland Department of Health (MDH). The program provides services for residents of the seven MDH Healthcare System (HCS)Psychiatric Inpatient Facilities which include:

1. Spring Grove Hospital Center (SGHC)
2. Springfield Hospital Center (SFHC)
3. Clifton T. Perkins Hospital (CTPHC)
4. Eastern Shore Hospital Center (ESHC)
5. Thomas B. Finan Center (TBFC)
6. Two Regional Institutes for Children and Adolescents (RICAs) located in Rockville and Baltimore

Additionally, RGS advocates for the rights of individuals in the two State Residential Centers (SRCs) operated by the DDA. These centers support individuals with developmental disabilities, ensuring their rights and needs are appropriately addressed.
RGS also provides services to the Secured Evaluation and Therapeutic Treatment (SETT) Unit,

which is dedicated to delivering mental health and therapeutic services in a secure environment.

Program Implementation and Oversight

The Director of the Resident Grievance System (RGS) is responsible for overseeing the program, which includes tasks such as hiring, assigning, and evaluating Rights Advisors (RAs) to work in the appropriate facilities within the seven Hospital and Community Services (HCS) hospitals and other expanded areas. This structure ensures the effective delivery of advocacy and support for a diverse range of residents, ensuring that their rights and needs are addressed per legal and regulatory requirements.

Rights Advisors (RAs) are assigned in all facilities to assist residents with their grievances and ensure their rights are respected. 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.

The Resident Grievance System (RGS) collaborates with various organizations and agencies to ensure patient safety and protect legal rights. Key collaborators include:

- Office of Health Care Quality (OHCQ)
- Disabilities Rights Maryland (DRM)
- Other stakeholders who share the goal of safeguarding the rights and well-being of residents in MDH-HCS facilities.

The RGS has implemented a toll-free telephone service to ensure that residents have immediate access to the system. The toll-free number, 1-800-747-7454, allows patients to contact the RGS to report concerns or seek assistance directly. This service has enhanced the system's ability to respond quickly to patient concerns and has proven to be a valuable tool in facilitating timely advocacy.

The RGS's collaborative efforts and commitment to accessibility play a crucial role in maintaining residents' safety, dignity, and legal rights within Maryland's psychiatric facilities.

Legal Assistance Providers (LAPs)

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

A priority of the LAP is the representation of residents in obtaining benefits and entitlements.

Following admission to a 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

Rights Issues

According to COMAR 10.21.14, "Rights Issues" are defined broadly as "an alleged violation of a resident's rights, as guaranteed by Federal and State constitutions, statutes, regulations, common law, or policies of the Department, Office of Healthcare Systems, and the facility." When the RGS was established, it was generally understood that not all rights issues are explicitly outlined in the law. Therefore, the RGS is responsible for protecting all residents' rights, including those not explicitly stated in the law. The RGS Director is tasked with developing and updating the classification system (described below) and providing guidelines for its use.

Rights issues are divided into three major classifications:

1. Grievances, - are 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, is a major responsibility of the RA, including receipt, investigation, and resolution of complaints, as well as compliance with the systematic and orderly four-stage grievance process described in Appendix I
2. Clinical Review Panel (CRP) is a panel 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 accordance with the Annotated Code of Maryland, Health-General § 10-708.
3. Information and Assistance (IA) Cases are those that do not allege a rights violation but are contacts in which the patient is seeking information, clarification, or assistance with a concern.

Additionally, RGS categorizes each case into one of 16 major rights categories for data collection. A detailed description is provided in Appendix I

2024 Program Implementation Data

Call Volume

In Fiscal Year 2024, RGS received 1,969 calls through the toll-free number, demonstrating its commitment to addressing patient concerns and ensuring accessibility for residents within the facilities. Appendix 2, Charts I and II, provides a breakdown of the monthly call volume.

LAP Services

Legal Assistance Programs (LAPs) provided 1,687.93 hours of service to residents in FY24. Notably, there were no LAP referrals for entitlement benefits during this period. Nevertheless, the system continues to operate effectively to meet residents' legal needs, which are essential for addressing complex legal issues related to entitlements, forced medication, and other rights-related matters. The representation provided by LAPs ensures that residents receive a fair process, especially in critical and complex legal areas.

LAPs delivered a variety of services, including:

- 95 Clinical Review Panel Administrative Appeals
- 6 Emergency Transfer Hearings
- 70 Rights Issues
- 4 Habeas Corpus/Petition for Release cases
- 36 Legal Case Reviews
- 34 Quarterly Informational Meetings

Grievances

In fiscal year 2024, a total of 291 grievances were processed by RAs across all facilities. The resolutions at each stage were as follows:

- 108 grievances (37%) were resolved at Stage One.
- 40 grievances (14%) were resolved at Stage Two.
- 107 grievances (37%) were resolved at Stage Three.
- 36 grievances (12%) were resolved at Stage Four.

The RA oversees the grievance process to ensure that all four stages are completed within 65 working days, as required by COMAR 10.21.14. Appendix IV provides a detailed breakdown of all grievances processed, categorized by classification, health facilities, and demographics.

Clinical Review Panels

In fiscal year 2024, a total of 299 CRPs were held.

The chart details the total FY 24 CRP cases by facility.

Facility	Clinical Review Panel
Clifton T. Perkins Hospital Center	70
Eastern Shore Hospital Center	30
Spring Grove Hospital Center	105

Springfield Hospital Center	77
Thomas B. Finan Center	17
Activity Total =	299

Note. The chart details the total FY 24 CRP cases by facility. Because adolescents have legal guardians that approve all medications prior to admission, there are no CRPs held within either of the adolescent facilities – Regional Institute for Children and Adolescents (RICA) Baltimore and RICA Rockville.

Conclusion

The Resident Grievance System (RGS) plays a vital role in ensuring that the rights of individuals in Maryland's psychiatric and developmental disability facilities are respected. By providing a structured process for grievance resolution, advocating for legal support, and collaborating with other agencies, the RGS is central to the ongoing efforts to protect and support patients in these care settings. Through comprehensive oversight and a commitment to accessibility, the system serves as a robust model for patient rights advocacy within institutional care.

Appendix I. 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

1. Grievances,
2. Clinical Review Panels,
3. Information And Assistance.

Additionally, RGS sorts each case into one of 16 major rights categories for purposes of data collection.

Grievances

A "Grievance" is defined as a written or oral statement which alleges either A) that an individual's rights have been unfairly limited, violated, or are likely to be violated in the immediate future, or B) that the facility has acted in an illegal or improper manner with respect to an individual, or a group of individuals. Grievances can be initiated by the individual, an employee of the facility, a family member of the individual, or an interested party.
Grievance management, a major responsibility of the RA, includes receipt, investigation, and resolution of complaints, as well as compliance with the systematic and orderly four-stage grievance process. At each stage, grievances are determined to be Valid, Invalid, or Inconclusive. A grievance is Valid when evidence is sufficient to prove an allegation. When there is insufficient evidence to prove an allegation, a grievance is Invalid. A grievance is Inconclusive when sufficient evidence does not exist to prove or disprove an allegation. The four stages of the grievance process are described below:
Stage One -- This is the beginning of the four-stage grievance process. During Stage One, the RA receives a complaint from a resident or an individual filing the grievance on behalf of the resident. Once received, the RA determines an appropriate course of action for investigating the grievance, which may include (1) interviewing everyone involved; (2) requesting documents, statements and correspondence related to the grievance; or (3) discussing the clinical review panel process to residents who refuse to take medication prescribed for the treatment of a mental disorder. The RA has 10 working days from receipt of a grievance to gather information, complete an investigation and render a decision. The resident, or the individual filing the grievance on behalf of the resident, is informed of the decision and the right to appeal to the next stage. RAs make every effort to negotiate, mediate and work toward the achievement of a

mutually satisfactory resolution at Stage One.

Stage Two -- If unresolved at Stage One, 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, make 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.

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.

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 be forwarded to Stage Four for a decision by the Central Review Committee.

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

The CRC is composed of three members: Director of the RGS, 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.

Clinical Review Panels

In accordance with the Annotated Code of Maryland, Health-General § 10-708, a Clinical Review Panel (CRP) is a panel 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.

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 2024, Rights Advisors provided Information/Assistance for 1608 patients, 73% of the total 2198 patient contacts with RGS. All patient contacts are documented in the RGS database.

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 the 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.

Appendix II - Call Volume

Figure 1. Total calls received from the toll-free number by the month for FY 2024

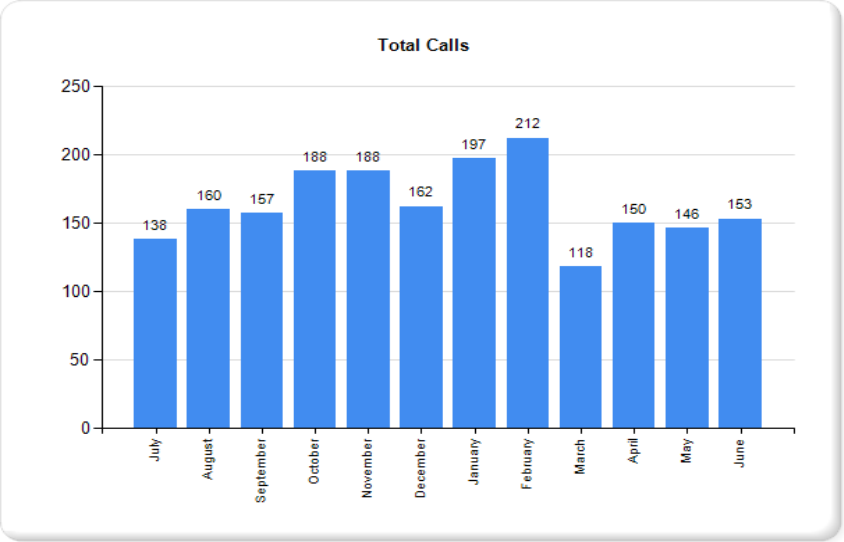
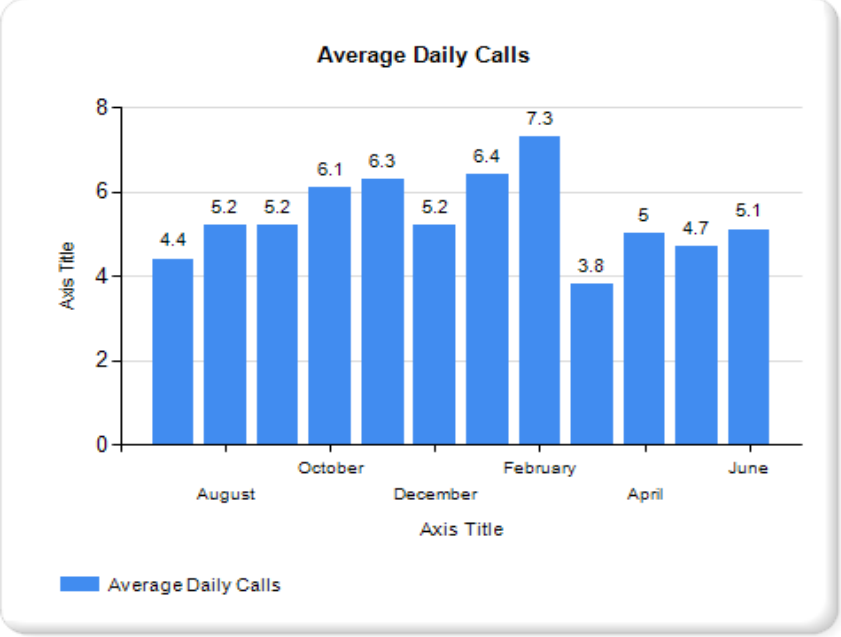


Figure 2. The average daily calls per month received from the toll-free number for FY 2024



Appendix III. Aggregate of Major Rights Classifications by Facility

Table 1. Aggregate Major Rights Classifications by Facility

Facility	Grievances	Information Assistance	Clinical Review Panel	Facility Total
Clifton T. Perkins Hospital Center	112	148	70	330
Eastern Shore Hospital Center	3	131	30	164
RICA – Baltimore	13	42	0	55
RICA - Rockville	11	12	0	23
Spring Grove Hospital Center	68	728	105	901
Springfield Hospital Center	73	497	77	647
Thomas B. Finan Center	11	50	17	78
Activity Total	**291**	**1608**	**299**	**2198**

Note. The chart details the total FY 24 CRP cases by facility. Because adolescents have legal guardians that approve all medications before admission, there are no CRPs held within either of the adolescent facilities – Regional Institute for Children and Adolescents (RICA) Baltimore and RICA Rockville.

Table 2. Annual Aggregate Data: Major Rights Classifications 2020 – 2024

Year	2020	2021	2022	2023	2024
Grievances	242	246	208	250	291
IAs	1682	1842	1600	1791	1608
CRPs	222	288	292	285	299
Total	2146	2376	2100	2326	2198

Note. 5-year span of category data. There are no significant trends identified.

Appendix IV GRIEVANCE DATA - FY 2024

Table 1. Grievances By Facility - breakdown of grievances by categories.

Rights categories	ESHC	TBFHC	CTPHC.	RICA Baltimore	RICA Rockville	SFHC	SGHC
Abuse	1	2	16	12	7	25	38
Admission / Discharge / Transfer	0	0	1	0	0	1	0
Civil Rights	1	1	20	1	1	19	12
Communication / Visits	0	1	4	0	0	1	0
Confidentiality	0	0	0	0	0	1	1
Environmental	0	2	13	0	1	17	0
Freedom Of Movement	0	2	4	0	0	0	2
Money	0	0	9	0	0	1	0
Neglect	0	0	1	0	1	0	1
Personal Property	1	0	2	0	0	0	2
Rights Protection System – RGS	0	0	1	0	1	1	1
Treatment Rights	0	3	41	0	0	6	11
Other	0	0	0	0	0	1	0
No Rights Involved	0	0	0	0	0	0	0
Resident-To-Resident Assault	0	0	0	0	0	0	0
Death	0	0	0	0	0	0	0
Total	3	11	112	13	11	73	68

Table 2. The breakdown of Information/Assistance I/A cases by facility and categories.

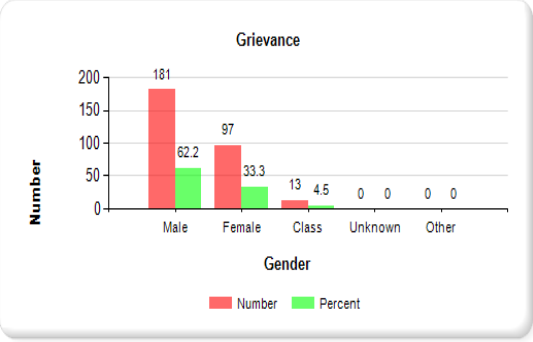
	ESHC	TBFHC	CTPHC.	RICA Baltimore	RICA Rockville	SFHC	SGHC
Abuse	36	2	0	4	0	6	8
Admission /Discharge/ Transfer	4	6	12	0	7	53	29
Civil Rights	8	3	3	6	0	28	73
Communication / Visits	5	6	10	0	0	29	78
Confidentiality	0	0	1	0	0	5	5
Environmental	21	5	17	8	0	60	95
Freedom Of Movement	6	2	9	3	0	15	50
Money	1	1	6	1	0	11	7
Neglect	0	0	0	0	0	0	0
Personal Property	1	0	3	2	1	1	14
Rights Protection System – RGS	7	1	15	8	1	20	18
Treatment Rights	4	5	14	2	0	42	148
Other	11	3	3	0	0	31	15
No Rights Involved	23	10	37	0	3	32	9
Resident-To-Resident Assault	3	6	18	8	0	164	179
Death	1	0	0	0	0	0	0
Total	131	50	148	42	12	497	728

Table 3. MDH Healthcare System (HCS) Aggregate Grievance Cases by Gender, Age, and Race

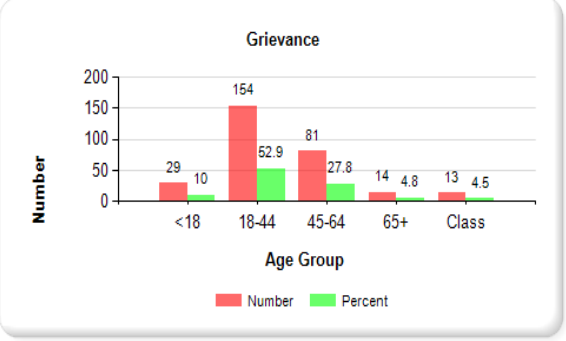
Gender	#	%	Age	#	%	Race	#	%
Male	18	62.2	<18	29	10	African American	169	58.1
Female	97	33.3	18-44	154	52.9	Caucasian	97	33.3
			45-64	81	27.8	Asian	2	0.7
			65+	14	4.8	Hispanic	4	1.4
						Native American		
Class	13	4.5	Class	13	4.5	Class	13	4.5
Other	0	0	Other	0	0	Other	5	1.7
Unknown	0	0	Unknown	0	0	Uknown	1	0.3
Total	291	100	Total	291	100	Total	291	100

Chart 1: During FY 24, the seven (7) HCS inpatient hospitals had a total of 2198 grievances. Other = information collected from residents who selected this category as their gender and/or race. Unknown = information collected from residents who chose not to identify gender and/or race. Class = a grievance or IA case initiated by a group of residents who cannot be assigned to any gender, age group, or race.

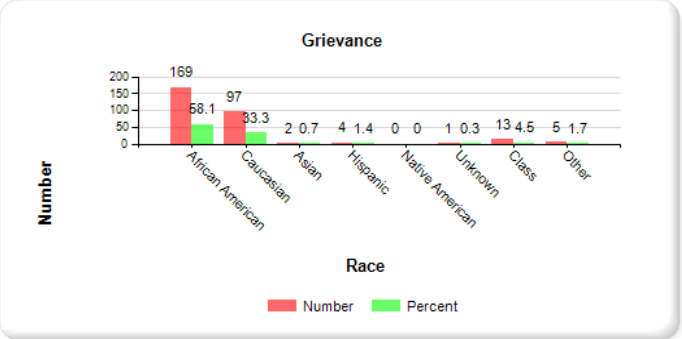
Graphs 1A-1C. Represent HCS Aggregate Grievance Data.



Graph 1A: HCS grievance data (n=291) by gender.



Graph 1B: HCS grievance data (n=291) by age.



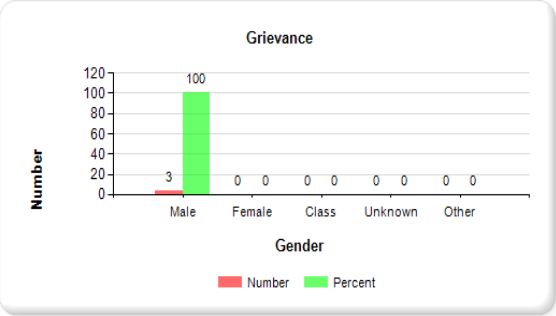
Graph 1C: HCS grievance data (n=291) by race.

SECTION A. Breakdown of Grievance by Facility -Eastern Shore Hospital Center (ESHC)

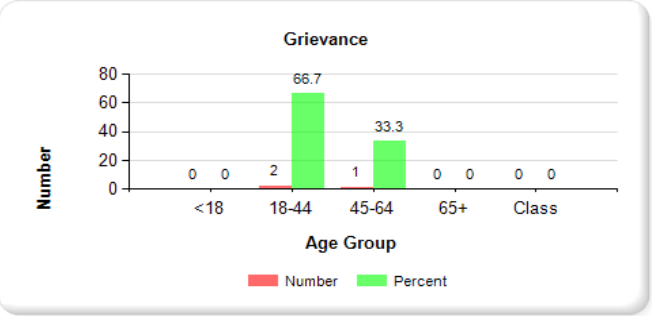
Table 1. Grievance Cases by Gender, Age, and Race at Eastern Shore Hospital Center (ESHC)

Gender	#	%	Age	#	%	Race	#	%
Male	3	100	<18	0	0	African American	1	33.3
Female	0	0	18-44	2	66.7	Caucasian	2	66.7
			45-64	1	33.3	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	Uknown	0	0
Total	3	100	Total	3	100	Total	3	100

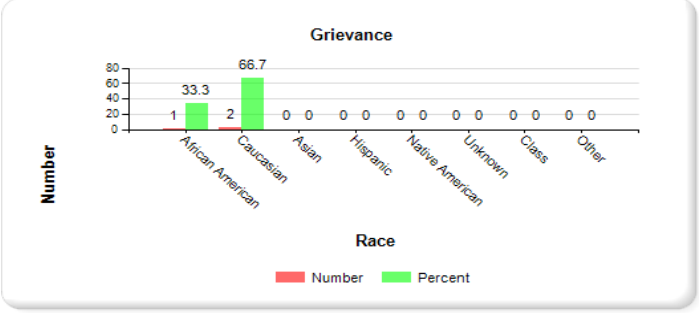
Graphs 2A-2C represent grievance data for



Graph 2A: ESHC data (n=3) by gender.



Graph 2B: ESHC data (n=3) by age



Graph 2C: ESHC data (n=3) by race.

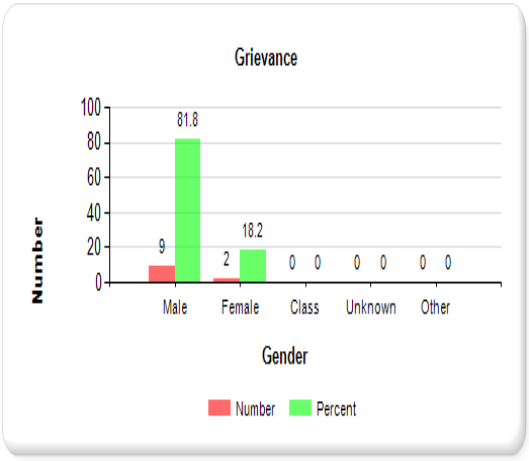
SECTION B. Breakdown of Grievance by Facility - Thomas B. Finan Center (TBFC)

Table 1. Grievance Cases by Gender, Age, and Race

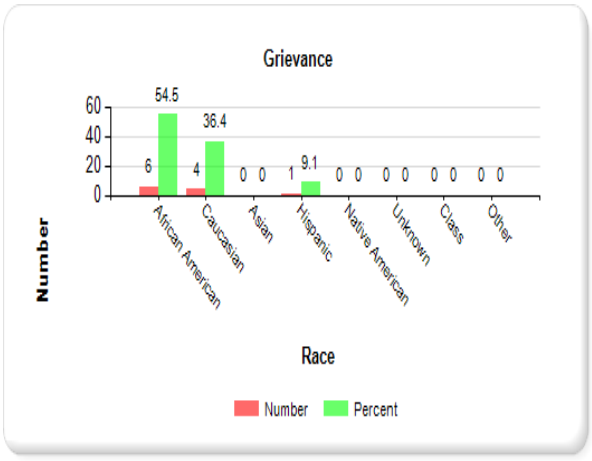
Gender	#	%	Age	#	%	Race	#	%
Male	9	81.8	<18	0	0	African American	6	54.5
Female	2	18.2	18-44	9	81.8	Caucasian	4	36.4
			45-64	1	9.1	Asian	0	0
			65+	1	9.1	Hispanic	1	9.1
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	11	100	Total	11	100	Total	11	100

Chart 3: During FY 24, TBFC had a total of 11 grievances.

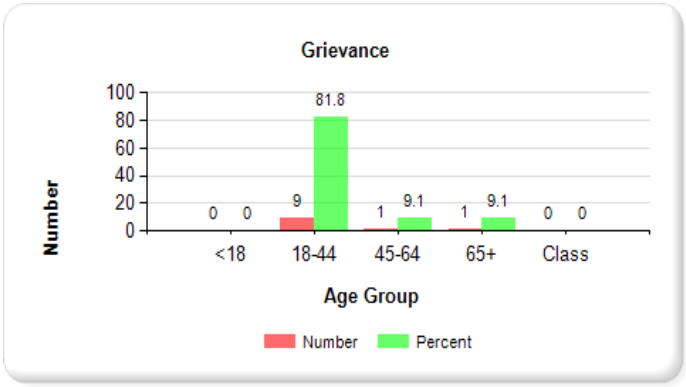
Graphs 3A-3C represent grievance data for TBFC.



Graph 3A: TBFC data (n=11) by gender.



Graph 3B: TBFC data (n=11) by age.



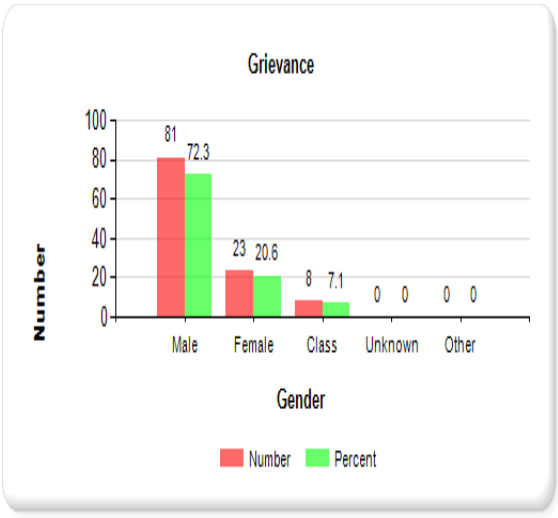
Graph 3C: TBFC data (n=11) by race.

SECTION C. Breakdown of Grievance by Facility - Clifton T. Perkins Hospital Center (CTPHC)

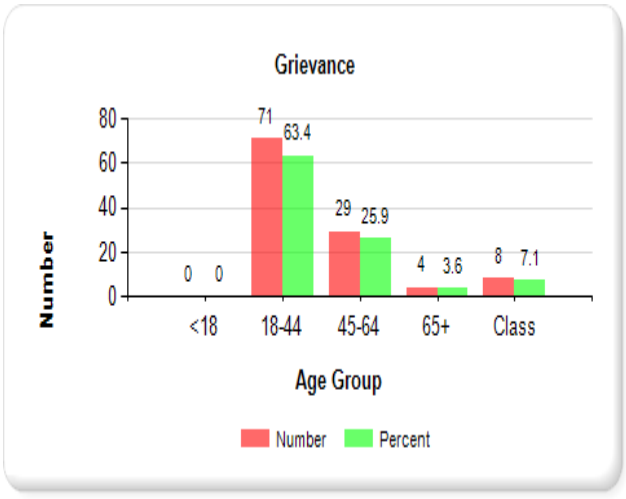
Table 1. Grievance Cases by Gender, Age, and Race

Gender	#	%	Age	#	%	Race	#	%
Male	81	72.3	<18	0	0	African American	60	53.6
Female	23	20.6	18-44	71	63.4	Caucasian	37	33
			45-64	29	25.9	Asian	1	0.9
			65+	4	3.6	Hispanic	2	1.8
						Native American	0	0
Class	8	7.1	Class	8	7.1	Class	8	7.1
Other	0	0	Other	0	0	Other	3	2.7
Unknown	0	0	Unknown	0	0	Unknown	1	0.9
Total	112	100	Total	112	100	Total	112	100

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



Graph 4A: CTPHC data (n=112) by gender.



Graph 4B: CTPHC data (n=112) by age.

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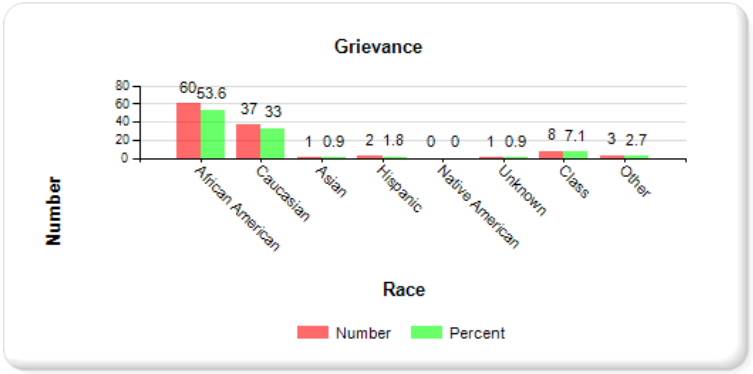


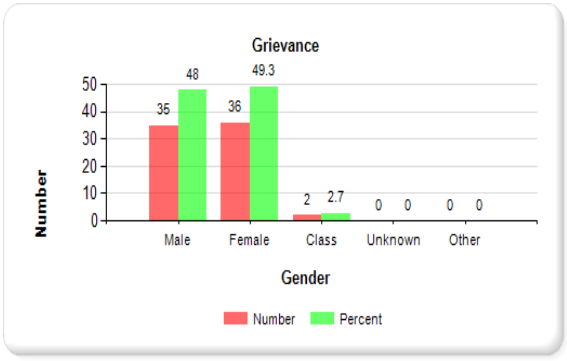
Graph 4C: CTPHC data (n=112) by race.

SECTION D. Breakdown of Grievance by Facility- Springfield Hospital Center (SFHC)

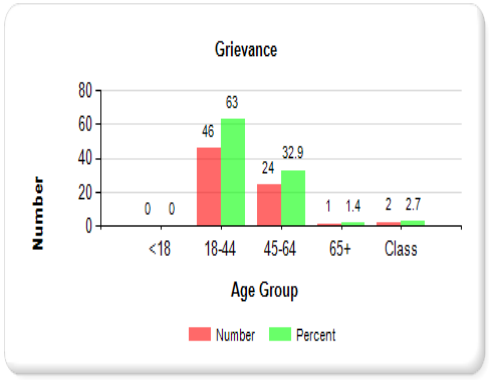
Table 1. Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	35	48	<18	0	0	African American	49	67.1
Female	36	49.3	18-44	46	63	Caucasian	21	28.8
			45-64	24	32.9	Asian	0	0
			65+	1	1.4	Hispanic	1	1.4
						Native American	0	0
Class	2	2.7	Class	2	2.7	Class	2	2.7
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	73	100	Total	73	100	Total	73	100

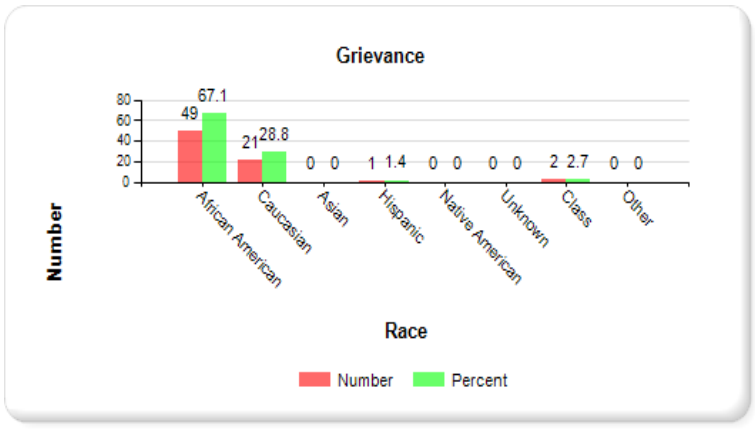
Graphs 5A-5C represent grievance data for SFHC.



Graph 5A: SFHC data (n=73) by gender.



Graph 5B: SFHC data (n=73) by age.



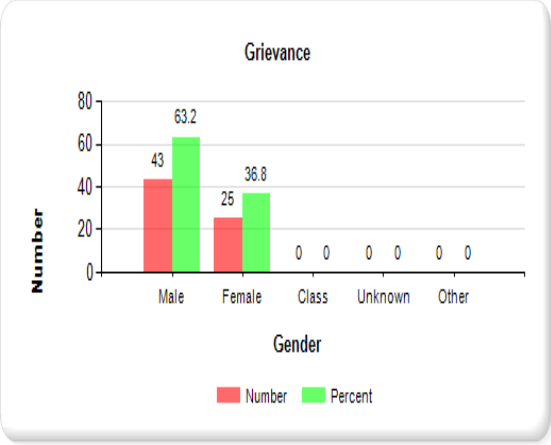
Graph 5C: SFHC data (n=73) by race.

SECTION D. Breakdown of Grievance by Facility- Spring Grove Hospital Center (SGHC)

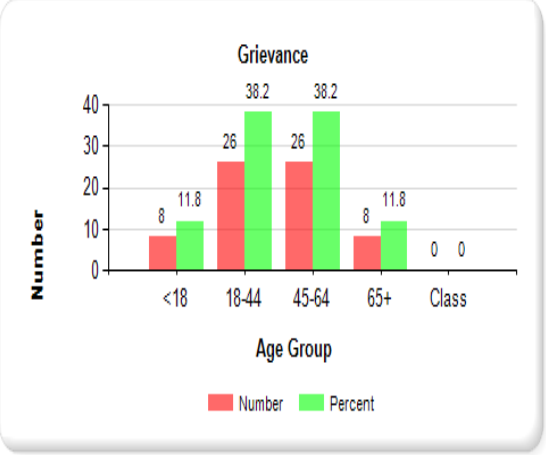
Table 1. Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	43	63.2	<18	8	11.8	African American	41	60.3
Female	25	36.8	18-44	26	38.2	Caucasian	25	36.7
			45-64	26	38.2	Asian	1	1.5
			65+	8	11.8	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	1	1.5
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	68	100	Total	68	100	Total	68	100

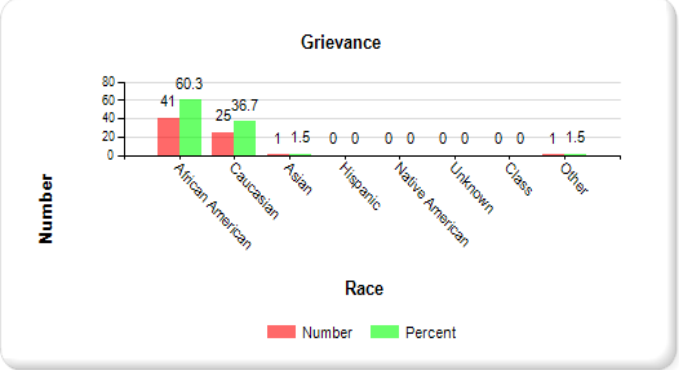
Graphs 6A-6C represent grievance data for SGHC.



Graph 6A: SGHC data (n=68) by gender.



Graph 6B: SGHC data (n=68) by age.



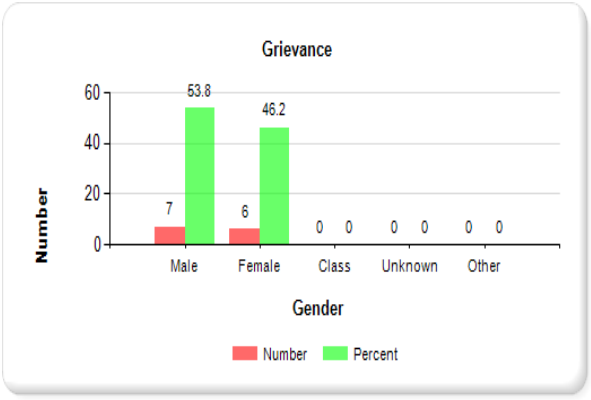
Graph 6C: SGHC data (n=68) by race.

SECTION E. Breakdown of Grievance by Facility-Regional Institute for Children and Adolescents (RICA) - Baltimore

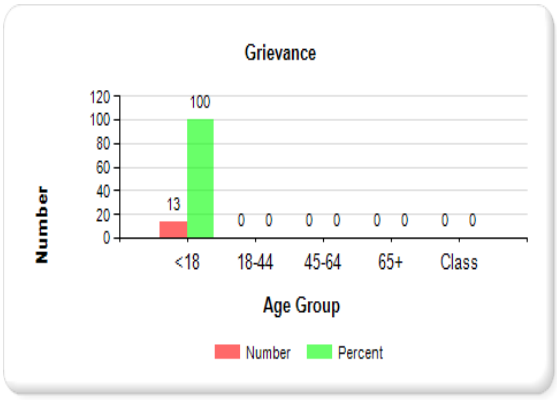
Table 1. Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	7	53.8	<18	13	100	African American	9	69.2
Female	6	46.2	18-44	0	0	Caucasian	3	23.1
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	1	7.7
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	13	100	Total	13	100	Total	13	100

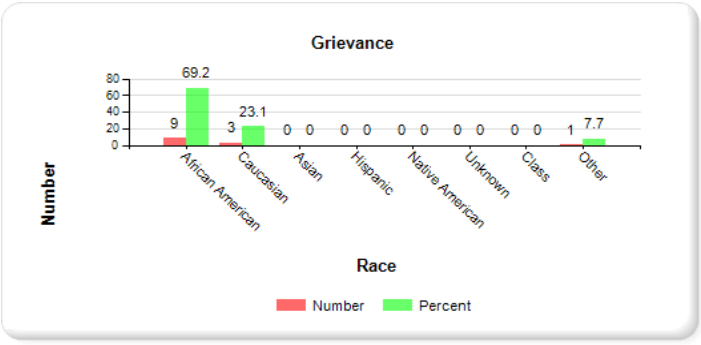
Graphs 7A-7C represent grievance data for RICA Baltimore.



Graph 7A: RICA Baltimore data (n=13) by gender.



Graph 7B: RICA Baltimore data (n=13) by age.



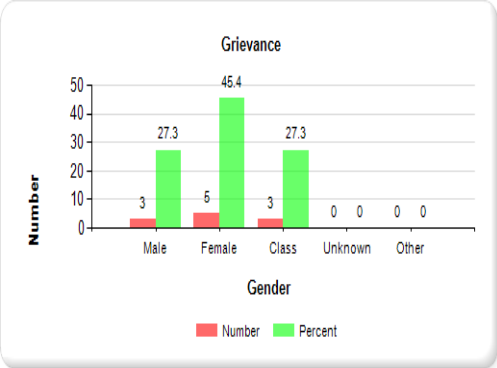
Graph 7C: RICA Baltimore data (n=13) by race.

SECTION F. Breakdown of Grievance by Facility-Regional Institute for Children and Adolescents (RICA) - Rockville

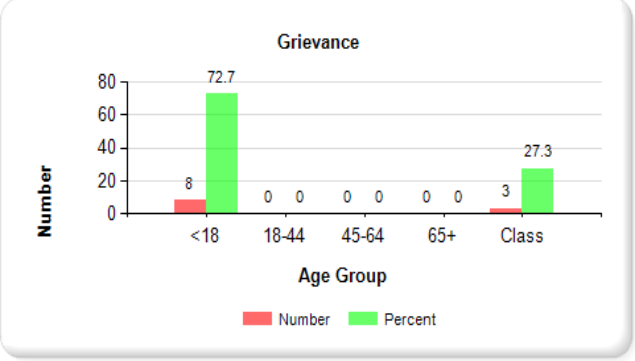
Table 1. Grievance Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	3	27.3	<18	8	72.7	African American	3	27.3
Female	5	45.4	18-44	0	0	Caucasian	5	45.4
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	3	27.3	Class	3	27.3	Class	3	27.3
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	11	100	Total	11	100	Total	11	100

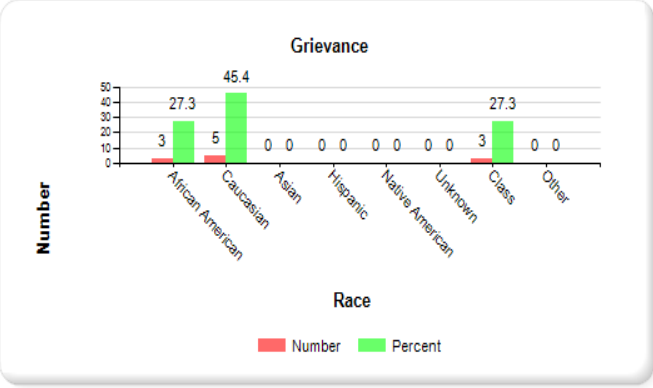
Graphs 8A-8C represent grievance data for RICA Rockville.



Graph 8A: RICA Rockville data (n=11) by gender.



Graph 8B: RICA Rockville data (n=11) by age.



Graph 8C: RICA Rockville data (n=11) by race.

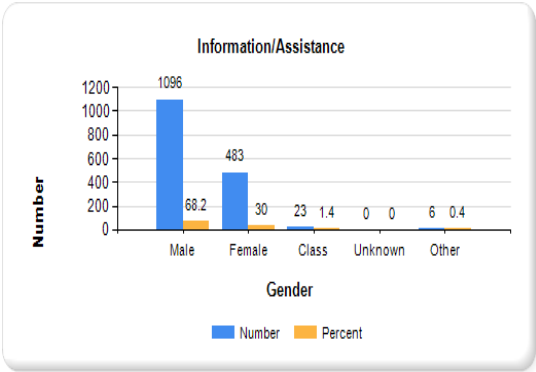
Appendix V: INFORMATION/ASSISTANCE (IA) DATA - FY 2024

Table 1. MDH Healthcare System (HCS) Aggregate IA Cases by Gender, Age, and Race

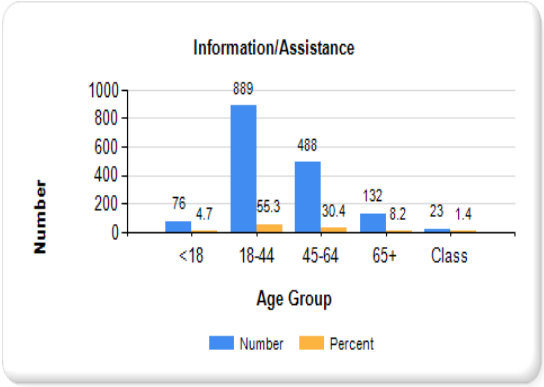
GENDER	#	%	AGE	#	%	RACE	#	%
Male	1096	68.2	<18	76	4.7	African American	940	58.4
Female	483	30	18-44	889	55.3	Caucasian	546	34
			45-64	488	30.4	Asian	16	1
			65+	132	8.2	Hispanic	44	2.7
						Native American	0	0
Class	23	1.4	Class	23	1.4	Class	23	1.4
Other	6	0.4	Other	0	0	Other	27	1.7
Unknown	0	0	Unknown	0	0	Unknown	12	0.8
Total	1608	100	Total	1608	100	Total	1608	100

Chart 9: During FY 24, the seven (7) HCS inpatient hospitals had a total of 1608 IA cases.
Other = information collected from residents who selected this category as their gender and/or race. Unknown = information collected from residents who chose not to identify gender and/or race. Class = a grievance or IA case initiated by a group of residents who cannot be assigned to any gender, age group, or race.

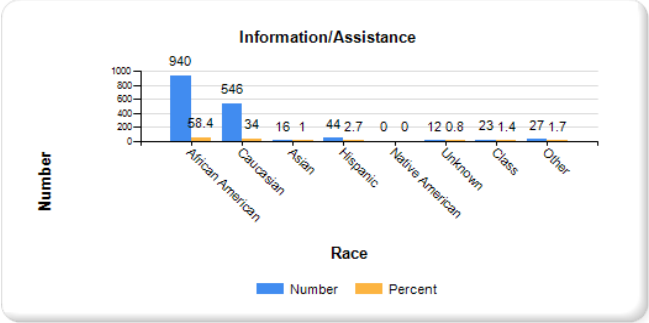
Graphs 9A-9C represent HCS aggregate IA data.



Graph 9A: BHA data (n=1608) by gender.



Graph 9B: HCS data (n=1608) by age



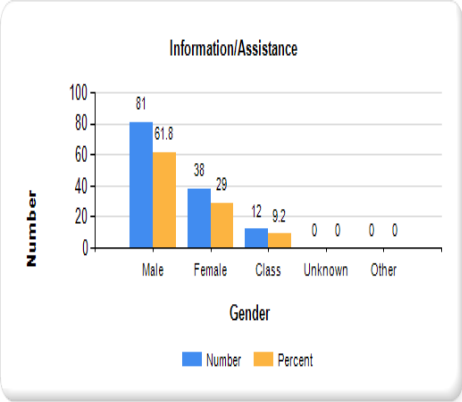
Graph 9C: HCS data (n=1608) by race.

Section A: INFORMATION/ASSISTANCE (IA) DATA - Eastern Shore Hospital Center (ESHC)

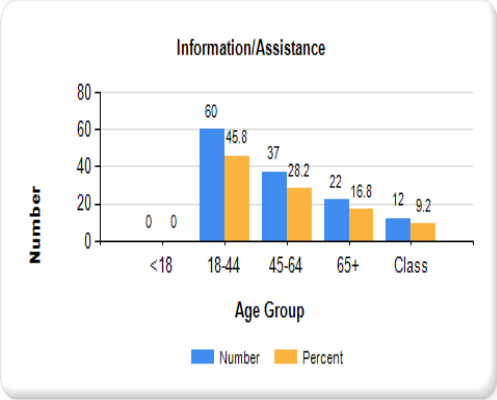
GENDER	#	%	AGE	#	%	RACE	#	%
Male	81	61.8	<18	0	0	African American	80	61.1
Female	38	29	18-44	60	45.8	Caucasian	27	20.6
			45-64	37	28.2	Asian	5	3.8
			65+	22	16.8	Hispanic	7	5.3
						Native American	0	0
Class	12	9.2	Class	12	9.2	Class	12	9.2
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	131	100	Total	131	100	Total	131	100

Table 1. IA Cases by Gender, Age, and Race - ESHC

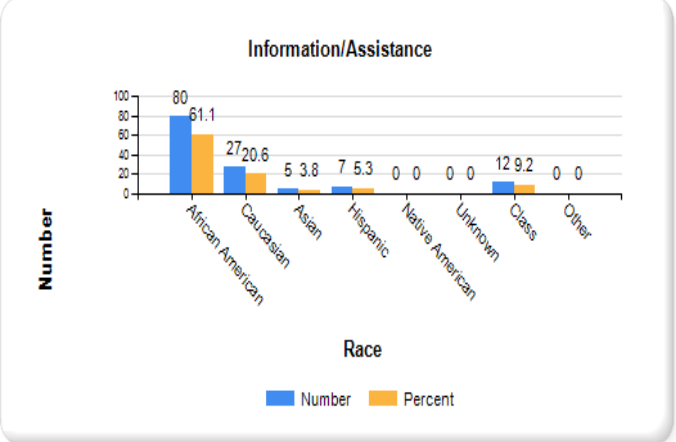
Graphs 10A-10C represent IA data for ESHC.



Graph 10A: ESHC data (n=131) by gender.



Graph 10B: ESHC data (n=131) by age



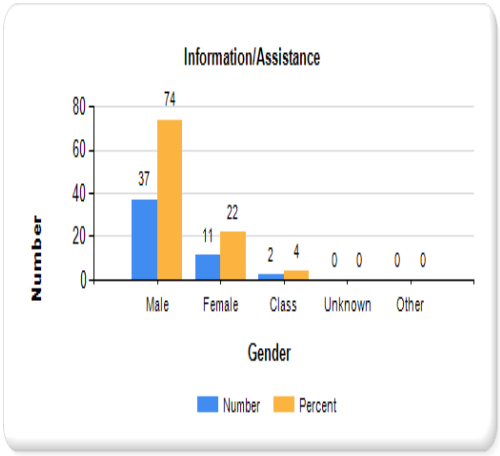
Graph 10C: ESHC data (n=131) by race

Section B: INFORMATION/ASSISTANCE (IA) DATA - Thomas B. Finan Center (TBFC)

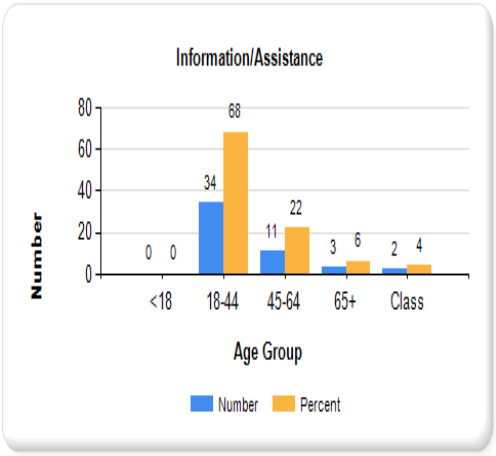
Table 1. IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	37	74	<18	0	0	African American	16	32
Female	11	22	18-44	34	68	Caucasian	27	54
			45-64	11	22	Asian	0	0
			65+	3	6	Hispanic	0	0
						Native American	0	0
Class	2	4	Class	2	4	Class	2	4
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	5	10
Total	50	100	Total	50	100	Total	50	100

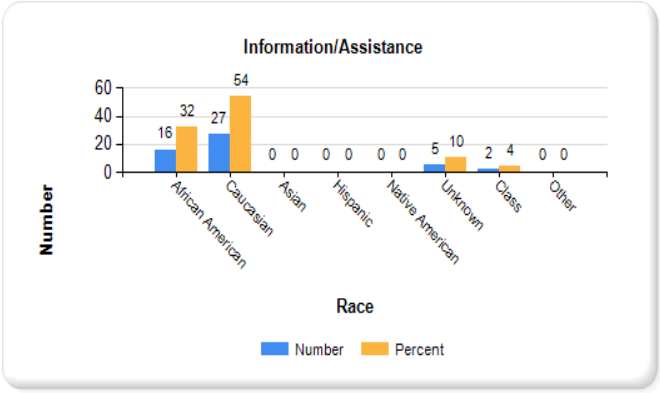
Graphs 11A-11C represent IA data for TBFC.



Graph 11A: TBFC data (n=50) by gender



Graph 11B: TBFC data (n=50) by age.



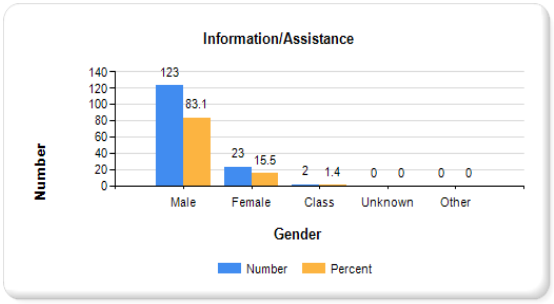
Graph 11C: TBFC data (n=50) by race.

Section C: INFORMATION/ASSISTANCE (IA) DATA- Clifton T. Perkins Hospital Center (CTPHC)

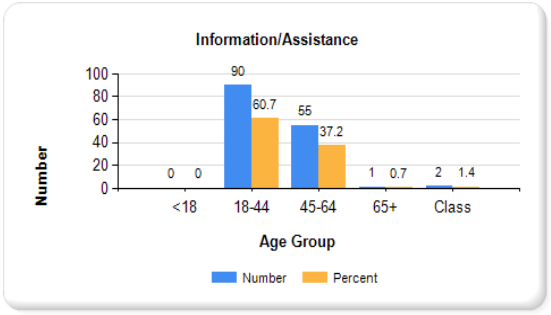
Table 1. IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	123	83.1	<18	0	0	African American	66	44.6
Female	23	15.5	18-44	90	60.7	Caucasian	46	31.1
			45-64	55	37.2	Asian	0	0
			65+	1	0.7	Hispanic	14	9.4
						Native American	0	0
Class	2	1.4	Class	2	1.4	Class	2	1.4
Other	0	0	Other	0	0	Other	16	10.8
Unknown	0	0	Unknown	0	0	Unknown	4	2.7
Total	148	100	Total	148	100	Total	148	100

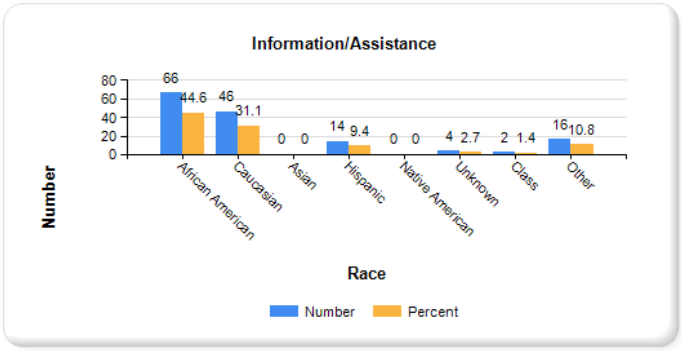
Graphs 12A-12C represent IA data for CTPHC.



Graph 12A: CTPHC data (n=148) by gender.



Graph 12B: CTPHC data (n=148) by age.



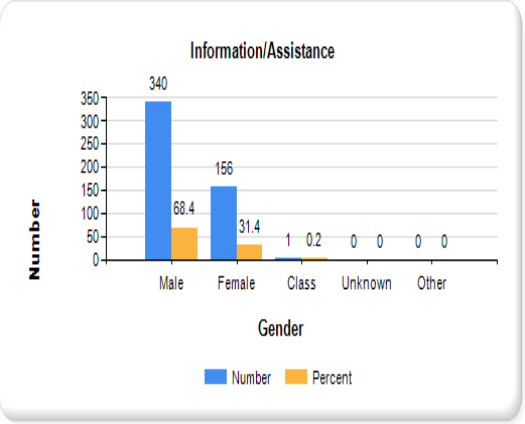
Graph 12C: CTPHC data (n=148) by race.

Section D: INFORMATION/ASSISTANCE (IA) DATA- Springfield Hospital Center (SFHC)

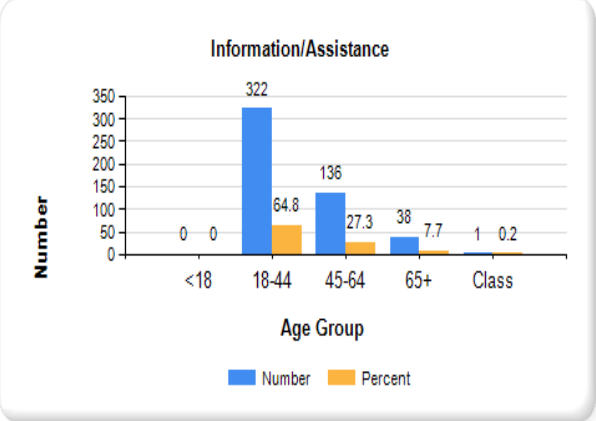
Table 1. IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	340	68.4	<18	0	0.0	African American	289	58.2
Female	156	31.4	18-44	322	64.8	Caucasian	186	37.4
			45-64	136	27.3	Asian	6	1.2
			65+	38	7.7	Hispanic	13	2.6
						Native American	0	0
Class	1	0.2	Class	1	0.2	Class	1	0.2
Other	0	0	Other	0	0	Other		
Unknown	0	0	Unknown	0	0	Unknown	2	?
Total	497	100	Total	497	100	Total	497	100

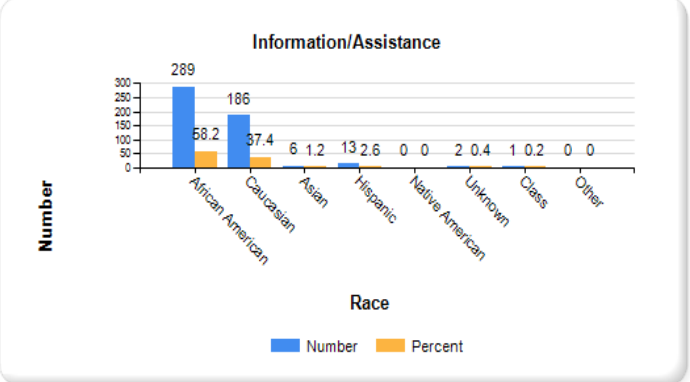
Graphs 13A-13C represent IA data for SFHC.



Graph 13A: SFHC data (n=497) by gender.



Graph 13B: SFHC data (n=497) by age.



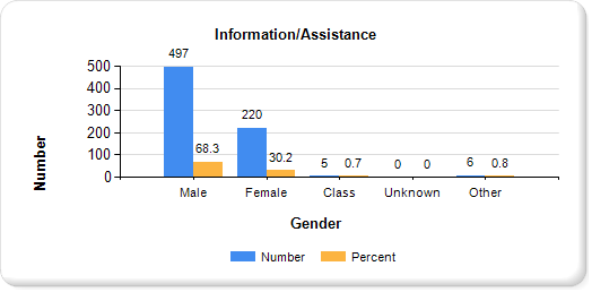
Graph 13C: SFHC data (n=497) by race.

Section E: INFORMATION/ASSISTANCE (IA) DATA- Spring Grove Hospital Center (SGHC)

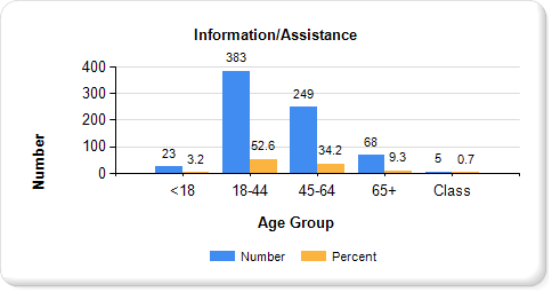
Table 1. IA Cases by Gender, Age Group, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	497	68.3	<18	23	3.2	African American	466	64
Female	220	30.2	18-44	383	52.6	Caucasian	240	33
			45-64	249	34.2	Asian	5	0.7
			65+	68	9.3	Hispanic	4	0.5
						Native American	0	0
Class	5	0.7	Class	5	0.7	Class	5	0.7
Other	6	0.8	Other	0	0	Other	8	1.1
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	728	100	Total	728	100	Total	728	100

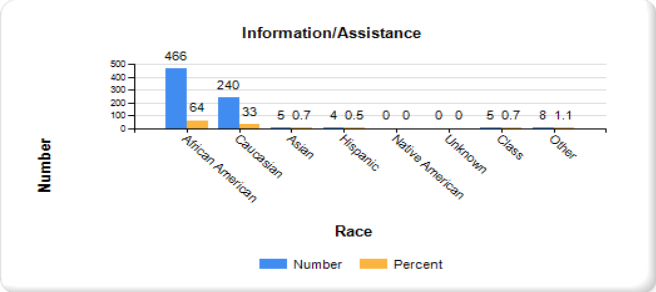
Graphs 14A-14C represent IA data for SGHC.



Graph 14A: SGHC data (n=728) by gender.



Graph 14B: SGHC data (n=728) by age.



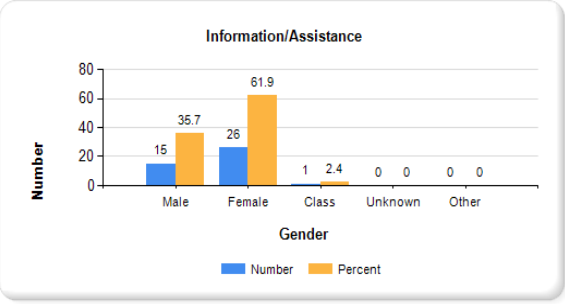
Graph 14C: SGHC data (n=728) by race.

Section F: INFORMATION/ASSISTANCE (IA) DATA- Regional Institute for Children and Adolescents (RICA) - Baltimore

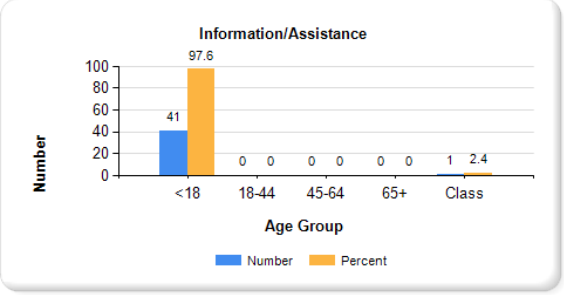
Table 1. IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	15	35.7	<18	41	97.6	African American	18	42.9
Female	26	61.9	18-44	0	0.0	Caucasian	17	40.5
			45-64	0	0.0	Asian	0	0
			65+	0	0.0	Hispanic	3	7.1
						Native American	0	0
Class	1	2.4	Class	1	2.4	Class	1	2.4
Other	0	0	Other	0	0	Other	2	4.7
Unknown	0	0	Unknown	0	0	Unknown	1	2.4
Total	42	100	Total	42	100	Total	42	100

Graphs 15A-15C represent IA data for RICA Baltimore.



Graph 15A: RICA Baltimore data (n=42) by gender.



Graph 15B: RICA Baltimore data (n=42) by age.

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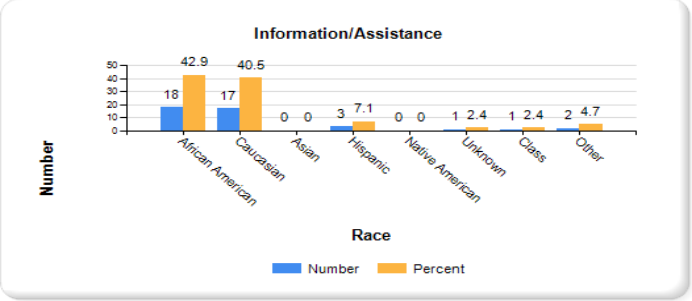


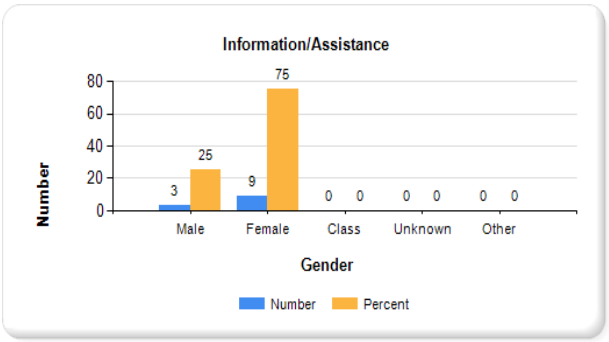
Graph 15C: RICA Baltimore data (n=42) by race.

Section G: INFORMATION/ASSISTANCE (IA) DATA- Regional Institute for Children and Adolescents (RICA) - Rockville

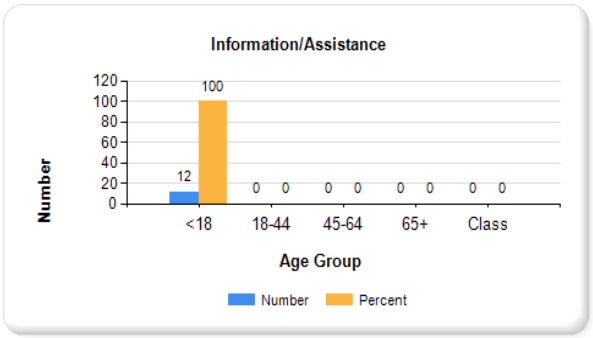
Table 1. IA Cases by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	3	25	<18	12	100	African American	5	41.7
Female	9	75	18-44	0	0	Caucasian	3	25
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	3	25
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	1	8.3
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	12	100	Total	12	100	Total	12	100

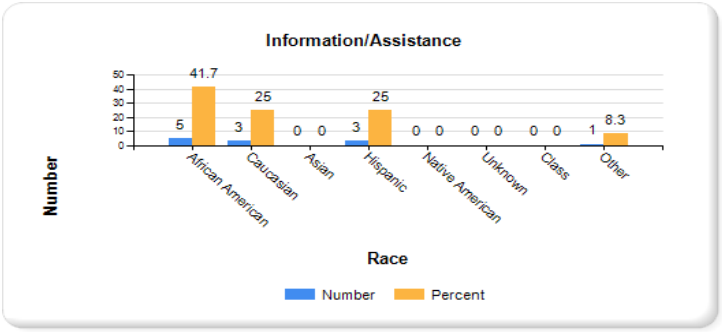
Graphs 16A- 16C represent IA data for RICA – Rockville.



Graph 16A: RICA Rockville data (n=12) by gender.



Graph 16B: RICA Rockville data (n=12) by age.



Graph 16C: RICA Rockville IA data (n=12) by race.

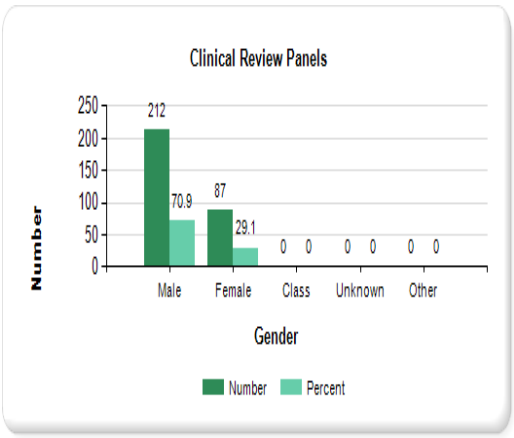
Appendix VI: CLINICAL REVIEW PANEL (CRP) DATA - FY 2024

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

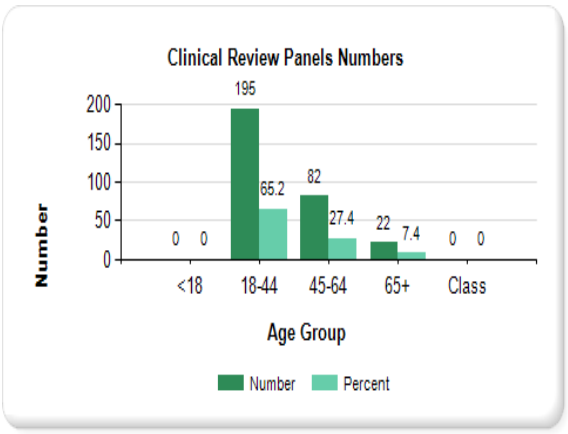
GENDER	#	%	AGE	#	%	RACE	#	%
Male	212	70.9	<18	0	0	African American	195	65.2
Female	87	29.1	18-44	195	65.2	Caucasian	90	30.1
			45-64	82	27.4	Asian	5	1.7
			65+	22	7.4	Hispanic	2	0.7
						Native American	0	0
Other	0	0	Other	0	0	Other	1	0.3
Unknown	0	0	Unknown	0	0	Unknown	6	2
Total	299	100	Total	299	100	Total	299	100

Chart 17: During FY 24, the five (5) adult HCS inpatient psychiatric facilities held a total of 299 CRPs. Other = information collected from residents who selected this category as their gender and/or race. Unknown = information collected from residents who chose not to identify gender and/or race. Class = a grievance or IA case initiated by a group of residents who cannot be assigned to any gender, age group, or race.

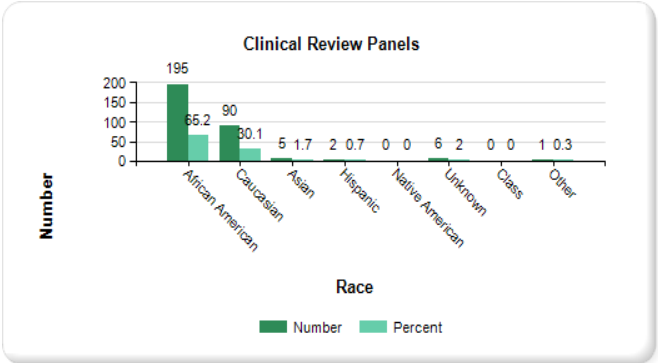
Graphs 17A-17C represent HCS CRP data.



Graph 17A: HCS data (n=299) by gender.



Graph 17B: HCS data (n=299) by age.



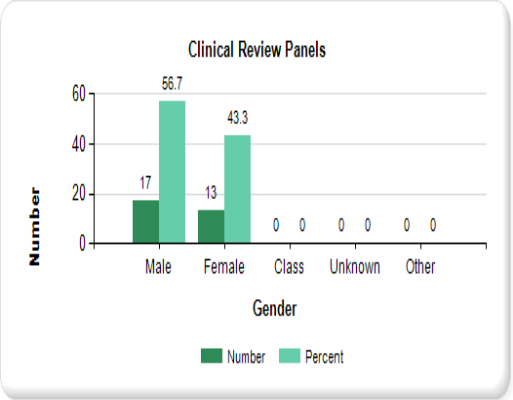
Graph 17C: HCS data (n=299) by race

Section A: Eastern Shore Hospital Center (ESHC)

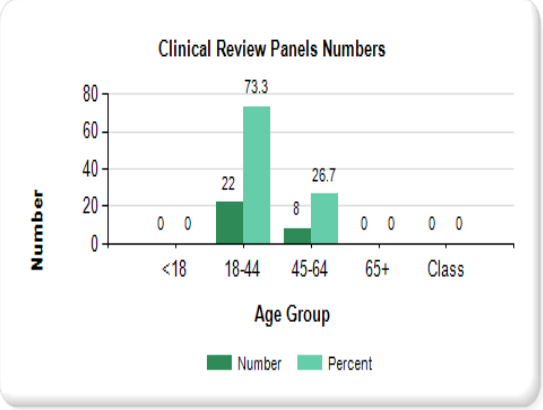
Table 1. CRPs by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	17	56.7	<18	0	0	African American	18	60
Female	13	43.3	18-44	22	73.3	Caucasian	12	40
			45-64	8	26.7	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	30	100	Total	30	100	Total	30	100

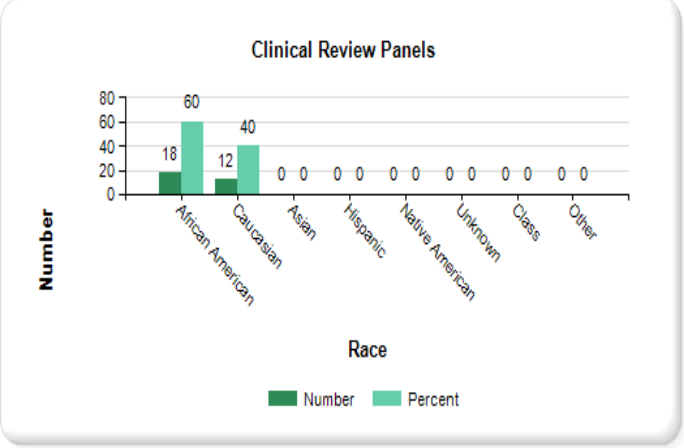
Graphs 18A-18C represent CRP data for ESHC.



Graph 18A: ESHC data (n=30) by gender.



Graph 18B: ESHC data (n=30) by age.



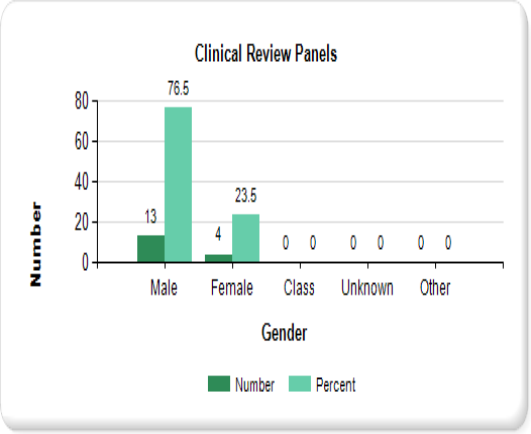
Graph 18C: ESHC data (n=30) by race.

Section B: Thomas B. Finan Center (TBFC)

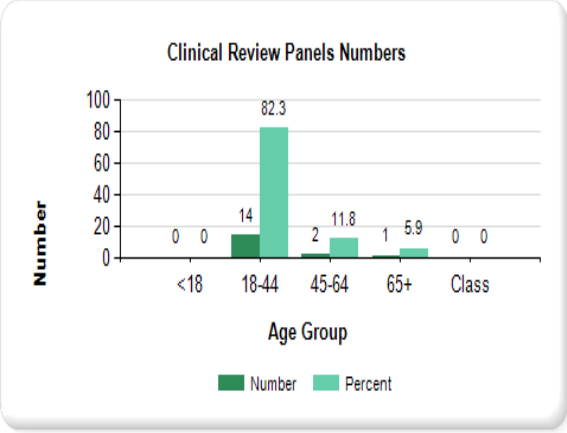
Table 1. CRPs by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	13	76.5	<18	0	0	African American	7	41.2
Female	4	23.5	18-44	14	82.3	Caucasian	9	52.9
			45-64	2	11.8	Asian	0	0
			65+	1	11.7	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	17	100	Total	17	100	Total	17	100

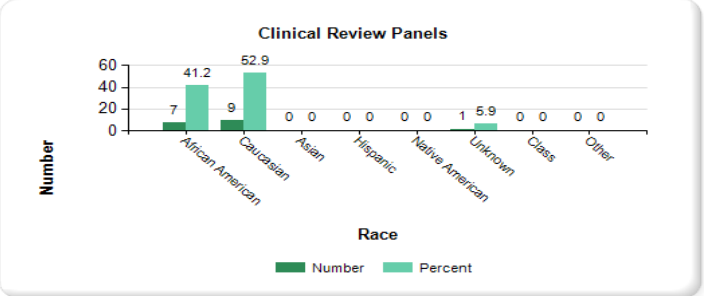
Graphs 19A-19C represent CRP data for TBFC.



Graph 19A: TBFC data (n=17) by gender.



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



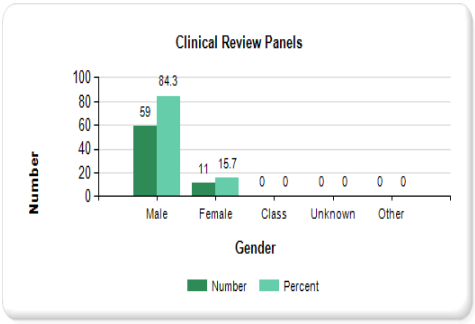
Graph 19C: TBFC data (n=17) by race.

Section C: Clifton T. Perkins Hospital Center (CTPHC) CRPs by Gender, Age Group and Race

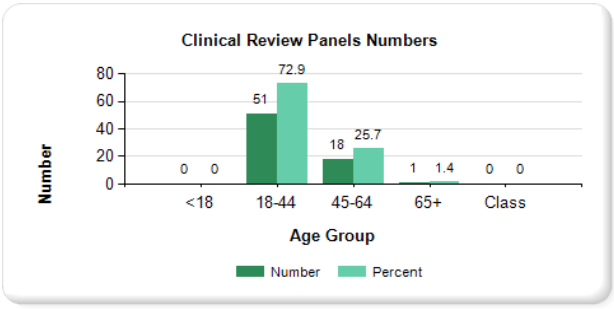
Table 1. CRPs by Gender, Age, and Race

GENDER	#	%	AGE	#	%	RACE	#	%
Male	59	84.3	<18	0	0	AfricanAmerican	44	62.9
Female	11	15.7	18-44	51	72.9	Caucasian	20	28.6
			45-64	18	25.7	Asian	0	0
			65+	1	1.4	Hispanic	1	1.4
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	70	100	Total	70	100	Total	70	100

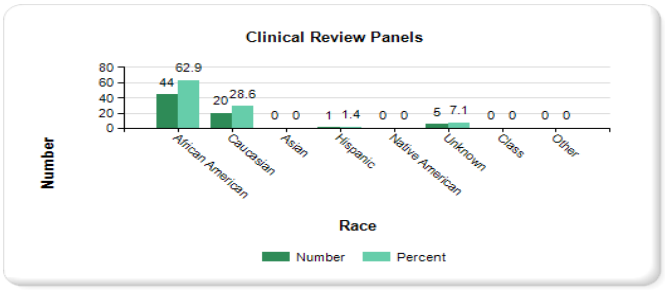
Graphs 20A-20C represent CRP data for CTPHC.



Graph 20A: CTPHC data (n=70) by gender.



Graph 20B: CTPHC data (n=70) by age



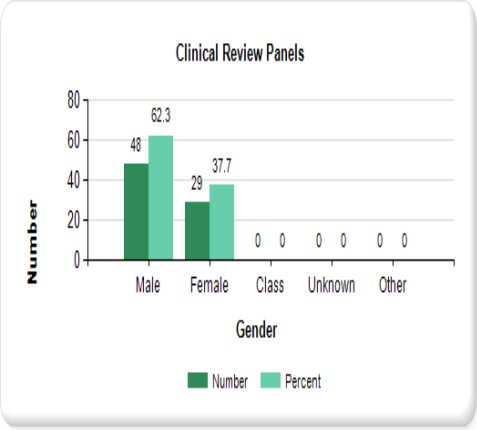
Graph 20C: CTPHC data (n=70) by race

Section D: Springfield Hospital Center (SFHC) CRPs by Gender, Age Group and Race

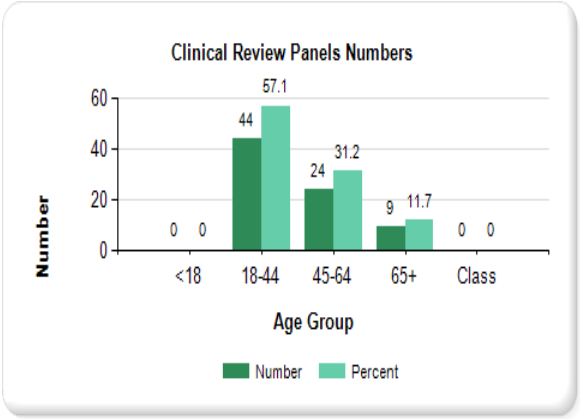
Table 1. During FY24, SFHC conducted a total of 77 CRPs.

GENDER	#	%	AGE	#	%	RACE	#	%
Male	48	62.8	<18	0	0	AfricanAmerican	51	66.4
Female	29	37.7	18-44	44	57.1	Caucasian	21	27.3
			45-64	24	31.2	Asian	4	5.2
			65+	9	11.7	Hispanic	1	1
						Native American	0	0
Other	0		Other	0	0	Other	0	0
Unknown	0		Unknown	0	0	Unknown	0	0
Total	77		Total	77	100	Total	77	100

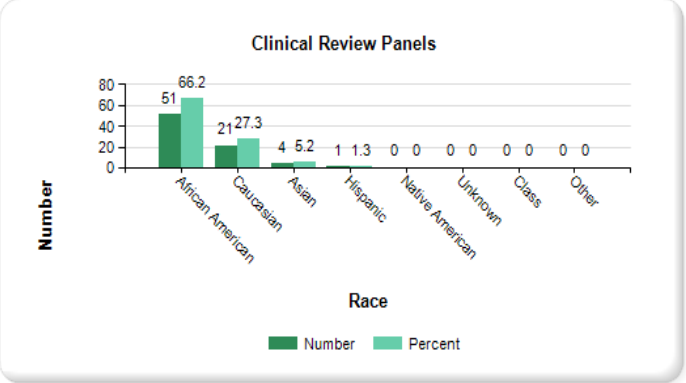
Graphs 21A-21C represent CRP data for SFHC.



Graph 21A: SFHC data (n=77) by gender.



Graph 21B: SFHC data (n=77) by age.



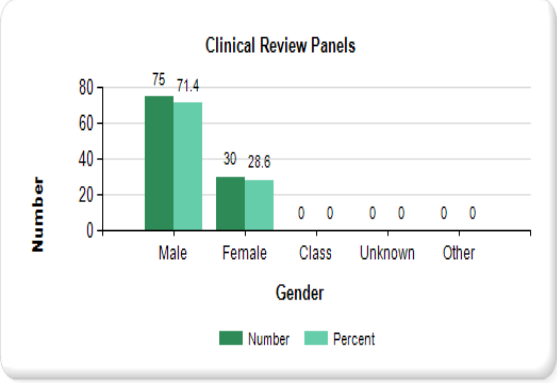
Graph 21C: SFHC data (n=77) by race.

Section E: Spring Grove Hospital Center (SGHC) CRPs by Gender, Age, and Race Chart 22:

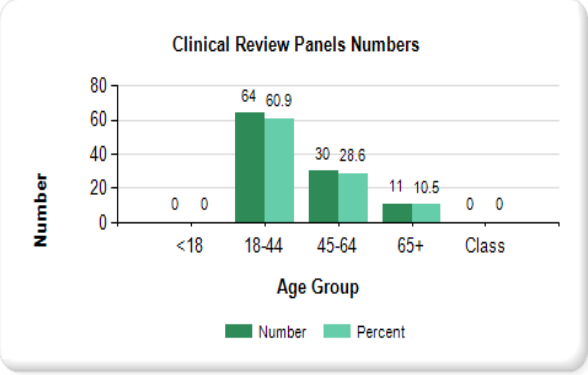
Table 1. During FY24, SGHC conducted a total of 105 CRPs.

GENDER	#	%	AGE	#	%	RACE	#	%
Male	75	71.4	<18	0	0	AfricanAmerican	75	71.4
Female	30	28.6	18-44	64	60.9	Caucasian	28.6	26.6
			45-64	30	28.6	Asian	1	1
			65+	11	10.5	Hispanic	0	0
						Native American	0	0
Other	0	0	Other	0	0	Other	1	1
Unknown	0	0	Unknown	0	0	Unknown	0	0
Total	105	100	Total	105	100	Total	105	100

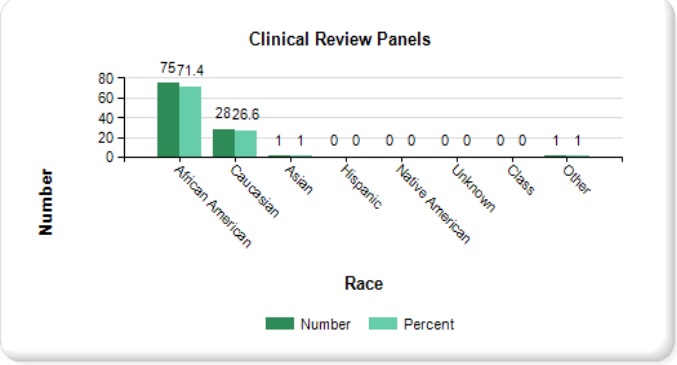
Graphs 22A-22C represent CRP data for SGHC.



Graph 22A: SGHC data (n=105) by gender



Graph 22B: SGHC data (n=105) by age.



Graph 22C: SGHC data (n=105) by race.

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