

# RESIDENT GRIEVANCE SYSTEM

Maryland Department of Health  
Healthcare System  
Psychiatric Inpatient Facilities  
Fiscal Year 2023



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***RESIDENT GRIEVANCE SYSTEM***  
***MDH Healthcare System***  
***Inpatient Psychiatric Facilities***

**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).<sup>1</sup> The program provides services for residents of the seven MDH Healthcare System (HCS)<sup>2</sup> 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 individuals with developmental disabilities. In January 2009, RGS began providing services to the MDH Healthcare System Secured Evaluation and Therapeutic Treatment (SETT) Unit<sup>3</sup>. This report covers the seven Psychiatric Inpatient Facilities with a separate report done for SRC and SETT facilities.

### **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 immediate contact with the RGS and has enhanced the ability to respond rapidly to patient concerns.

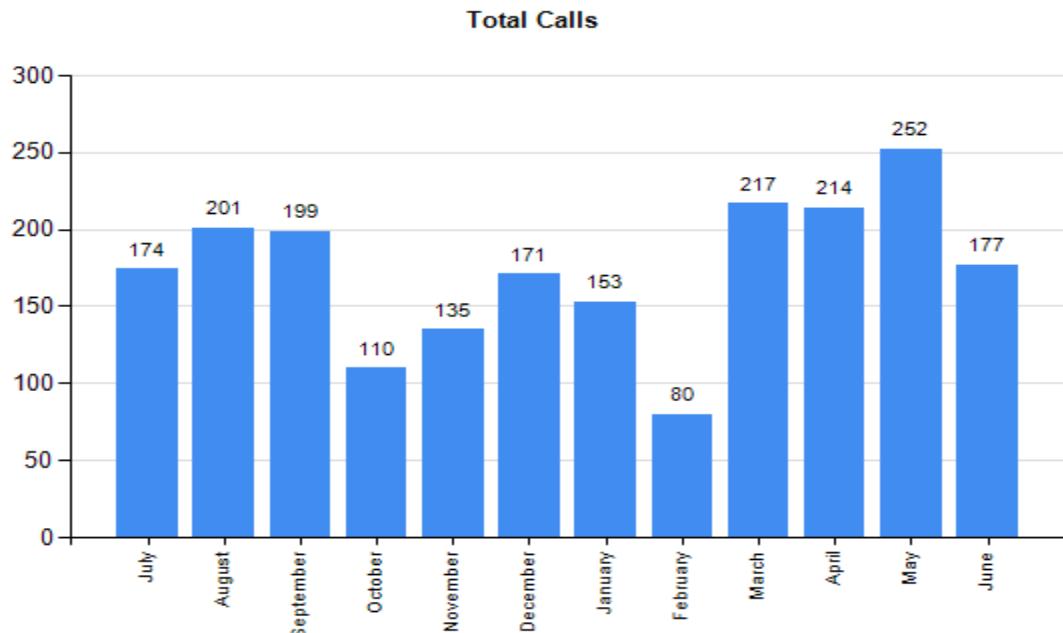
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<sup>1</sup> Effective July 1, 2017, the Department of Health and Mental Hygiene was renamed to the Maryland Department of Health (MDH).

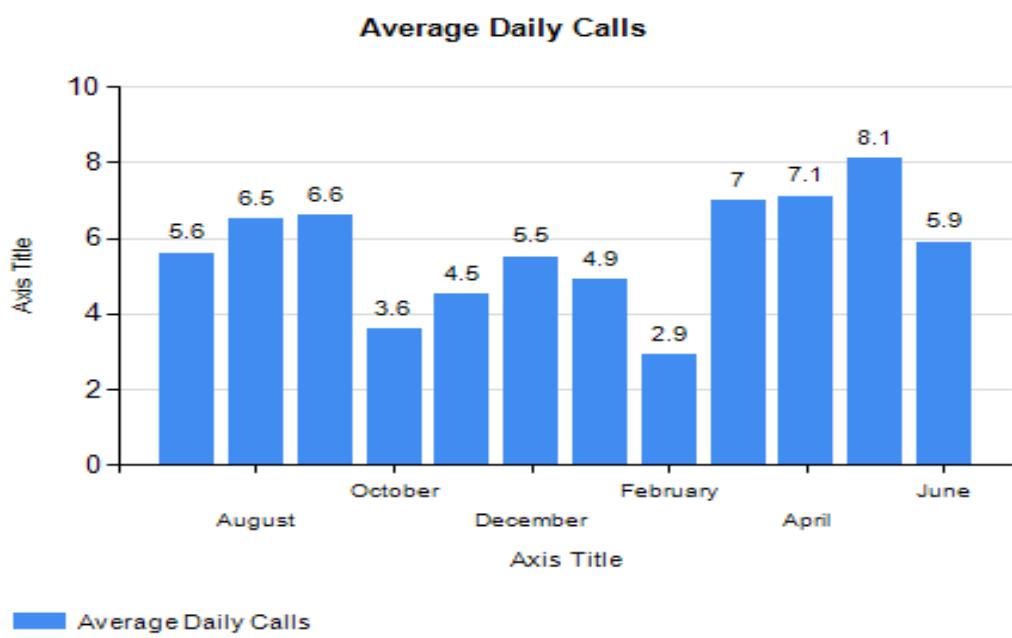
<sup>2</sup> Effective July 1, 2014, the Mental Hygiene Administration and Alcohol and Drug Abuse Administration combined to become the Behavioral Health Administration (BHA) and on May 31, 2019, the Behavioral Health Administration (BHA) facilities were transferred to MDH Operations, renamed the Office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

<sup>3</sup> 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.

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 22, RGS received a total of 2,083 calls via the toll-free number.



*Total calls received from the toll-free number by the month for FY 2023*



*The average daily calls per month received from the toll-free number for FY 2023*

## Legal Assistance Providers

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

A priority of the LAP is the representation of residents in obtaining benefits and entitlements. Following admission to a 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 resident. These benefits and entitlements are provided for residents to obtain community services necessary for discharge.

In fiscal year 2023, the LAPS assisted one patient with an entitlement claim but there were no lump sum or monthly payments awarded. They also represented patients at 66 Clinical Review Panel Administrative Appeals, 7 Emergency Transfer Hearings, and 6 Habeas Corpus/Petition for Release cases. The LAPs conducted 22 Legal Case Reviews and 52 Quarterly Informational Meetings. For FY23, the LAPs provided 1588 hours of services for patients.

#### **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, clinical review panels, and information and assistance. 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
<i>Clifton T. Perkins Hospital Center</i>	65	73	67	205
<i>Eastern Shore Hospital Center</i>	19	91	33	143
<i>RICA – Baltimore</i>	4	42	0	46
<i>RICA – Rockville</i>	5	25	0	30
<i>Spring Grove Hospital Center</i>	87	1002	92	1181
<i>Springfield Hospital Center</i>	62	337	77	476
<i>Thomas B. Finan Center</i>	8	221	16	245
<b>Activity Total =</b>	<b>250</b>	<b>1791</b>	<b>285</b>	<b>2326</b>

### I. Grievances

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

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

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

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

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

I. Stage 3A – The grievant has a right to request a review by the RRC at Stage 3A, prior to the 3B

review by the facility's Chief Executive Officer (CEO). If the grievant requests a review by the RRC, the Committee will meet within 15 working days of receipt of the grievance to review the RA's report and the unit director's decision. At this stage, the grievant has the right to attend and present information to the Committee, and to be represented by the LAP. Once all relevant reports and information presented are reviewed, the RRC will forward written recommendations to the CEO.

- II. Stage 3B – Upon receipt of the grievance, the CEO will review all information from the previous stages. If the CEO finds the grievance to be Valid, the CEO will document in the report, the corrective action to be taken to remedy the violation against the resident. If the CEO finds the grievance Invalid, the decision is forwarded to the RA. The resident is informed of the decision and the right to appeal to Stage Four. The CEO may find the grievance Inconclusive and recommend the grievance is forwarded to Stage Four for a decision by the Central Review Committee.

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

The CRC is composed of three members: Director of the RGS, 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 2023, RAs processed **250** grievances. Of those grievances, **101 (40%)** were resolved at Stage One, **26 (10%)** were resolved at Stage Two, **89 (36%)** were resolved at Stage Three, and **34 (14%)** 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 of clinically trained staff who meet to determine whether to approve the administration of medication over a patient's objections and refusal to take the prescribed medication. In the absence of CRP approval, patients cannot receive medication against their will. **Because adolescents have legal guardians that approve all medications prior to admission, there are no CRPs held within either of the Regional Institute for Children and Adolescents (RICA) locations.**

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 2023, a total of **285** CRPs were held.

<b>Facility</b>	<b>Clinical Review Panel</b>
<b>Clifton T. Perkins Hospital Center</b>	67
<b>Eastern Shore Hospital Center</b>	33
<b>Spring Grove Hospital Center</b>	92
<b>Springfield Hospital Center</b>	77
<b>Thomas B. Finan Center</b>	16
<b>Activity Total =</b>	<b>285</b>

The chart details the total FY 23 CRP cases by facility.

### **III. Information and Assistance**

Cases classified as Information and Assistance (IA) do not allege a rights violation but are contacts in which the patient is seeking information, clarification, or assistance with a concern. In fiscal year 2023, Rights Advisors provided Information/Assistance for 1,791 patients, 77% of the total 2326 patient contacts with RGS. 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 16 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 16 major rights categories have been identified below and are subject to any reasonable limitation that a facility or guardian may impose.

1. **Abuse** – Patients have the right to be protected from physical, mental, or verbal harm. Abuse is defined as cruel or inhumane treatment or an intentional act that causes injury or trauma to another person. Physical abuse is an intentional act that causes injury or trauma by physical, bodily contact, such as hitting, grabbing, shoving, punching, or kicking. Sexual abuse is an intentional, unwanted, forced sexual act or threat used to take advantage of an individual not able to give consent, such as unwanted touching, forced sex, or sexually suggestive language. Mental abuse is an intentional act that causes emotional injury or trauma resulting in a diminished sense of self-worth, dignity, or identity, such as yelling, swearing, name-calling, insults, threats, intimidation, humiliation, or bullying.
2. **Admission / Discharge / Transfer:**
  - Admission – Upon admission, patients have a right to receive information which describes the patient's admission status, the availability of legal services, the right to talk to a lawyer of choice and their rights while in the hospital. The person has a right to ask questions concerning their admission status and should be provided the opportunity.
  - Discharge – The hospital must discharge any patient not committed by the court who is not mentally ill. If committed involuntarily, the treatment team determines when an individual's condition has stabilized sufficiently for that person to return to the community. Court-appointed patients must receive approval from the judge prior to discharge.
  - Transfer – The hospital may transfer patients to another State facility if the patient can

benefit from or receive better care or treatment at another facility, or if it is for the protection, safety, or welfare of others. However, the patient has a right to be notified of the transfer and have a hearing held prior to the transfer unless an emergency exists, such as a violent assault on another individual. In the event of an emergency transfer to Clifton T. Perkins Hospital, the patient has a right to a hearing within 10 days after the transfer.

3. **Civil Rights** – Patients have the same basic rights as all citizens in society. Patients may not be deprived of any civil right such as the right to vote; to receive, hold, and dispose of property; or to practice the religion or faith of choice, solely because the individual is in a facility for a mental disorder.
4. **Communication / Visits** – Patients have the right to send and receive mail, have reasonable use of the telephone, and receive visitors during reasonable visiting hours that are set by the facility.
5. **Confidentiality** – Patients have the right to have their medical records and information kept confidential. They have the right to review their medical record, upon request, within a reasonable timeframe.
6. **Environmental** – Patients have the right to live with dignity in a safe, clean, and sanitary facility. Environmental rights include the right to bathe and have personal hygiene needs to be met, to have clean clothes and bed linens, and to have nutritious meals provided daily.
7. **Freedom of Movement** – Patients' personal liberty can only be restricted based on treatment needs and applicable legal requirements. They have the right to be free from restraint or seclusion except when used during an emergency in which the behavior of the patient places the patient or others at serious threat of violence or injury. The restraint or seclusion must be ordered by a physician, in writing. It can be directed by a registered nurse if a physician's order is obtained within 2 hours of the action. Patients have the right to voluntarily request the use of the Quiet Room.
8. **Money** – Patients have the right to a bank account, to have the facility hold money for safekeeping and to access their funds when requested. Patients also have a right to apply for State and federal entitlements and benefits.
9. **Neglect** – The definition of neglect is the failure to properly attend to the needs and care of a patient. Patients have the right to have staff attentive to their needs, to feel safe and to be taken care of with dignity and respect.
10. **Personal Property** – Patients have the right to a reasonable amount of personal property that is not considered contraband or a danger to the patient or others. Patients have a right to receive and store personal property in secure containers and applicable storage units provided by the facility to prevent theft, loss, or destruction of their property.
11. **Rights Protection System** – Patients have a right to complain and to get assistance to resolve complaints. The RGS is responsible for ensuring that the rights of patients in Psychiatric Inpatient and SRC/SETT facilities are fully protected, and allegations of rights violations are investigated

and resolved in a timely manner.

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

Depending on the alleged rights violation, grievances and IAs can be assigned to one of the major 16 rights categories. CRPs *only address* the “treatment right” – the right of a patient to refuse medication prescribed for the treatment of a mental disorder, except (1) in an emergency when the patient presents a danger to self or others; or (2) in a non-emergency when court-ordered and the medication is approved by a CRP. As a result, CRPs are listed as a major classification, but cannot be divided into all 16 rights categories.

RIGHTS CATEGORIES	EASTERN SHORE HOSPITAL	THOMAS B. FINAN HOSPITAL	CLIFTON T. PERKINS HOSPITAL	RICA BALTIMORE	RICA ROCKVILLE	SPRINGFIELD HOSPITAL	SPRING GROVE HOSPITAL
<b>ABUSE</b>	5	1	17	4	4	43	41
<b>ADMISSION / DISCHARGE / TRANSFER</b>	0	1	0	0	0	0	0
<b>CIVIL RIGHTS</b>	3	2	22	0	0	9	18
<b>COMMUNICATION / VISITS</b>	1	1	2	0	0	1	4
<b>CONFIDENTIALITY</b>	0	0	2	0	0	1	3
<b>ENVIRONMENTAL</b>	5	2	7	0	0	5	6
<b>FREEDOM OF MOVEMENT</b>	2	0	1	0	0	1	1
<b>MONEY</b>	0	0	0	0	0	2	0
<b>NEGLECT</b>	0	0	0	0	1	0	3
<b>PERSONAL PROPERTY</b>	0	1	1	0	0	0	3
<b>RIGHTS PROTECTION SYSTEM – RGS</b>	0	0	2	0	0	0	1
<b>TREATMENT RIGHTS</b>	3	0	11	0	0	0	6
<b>OTHER</b>	0	0	0	0	0	0	0
<b>NO RIGHTS INVOLVED</b>	0	0	0	0	0	0	0
<b>RESIDENT TO RESIDENT ASSAULT</b>	0	0	0	0	0	0	1
<b>DEATH</b>	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>19</b>	<b>8</b>	<b>65</b>	<b>4</b>	<b>5</b>	<b>62</b>	<b>87</b>

**Chart B - Information/Assistance:** The breakdown of I/A cases by facility and categories.

	EASTERN SHORE HOSPITAL	THOMAS B. FINAN HOSPITAL	CLIFTON T. PERKINS HOSPITAL	RICA BALTIMORE	RICA ROCKVILLE	SPRINGFIELD HOSPITAL	SPRING GROVE HOSPITAL
<b>ABUSE</b>	31	1	0	2	1	1	7
<b>ADMISSION /DISCHARGE/ TRANSFER</b>	0	8	12	7	16	34	59
<b>CIVIL RIGHTS</b>	1	17	3	1	1	13	87
<b>COMMUNICATION / VISITS</b>	2	17	10	0	0	30	91
<b>CONFIDENTIALITY</b>	0	2	1	0	0	4	4
<b>ENVIRONMENTAL</b>	16	40	22	5	0	36	153
<b>FREEDOM OF MOVEMENT</b>	1	15	5	3	0	6	81
<b>MONEY</b>	0	5	1	0	0	4	17
<b>NEGLECT</b>	0	0	0	0	0	0	1
<b>PERSONAL PROPERTY</b>	0	5	0	0	0	4	30
<b>RIGHTS PROTECTION SYSTEM - RGS</b>	5	5	6	3	1	18	39
<b>TREATMENT RIGHTS</b>	7	39	4	11	1	27	169
<b>OTHER</b>	8	16	2	0	2	16	9
<b>NO RIGHTS INVOLVED</b>	15	26	6	0	0	4	2
<b>RESIDENT TO RESIDENT ASSAULT</b>	5	25	1	10	3	140	251
<b>DEATH</b>	0	0	0	0	0	0	2
<b>TOTAL</b>	<b>91</b>	<b>221</b>	<b>73</b>	<b>42</b>	<b>25</b>	<b>337</b>	<b>1002</b>

#### 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 (2018-2022).

Annual Data 2019 – 2023

YEAR	2019	2020	2021	2022	2023
Grievances	288	242	246	208	250
IAs	1558	1682	1842	1600	1791
CRPs	224	222	288	292	285
Total	2070	2146	2376	2100	2326

*Chart C: In the last five years, there was a 13% decrease in IA cases and a 15% decrease in grievances from FY21 to FY22 with both categories increasing in FY23 by 20% and 11% respectively. CRPs remain stable.*

## **PART II**

## **FACILITY DATA**

### **FISCAL YEAR 2022**

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 – A (grievances), B (IA cases) & (CRPs) – 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 subcategories – 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.

Section A reports grievance data by gender, age group and race. The first chart and set of graphs list the total grievances and percentages for all 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.

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

Section C reports CRP data by gender, age group, and race. The aggregate number of CRPs conducted for all the adult 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 2023**

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

GENDER	#	%	AGE	#	%	RACE	#	%
<b>Male</b>	174	69.6	<18	22	8.8	African American	138	55.2
<b>Female</b>	71	28.4	18-44	118	47.2	Caucasian	88	35.2
			45-64	90	36	Asian	3	1.2
			65+	15	6	Hispanic	5	2
						Native American	0	0
<b>Class</b>	5	2	Class	5	2	Class	5	2
<b>Other</b>	0	0	Other	0	0	Other	5	2
<b>Unknown</b>	0	0	Unknown	0	0	Unknown	6	2.4
<b>Total</b>	<b>250</b>	<b>100</b>	<b>Total</b>	<b>250</b>	<b>100</b>	<b>Total</b>	<b>250</b>	<b>100</b>

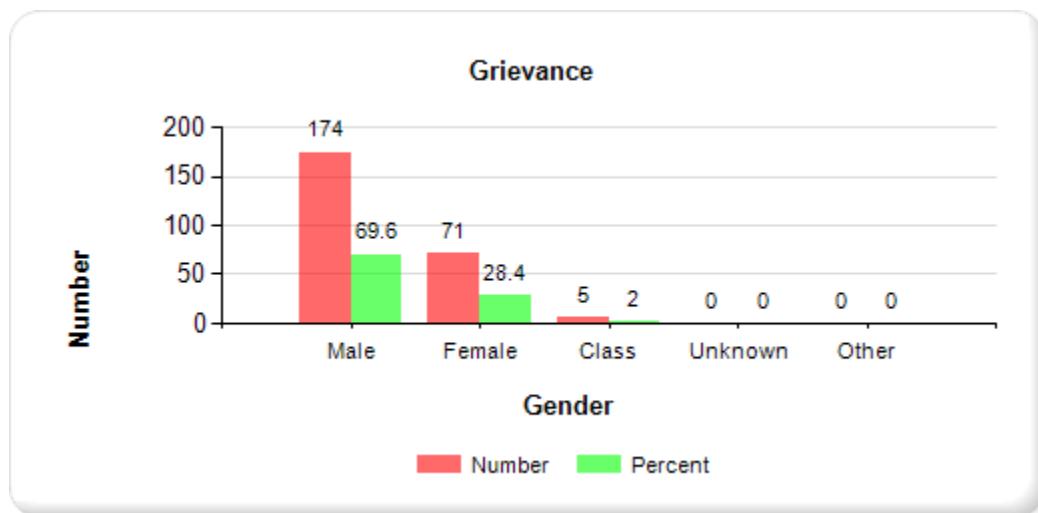
Chart 1: During FY 23, the seven (7) HCS inpatient hospitals had a total of 250 grievances.

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

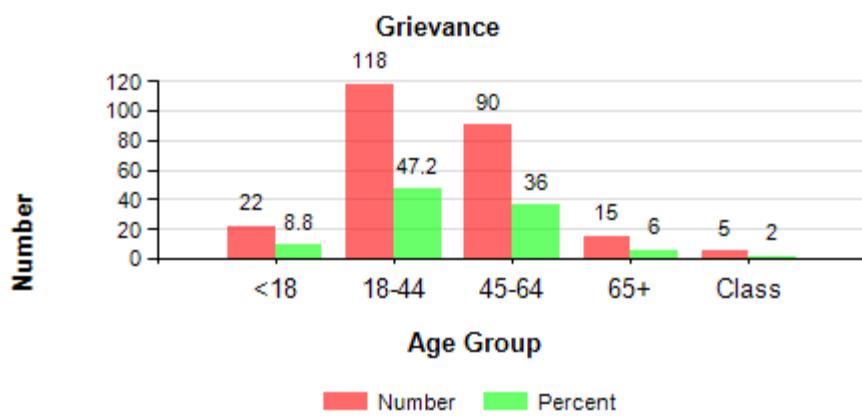
Unknown = information collected from residents who chose not to identify gender and/or race.

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

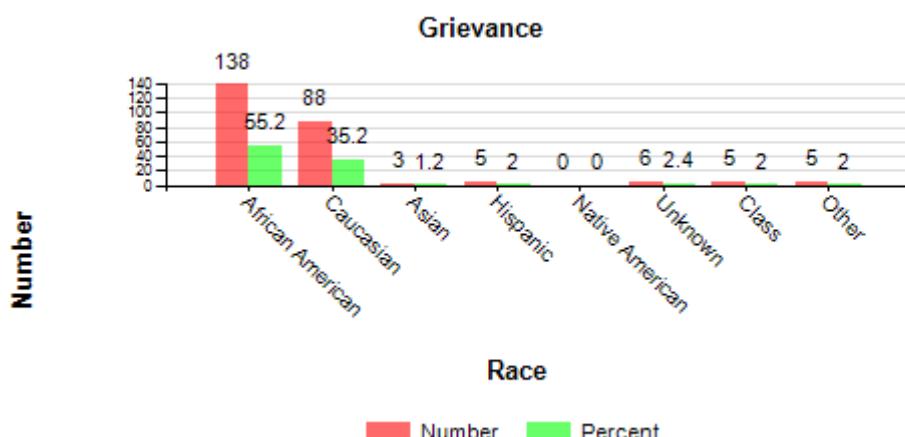
Graphs 1A-1C represent HCS aggregate grievance data.



Graph 1A: HCS grievance data (n=250) by gender.



Graph 1B: HCS grievance data (n=250) by age.



Graph 1C: HCS grievance data (n=250) by race.

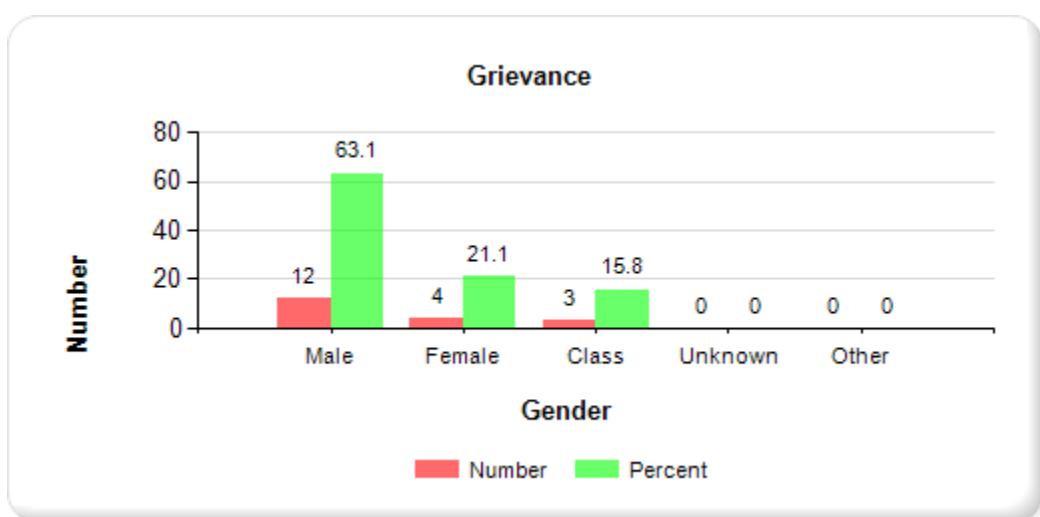
Eastern Shore Hospital Center (ESHC)

Grievance Cases by Gender, Age, and Race

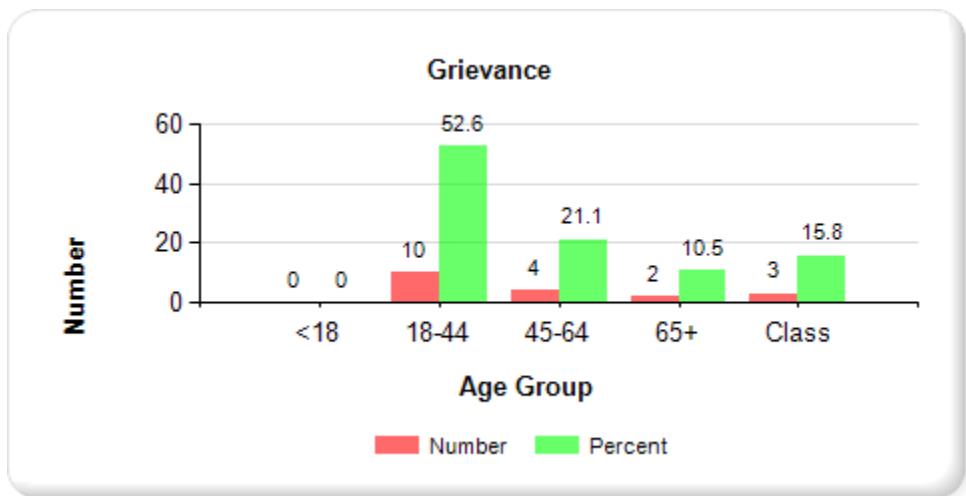
GENDER			AGE			RACE		
	#	%		#	%		#	%
Male	12	63.1	<18	0	0	African American	15	79
Female	4	21.1	18-44	10	52.6	Caucasian	1	5.2
			45-64	4	21.1	Asian	0	0
			65+	2	10.5	Hispanic	0	0
						Native American	0	0
Class	3	15.8	Class	3	15.8	Class	3	15.8
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
<b>Total</b>	<b>19</b>	<b>100</b>	<b>Total</b>	<b>19</b>	<b>100</b>	<b>Total</b>	<b>19</b>	<b>100</b>

Chart 2: During FY 23, ESHC had a total of 19 grievances.

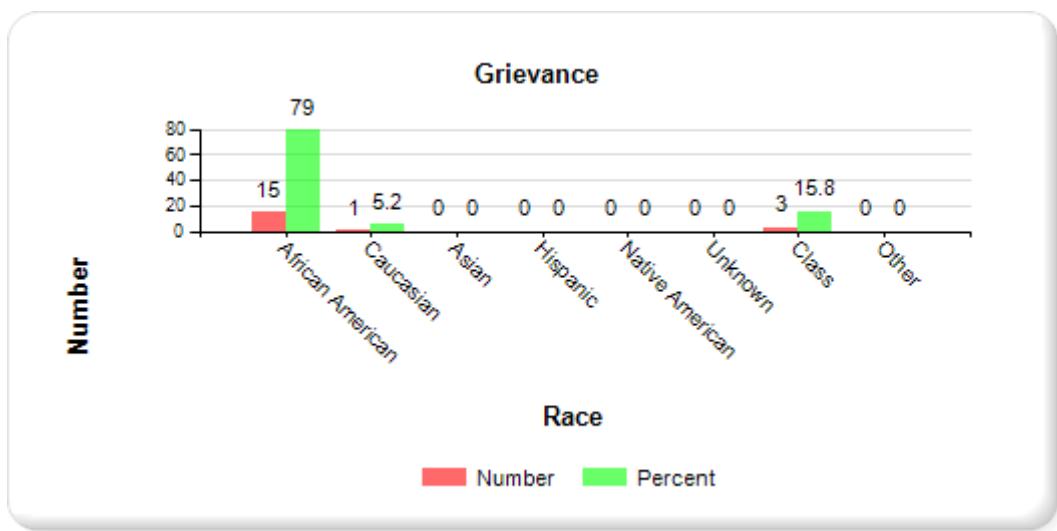
Graphs 2A-2C represent grievance data for ESHC.



Graph 2A: ESHC data (n=19) by gender.



Graph 2B: ESHC data (n=19) by age.



Graph 2C: ESHC data (n=19) by race.

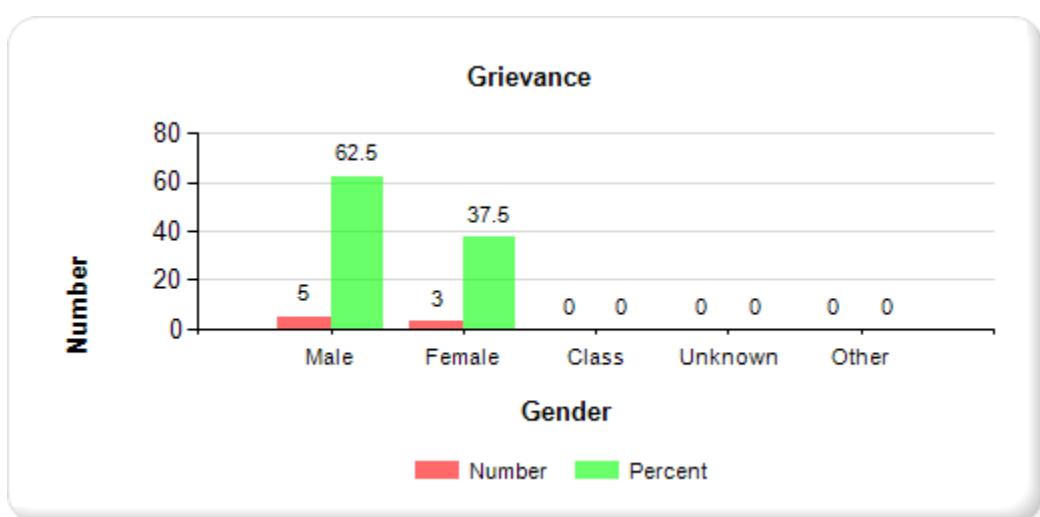
Thomas B. Finan Center (TBFC)

Grievance Cases by Gender, Age, and Race

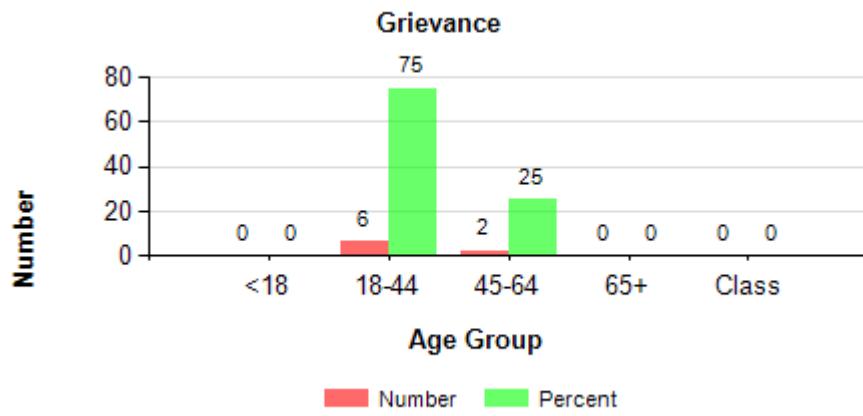
GENDER			AGE			RACE		
	#	%		#	%		#	%
Male	5	62.5	<18	0	0	African American	4	50
Female	3	37.5	18-44	6	75	Caucasian	4	50
			45-64	2	25	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
<b>Total</b>	<b>8</b>	<b>100</b>	<b>Total</b>	<b>8</b>	<b>100</b>	<b>Total</b>	<b>8</b>	<b>100</b>

Chart 3: During FY 23, TBFC had a total of 8 grievances.

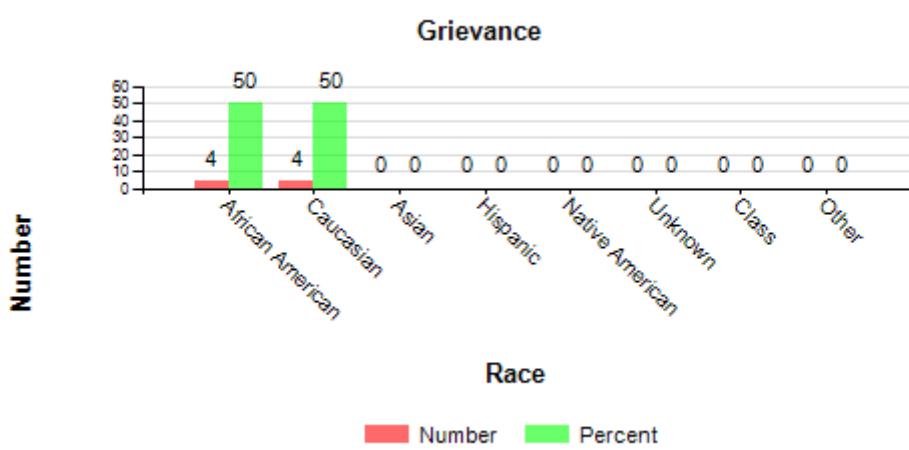
Graphs 3A-3C represent grievance data for TBFC.



Graph 3A: TBFC data (n=8) by gender.



Graph 3B: TBFC data (n=8) by age.



Graph 3C: TBFC data (n=8) by race.

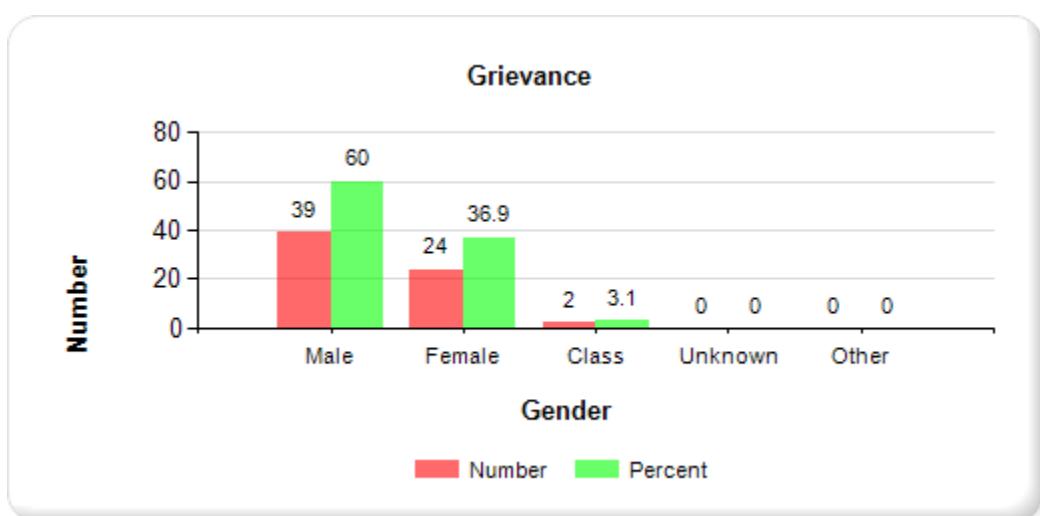
Clifton T. Perkins Hospital Center (CTPHC)

Grievance Cases by Gender, Age, and Race

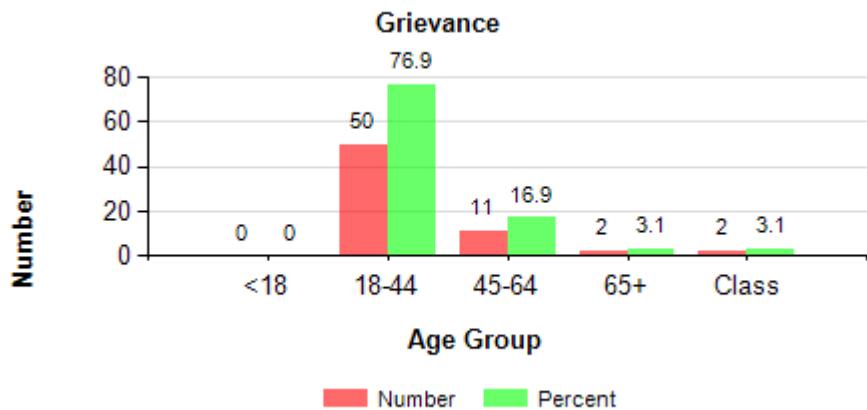
GENDER			AGE			RACE		
	#	%		#	%		#	%
Male	39	60	<18	0	0	African American	38	58.5
Female	24	36.9	18-44	50	76.9	Caucasian	13	20
			45-64	11	16.9	Asian	1	1.5
			65+	2	3.1	Hispanic	2	3.1
						Native American	0	0
Class	2	3.1	Class	2	3.1	Class	2	3.1
Other	0	0	Other	0	0	Other	3	4.6
Unknown	0	0	Unknown	0	0	Unknown	6	9.2
<b>Total</b>	<b>65</b>	<b>100</b>	<b>Total</b>	<b>65</b>	<b>100</b>	<b>Total</b>	<b>65</b>	<b>100</b>

Chart 4: During FY 23, CTPHCs had a total of 65 grievances.

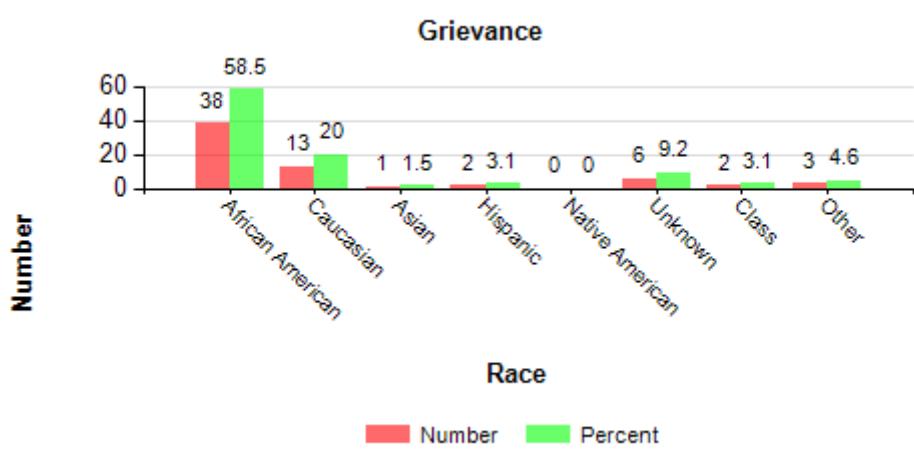
Graphs 4A-4C represent grievance data for CTPHC.



Graph 4A: CTPHC data (n=65) by gender.



Graph 4B: CTPHC data (n=65) by age.



Graph 4C: CTPHC data (n=65) by race.

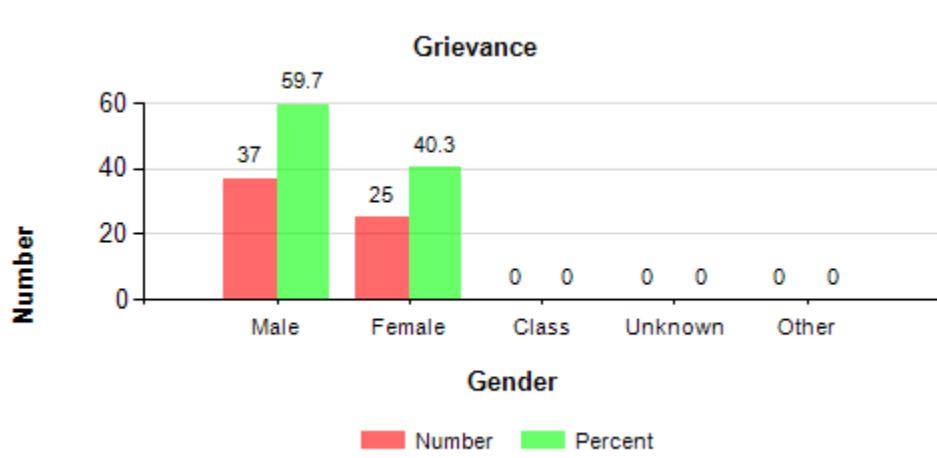
## Springfield Hospital Center (SFHC)

### Grievance Cases by Gender, Age, and Race

GENDER			AGE			RACE		
	#	%		#	%		#	%
Male	37	59.7	<18	0	0	African American	36	58.1
Female	25	40.3	18-44	34	54.9	Caucasian	22	35.5
			45-64	25	40.3	Asian	1	1.6
			65+	3	4.8	Hispanic	3	4.8
						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
<b>Total</b>	<b>62</b>	<b>100</b>	<b>Total</b>	<b>62</b>	<b>100</b>	<b>Total</b>	<b>62</b>	<b>100</b>

Chart 5: During FY 23, SFHC had a total of 62 grievances.

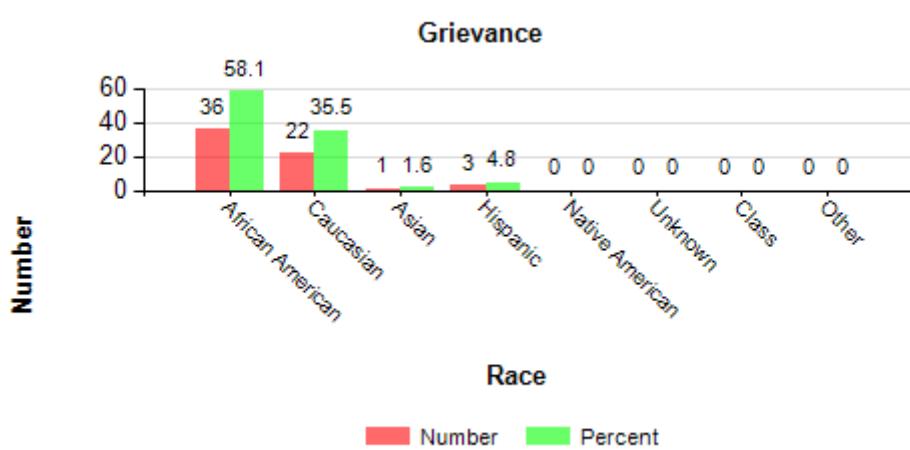
Graphs 5A-5C represent grievance data for SFHC.



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



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



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

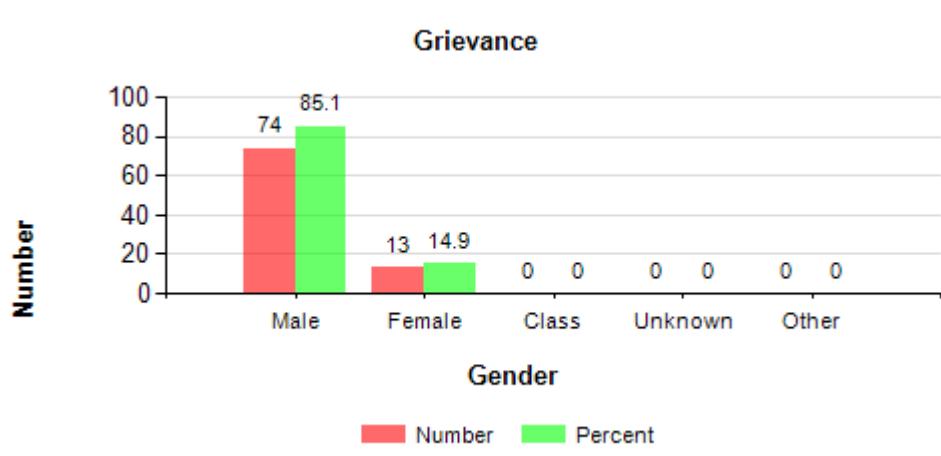
## Spring Grove Hospital Center (SGHC)

### Grievance Cases by Gender, Age, and Race

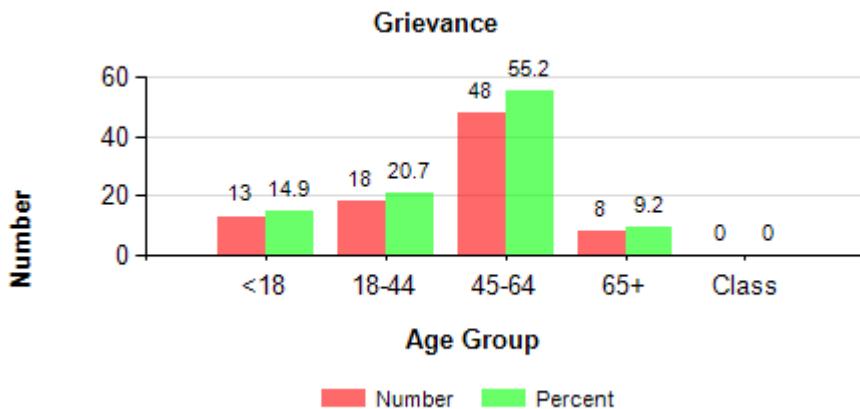
GENDER			AGE			RACE		
	#	%		#	%		#	%
Male	74	85.1	<18	13	14.9	African American	39	44.8
Female	13	14.9	18-44	18	20.7	Caucasian	45	51.7
			45-64	48	55.2	Asian	1	1.2
			65+	8	9.2	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	2	2.3
Unknown	0	0	Unknown	0	0	Unknown	0	0
<b>Total</b>	<b>87</b>	<b>100</b>	<b>Total</b>	<b>87</b>	<b>100</b>	<b>Total</b>	<b>87</b>	<b>100</b>

Chart 6: During FY 23, SGHC had a total of 87 grievances.

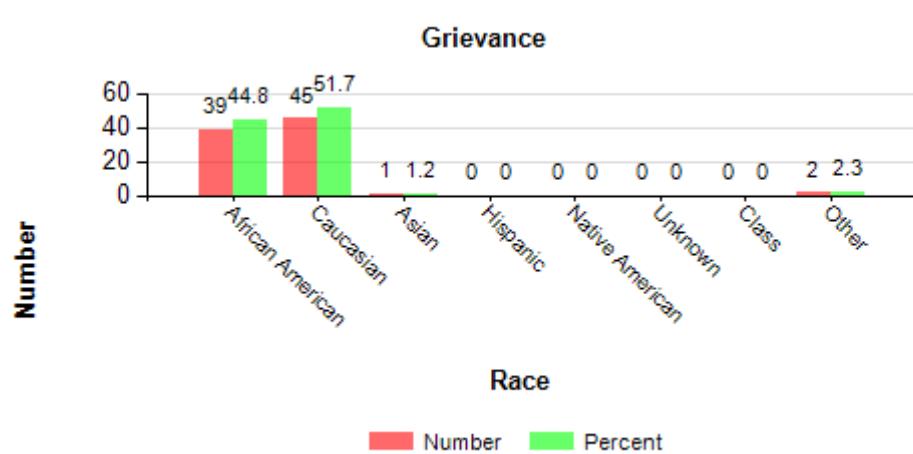
Graphs 6A-6C represent grievance data for SGHC.



Graph 6A: SGHC data (n=87) by gender.



Graph 6B: SGHC data (n=87) by age.



Graph 6C: SGHC data (n=87) by race.

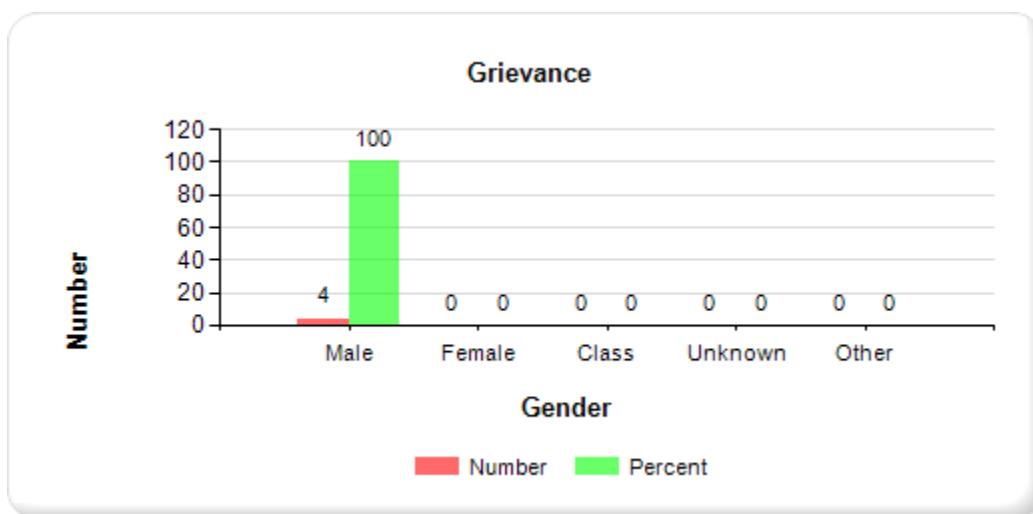
Regional Institute for Children and Adolescents (RICA) - Baltimore

Grievance Cases by Gender, Age, and Race

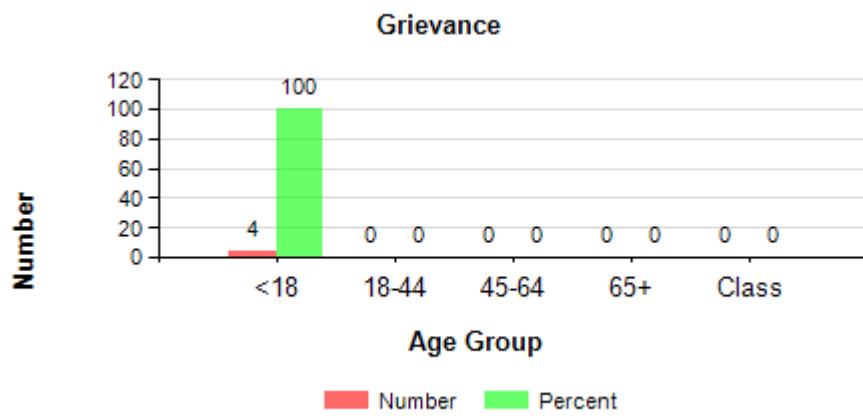
GENDER			AGE			RACE		
	#	%		#	%		#	%
Male	4	100	<18	4	100	African American	4	100
Female	0	0	18-44	0	0	Caucasian	0	0
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
<b>Total</b>	<b>4</b>	<b>100</b>	<b>Total</b>	<b>4</b>	<b>100</b>	<b>Total</b>	<b>4</b>	<b>100</b>

Chart 7: During FY 23, RICA Baltimore had a total of 4 grievances.

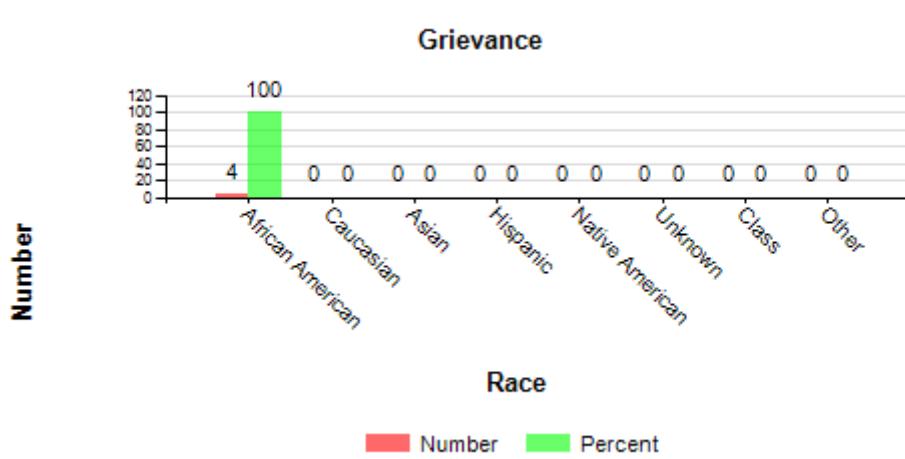
Graphs 7A-7C represent grievance data for RICA Baltimore.



Graph 7A: RICA Baltimore data (n=4) by gender.



Graph 7B: RICA Baltimore data (n=4) by age.



Graph 7C: RICA Baltimore data (n=4) by race.

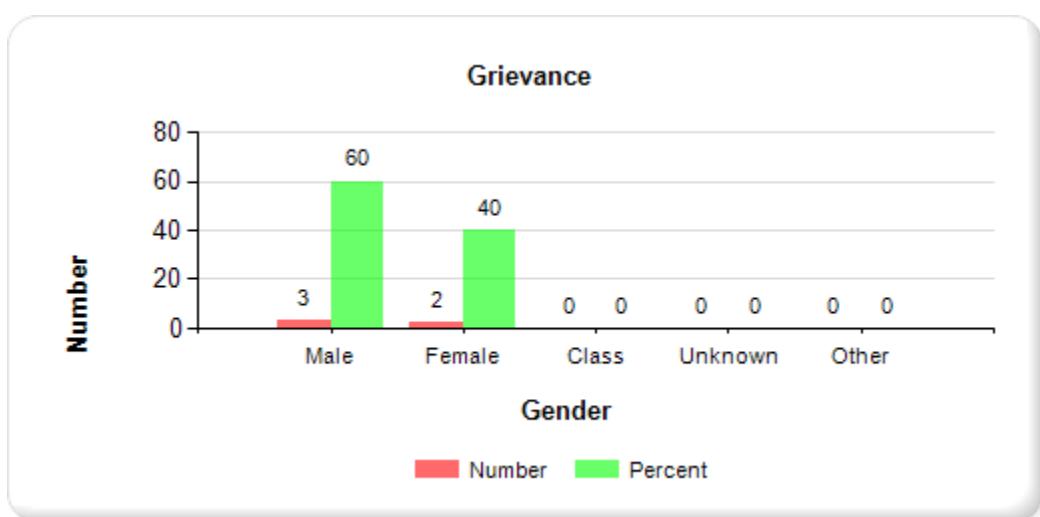
Regional Institute for Children and Adolescents (RICA) - Rockville

Aggregate Grievance Cases by Gender, Age, and Race

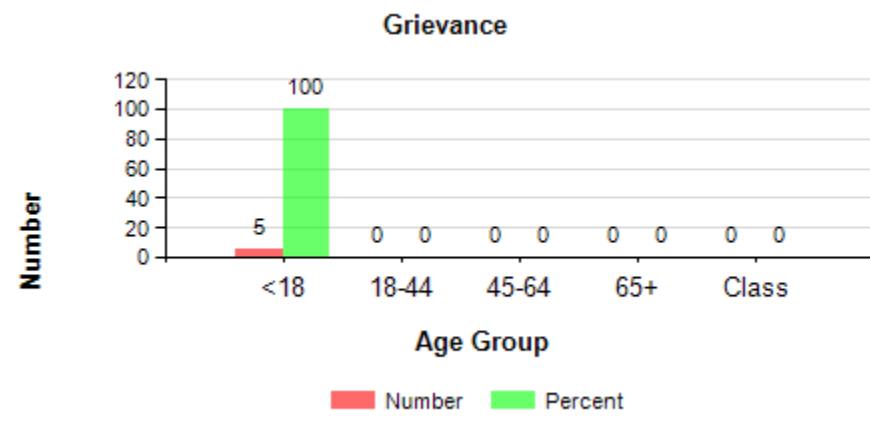
GENDER			AGE			RACE		
	#	%		#	%		#	%
Male	3	60	<18	5	100	African American	2	40
Female	2	40	18-44	0	0	Caucasian	3	60
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
<b>Total</b>	<b>5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

Chart 8: During FY 23, RICA Rockville had a total of 5 grievances.

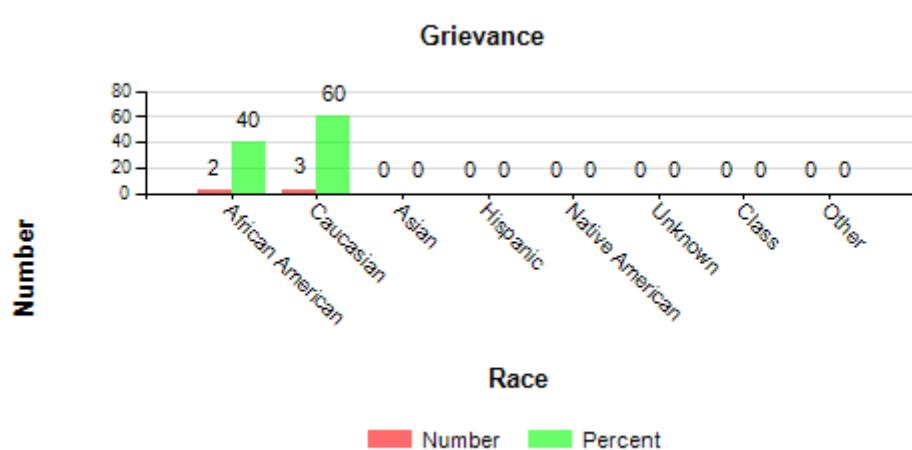
Graphs 8A-8C represent grievance data for RICA Rockville.



Graph 8A: RICA Rockville data (n=5) by gender.



Graph 8B: RICA Rockville data (n=5) by age.



Graph 8C: RICA Rockville data (n=5) by race.

## SECTION B: INFORMATION/ASSISTANCE (IA) DATA - FY 2023

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

GENDER		#	%	AGE		#	%	RACE		#	%
<b>Male</b>	1333	74.4		<18	119	6.6		African American	968	54	
<b>Female</b>	417	23.3		18-44	897	50.2		Caucasian	646	36.1	
				45-64	599	33.4		Asian	31	1.7	
				65+	136	7.6		Hispanic	27	1.5	
								Native American	1	0.1	
<b>Class</b>	39	2.2		Class	39	2.2		Class	38	2.1	
<b>Other</b>	2	0.1		Other	0	0		Other	55	3.1	
<b>Unknown</b>	0	0		Unknown	0	0		Unknown	25	1.4	
<b>Total</b>	<b>1791</b>	<b>100</b>		<b>Total</b>	<b>1791</b>	<b>100</b>		<b>Total</b>	<b>1791</b>	<b>100</b>	

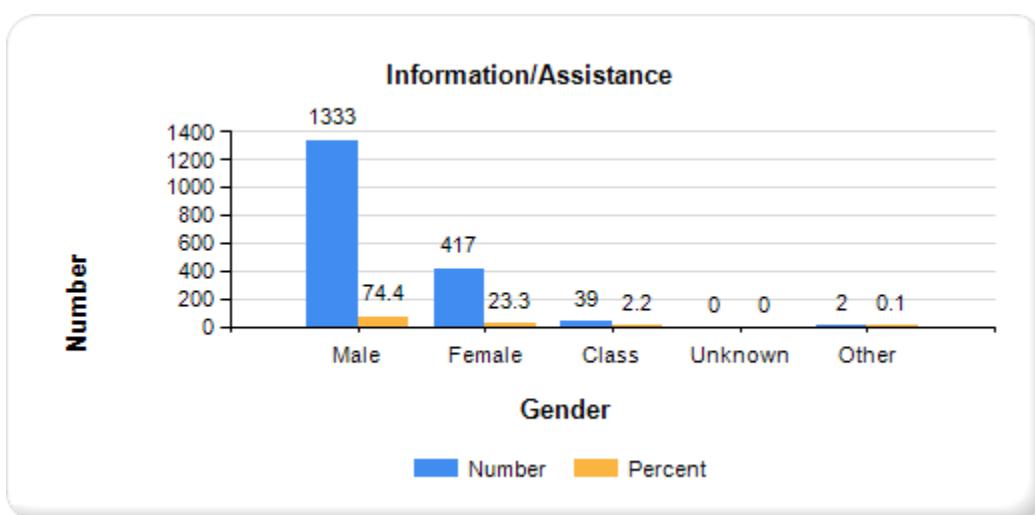
Chart 9: During FY 23, the seven (7) HCS inpatient hospitals had a total of 1791 IA cases.

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

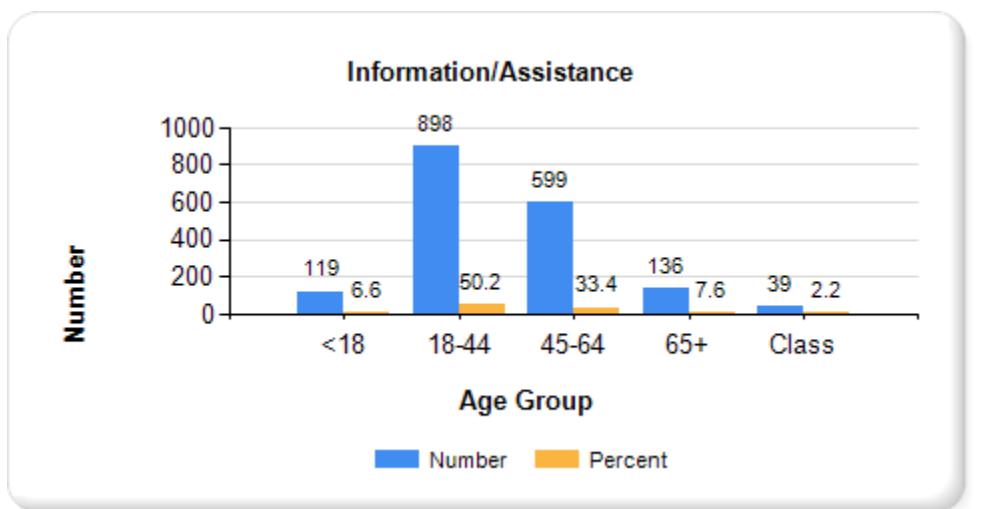
Unknown = information collected from residents who chose not to identify gender and/or race.

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

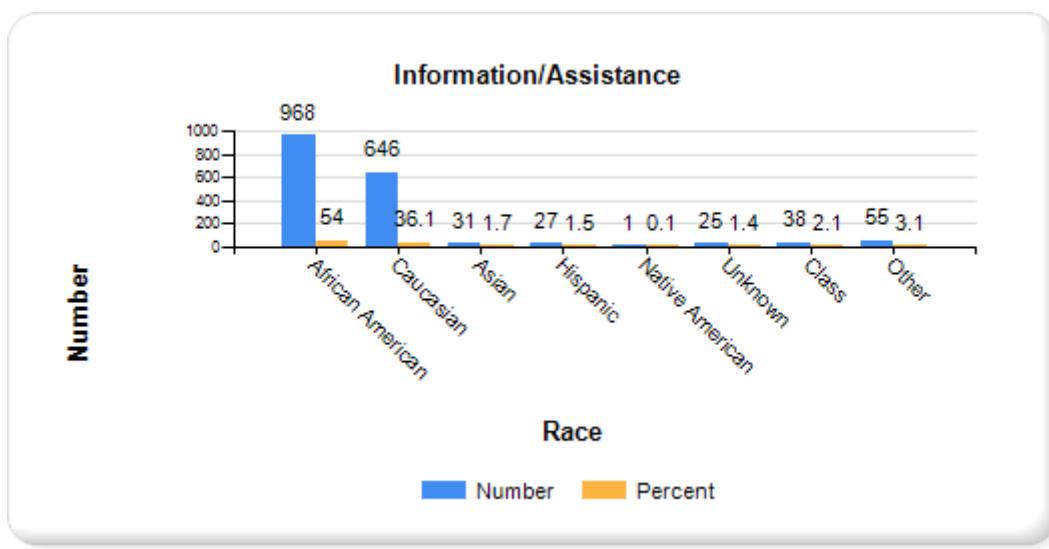
Graphs 9A-9C represent HCS aggregate IA data.



Graph 9A: BHA data (n=1791) by gender.



Graph 9B: HCS data (n=1791) by age.



Graph 9C: HCS data (n=1791) by race.

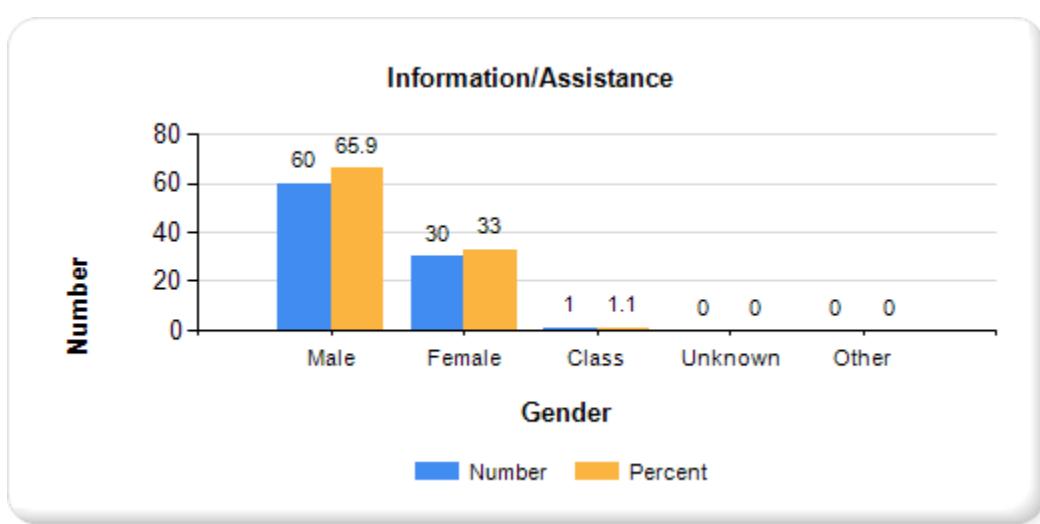
Eastern Shore Hospital Center (ESHC)

IA Cases by Gender, Age, and Race

GENDER			#	%	AGE			#	%	RACE			#	%
Male	60	65.9	<18	0	0	African American	67	73.6						
Female	30	33	18-44	57	62.6	Caucasian	22	24.2						
			45-64	24	26.4	Asian	0	0						
			65+	9	9.9	Hispanic	1	1.1						
						Native American	0	0						
Class	1	1.1	Class	1	1.1	Class	1	1.1						
Other	0	0	Other	0	0	Other	0	0						
Unknown	0	0	Unknown	0	0	Unknown	0	0						
<b>Total</b>	<b>91</b>	<b>100</b>	<b>Total</b>	<b>91</b>	<b>100</b>	<b>Total</b>	<b>91</b>	<b>100</b>						

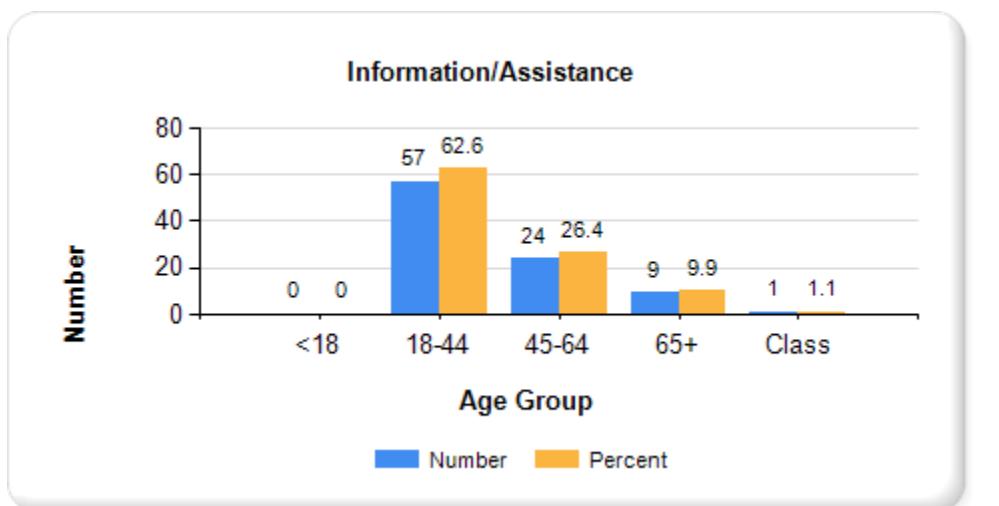
Chart 10: During FY 23, ESHC had a total of 91 IA cases.

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

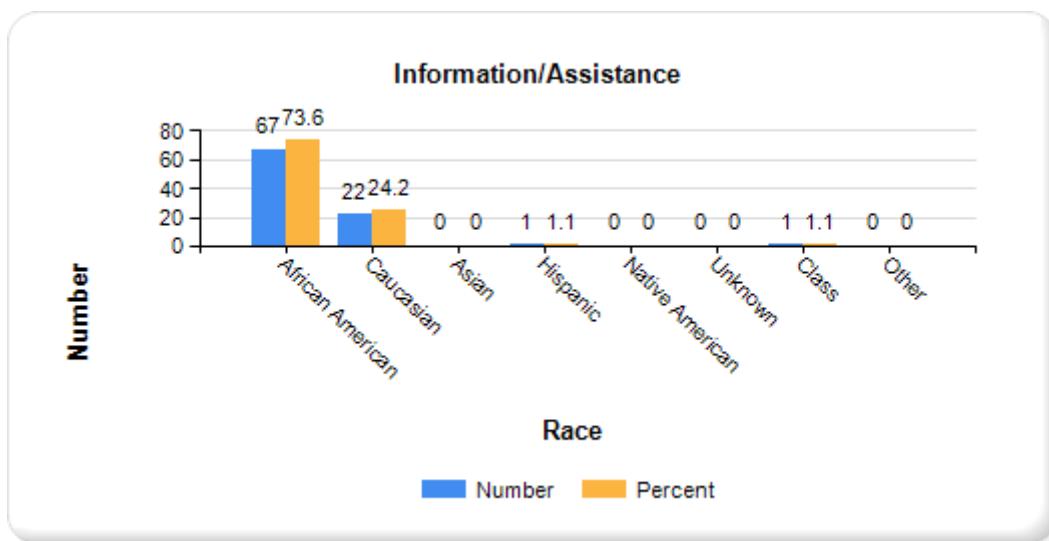


Graph

10A: ESHC data (n=91) by gender.



Graph 10B: ESHC data (n=91) by age.



Graph 10C: ESHC data (n=91) by race.

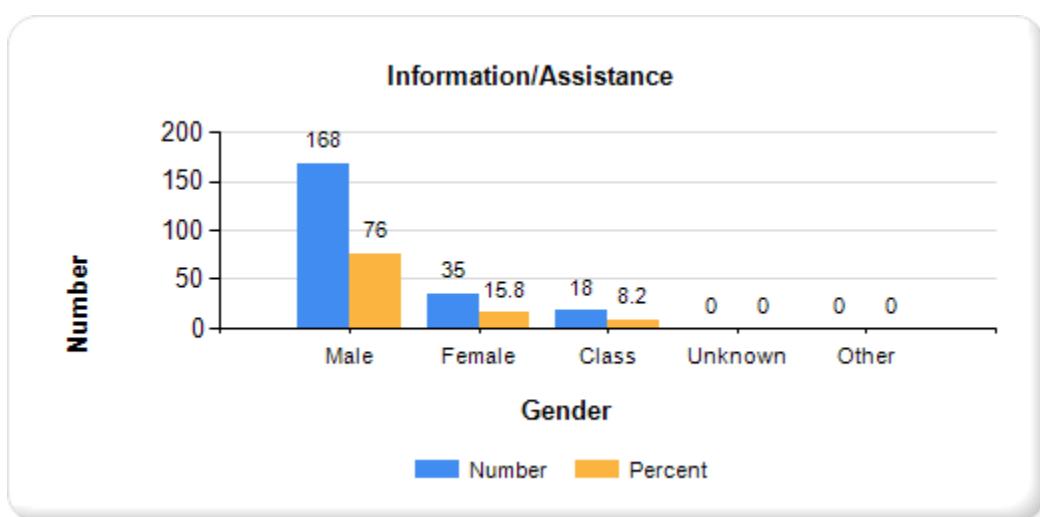
Thomas B. Finan Center (TBFC)

IA Cases by Gender, Age, and Race

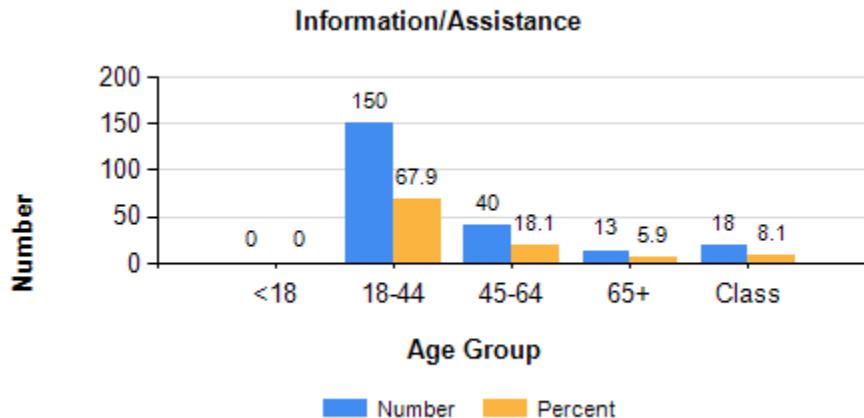
GENDER			AGE	#	%	RACE		
	#	%		#	%		#	%
Male	168	76	<18	0	0	African American	115	52
Female	35	15.8	18-44	150	67.9	Caucasian	77	34.8
			45-64	40	18.1	Asian	5	2.3
			65+	13	5.9	Hispanic	0	0
						Native American	0	0
Class	18	8.2	Class	18	8.1	Class	17	7.7
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	7	3.2
<b>Total</b>	<b>221</b>	<b>100</b>	<b>Total</b>	<b>221</b>	<b>100</b>	<b>Total</b>	<b>221</b>	<b>100</b>

Chart 11: During FY 23, TBFC had a total of 221 IA cases.

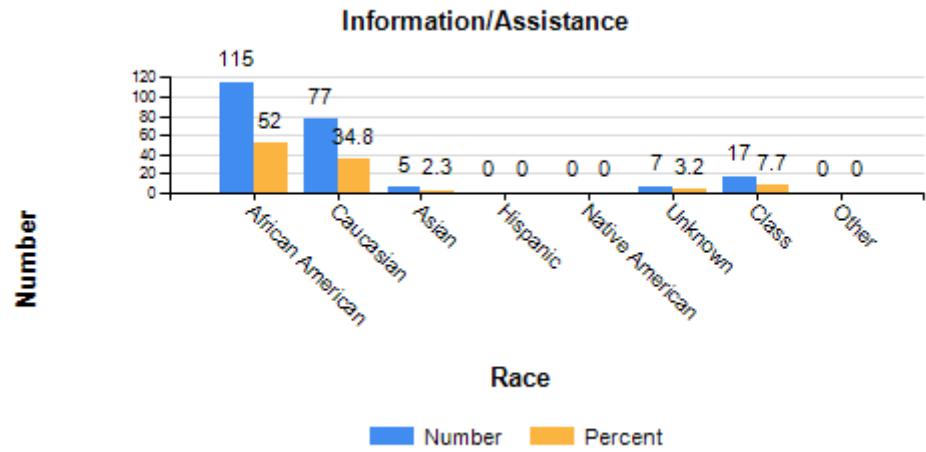
Graphs 11A-11C represent IA data for TBFC.



Graph 11A: TBFC data (n=221) by gender.



Graph 11B: TBFC data (n=221) by age.



Graph 11C: TBFC data (n=221) by race.

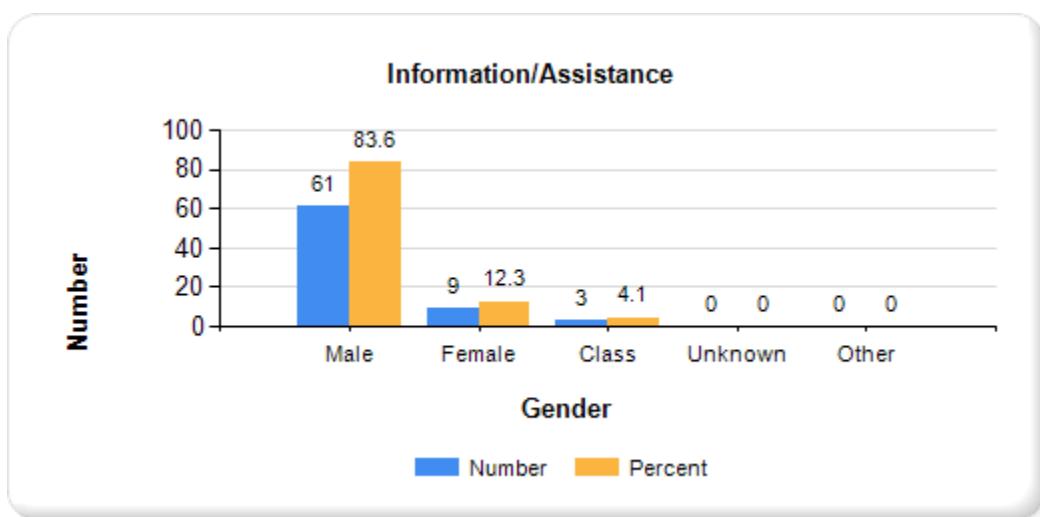
Clifton T. Perkins Hospital Center (CTPHC)

IA Cases by Gender, Age, and Race

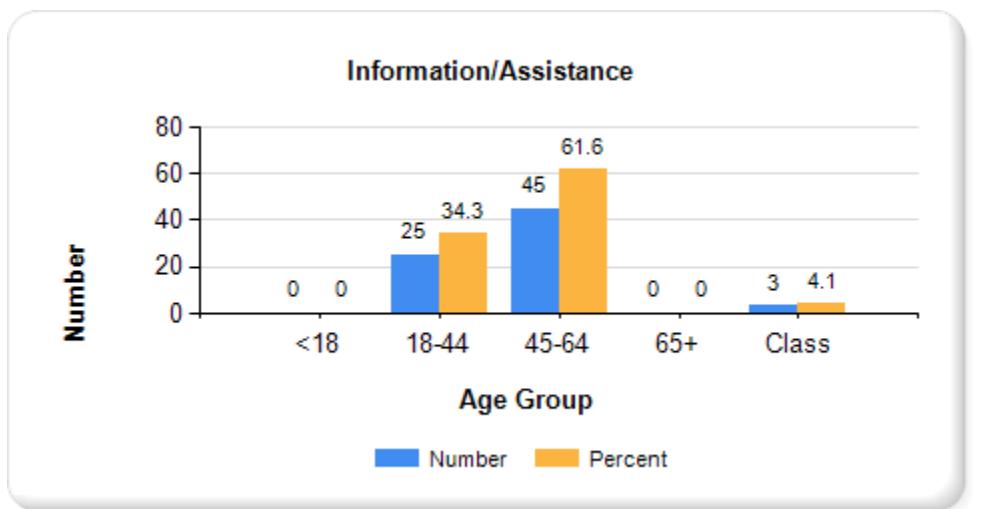
GENDER			#	%	AGE			#	%	RACE			#	%
Male	61	83.6	<18	0	0	African American	18	24.7						
Female	9	12.3	18-44	25	34.3	Caucasian	10	13.7						
			45-64	45	61.6	Asian	0	0						
			65+	0	0	Hispanic	2	2.7						
						Native American	0	0						
Class	3	4.1	Class	3	4.1	Class	3	4.1						
Other	0	0	Other	0	0	Other	39	53.4						
Unknown	0	0	Unknown	0	0	Unknown	1	1.4						
<b>Total</b>	<b>73</b>	<b>100</b>	<b>Total</b>	<b>73</b>	<b>100</b>	<b>Total</b>	<b>73</b>	<b>100</b>						

Chart 12: During FY 23, CTPHC had a total of 73 IA cases.

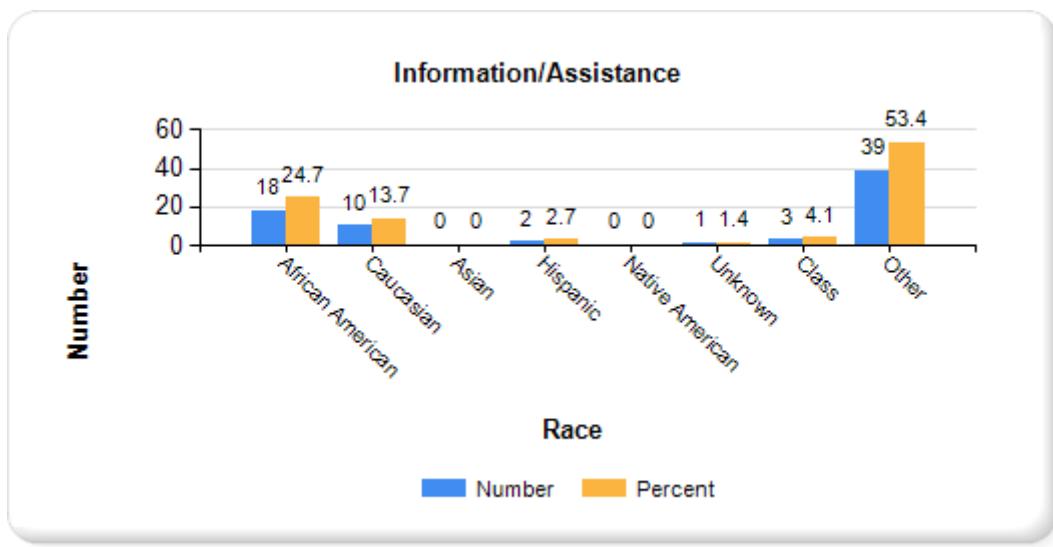
Graphs 12A-12C represent IA data for CTPHC.



Graph 12A: CTPHC data (n=73) by gender.



Graph 12B: CTPHC data (n=73) by age.



Graph 12C: CTPHC data (n=73) by race.

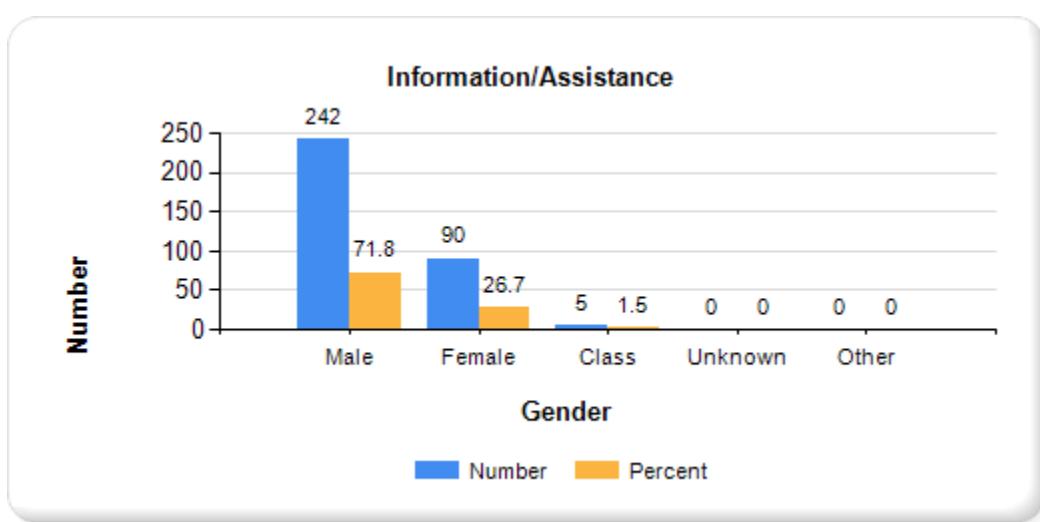
Springfield Hospital Center (SFHC)

IA Cases by Gender, Age, and Race

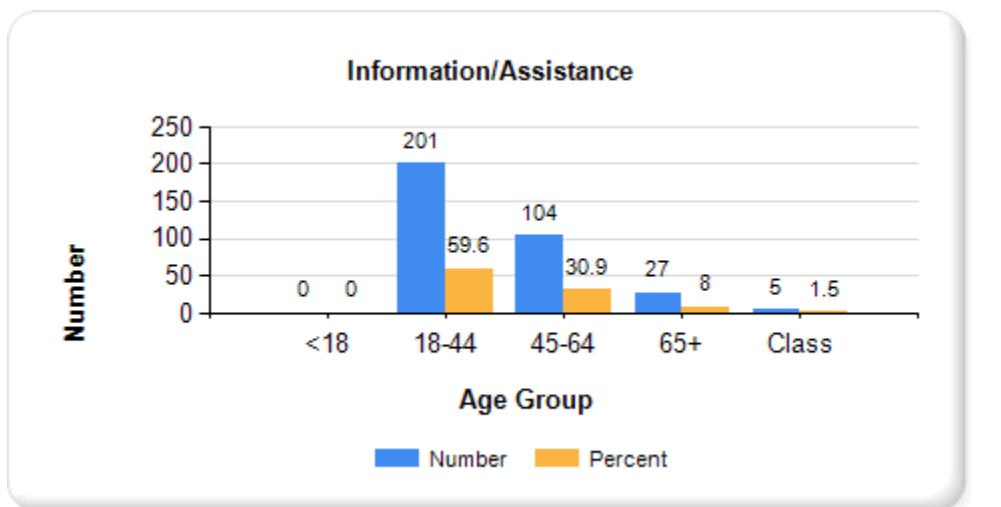
GENDER			AGE	#	%	RACE		
	#	%		#	%		#	%
Male	242	71.8	<18	0	0	African American	182	54
Female	90	26.7	18-44	201	59.6	Caucasian	120	35.6
			45-64	104	30.9	Asian	10	3
			65+	27	8	Hispanic	13	3.8
						Native American	0	0
Class	5	1.5	Class	5	1.5	Class	5	1.5
Other	0	0	Other	0	0	Other	1	0.3
Unknown	0	0	Unknown	0	0	Unknown	6	1.8
<b>Total</b>	<b>337</b>	<b>100</b>	<b>Total</b>	<b>337</b>	<b>100</b>	<b>Total</b>	<b>337</b>	<b>100</b>

Chart 13: During FY 23, SFHC had a total of 337 IA cases.

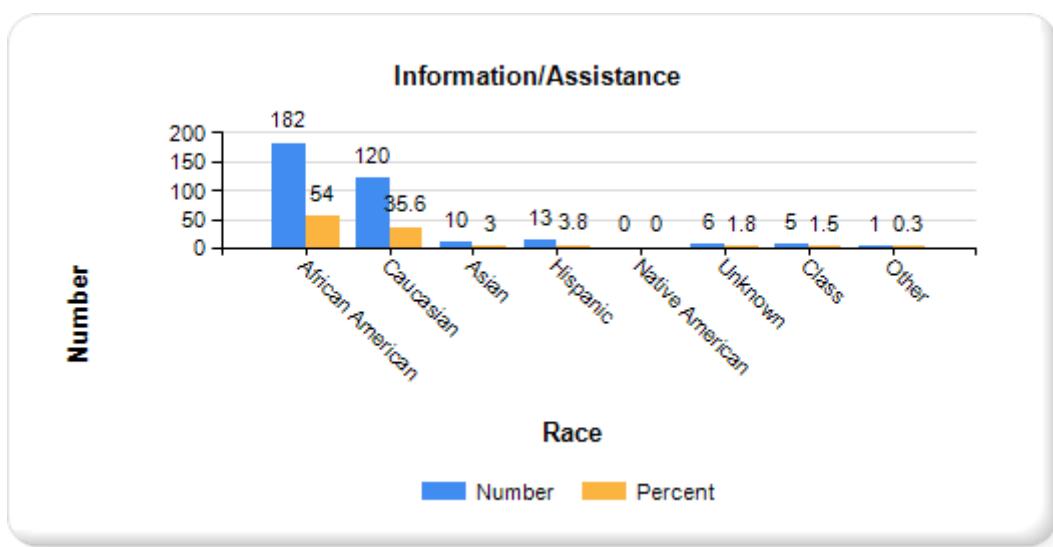
Graphs 13A-13C represent IA data for SFHC.



Graph 13A: SFHC data (n=337) by gender.



Graph 13B: SFHC data (n=337) by age.



Graph 13C: SFHC data (n=337) by race.

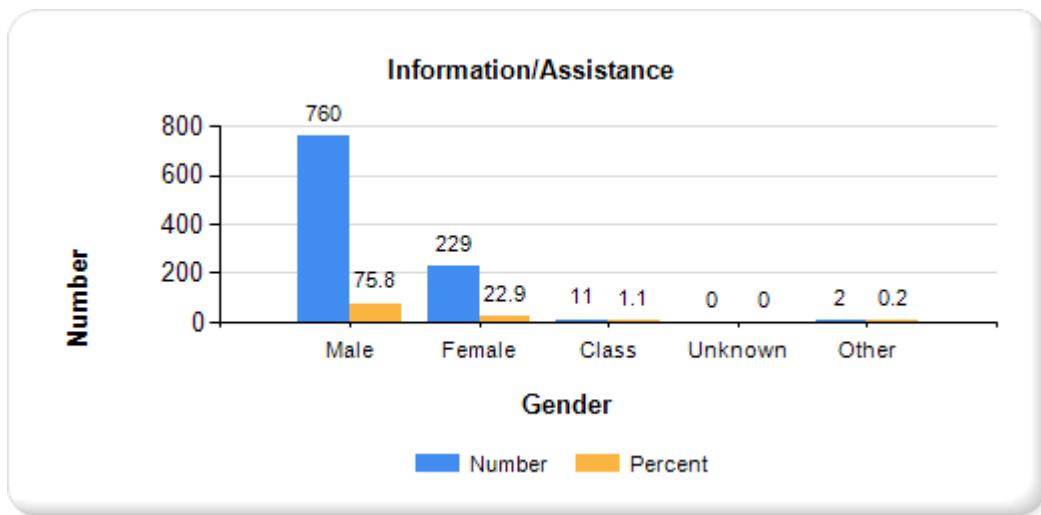
Spring Grove Hospital Center (SGHC)

IA Cases by Gender, Age Group and Race

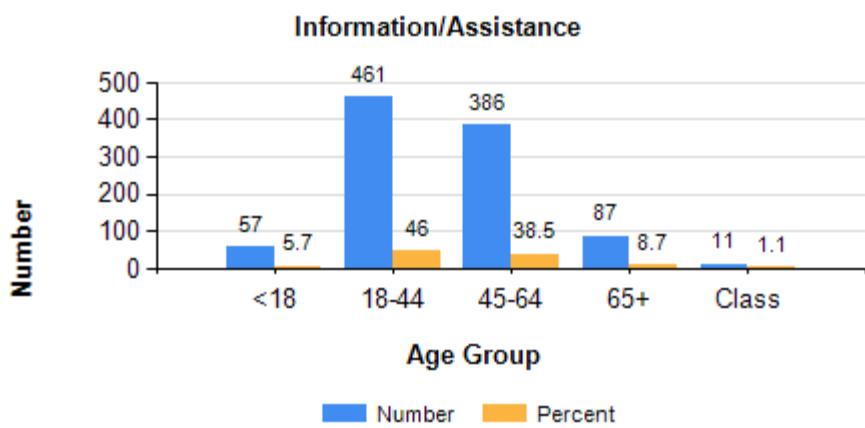
GENDER			AGE			RACE		
	#	%		#	%		#	%
Male	760	75.8	<18	57	5.7	African American	554	55.3
Female	229	22.9	18-44	461	46	Caucasian	392	39.1
			45-64	386	38.5	Asian	16	1.6
			65+	87	8.7	Hispanic	5	0.5
						Native American	1	0.1
Class	11	1.1	Class	11	1.1	Class	11	1.1
Other	2	0.2	Other	0	0	Other	14	1.4
Unknown	0	0	Unknown	0	0	Unknown	9	0.9
<b>Total</b>	<b>1002</b>	<b>100</b>	<b>Total</b>	<b>1002</b>	<b>100</b>	<b>Total</b>	<b>1002</b>	<b>100</b>

Chart 14: During FY 23, SGHC had a total of 1002 IA cases.

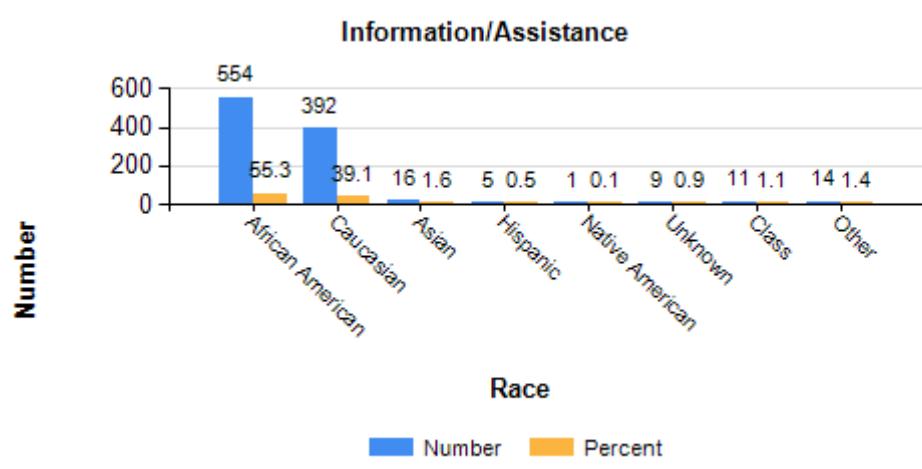
Graphs 14A-14C represent IA data for SGHC.



Graph 14A: SGHC data (n=1002) by gender.



Graph 14B: SGHC data (n=1002) by age.



Graph 14C: SGHC data (n=1002) by race.

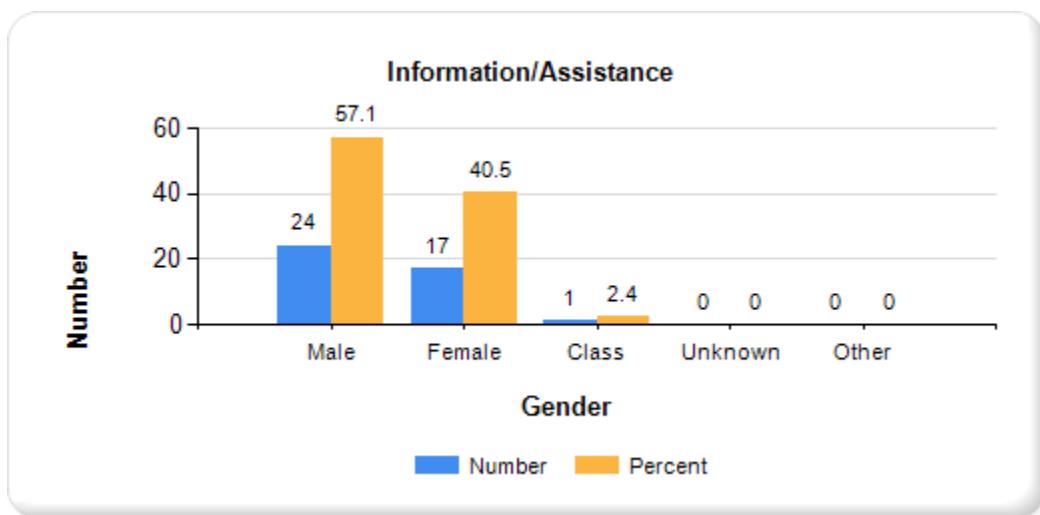
Regional Institute for Children and Adolescents (RICA) - Baltimore

IA Cases by Gender, Age, and Race

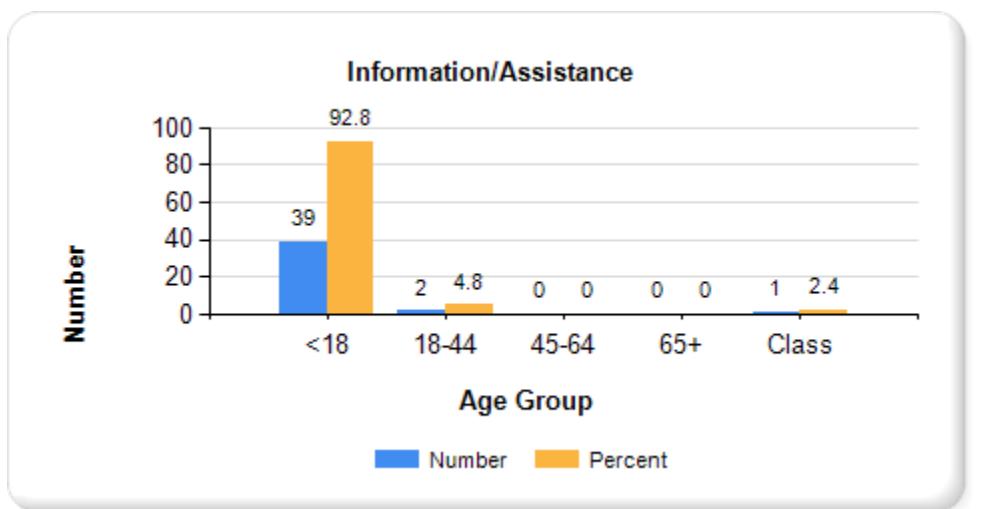
GENDER			AGE	#	%	RACE		
	#	%		#	%		#	%
Male	24	57.1	<18	39	92.8	African American	15	35.7
Female	17	40.5	18-44	2	4.8	Caucasian	20	47.6
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	4	9.5
						Native American	0	0
Class	1	2.4	Class	1	2.4	Class	1	2.4
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	2	4.8
<b>Total</b>	<b>42</b>	<b>100</b>	<b>Total</b>	<b>42</b>	<b>100</b>	<b>Total</b>	<b>42</b>	<b>100</b>

Chart 15: During FY 23, RICA Baltimore had a total of 42 IA cases.

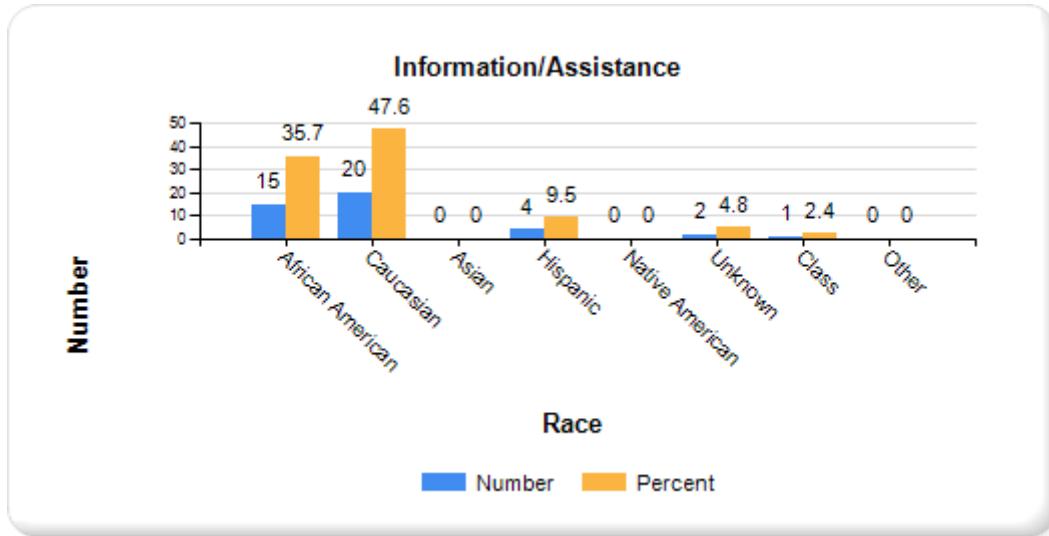
Graphs 15A-15C represent IA data for RICA Baltimore.



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



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



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

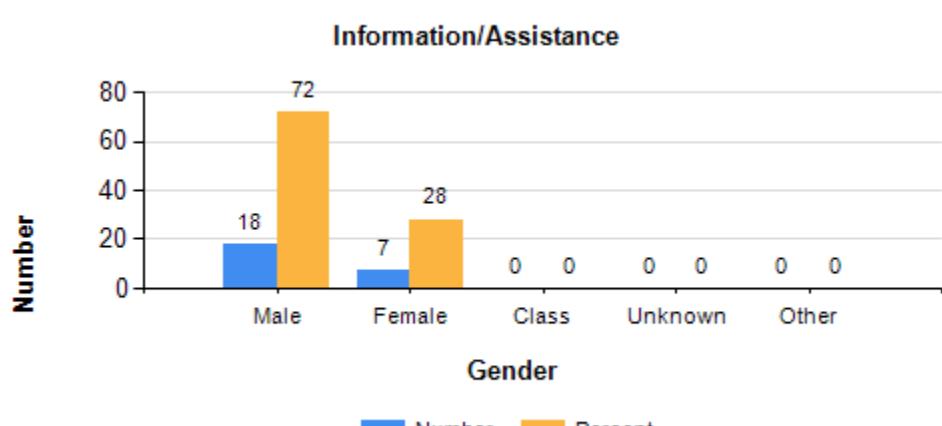
Regional Institute for Children and Adolescents (RICA) - Rockville

IA Cases by Gender, Age, and Race

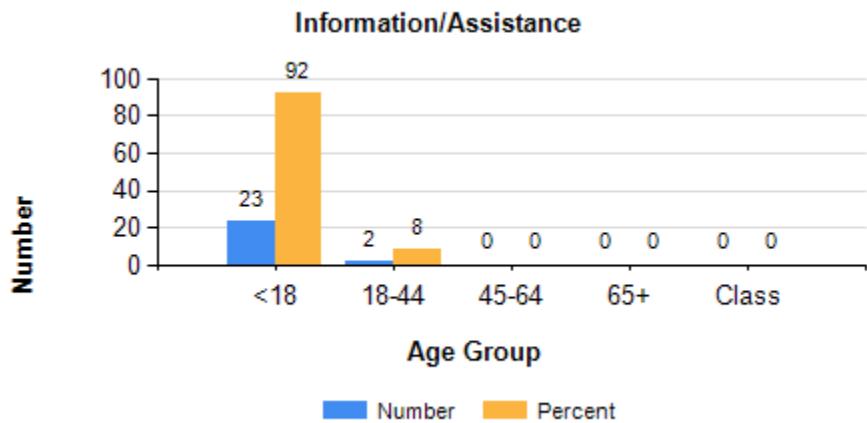
GENDER			AGE	RACE				
	#	%		#	%	#	%	
Male	18	72	<18	23	92	African American	17	68
Female	7	28	18-44	2	8	Caucasian	5	20
			45-64	0	0	Asian	0	0
			65+	0	0	Hispanic	2	8
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Other	0	0	Other	0	0	Other	1	4
Unknown	0	0	Unknown	0	0	Unknown	0	0
<b>Total</b>	<b>25</b>	<b>100</b>	<b>Total</b>	<b>25</b>	<b>100</b>	<b>Total</b>	<b>25</b>	<b>100</b>

Chart 16: During FY 23, RICA – Rockville had a total of 25 IA cases.

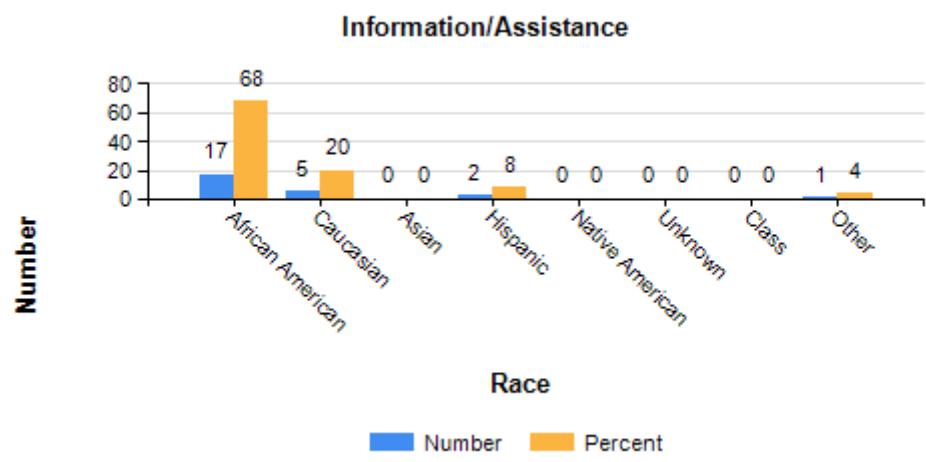
Graphs 16A-16C represent IA data for RICA – Rockville.



Graph 16A: RICA Rockville data (n=25) by gender.



Graph 16B: RICA Rockville data (n=25) by age.



Graph 16C: RICA Rockville IA data (n=25) by race.

**SECTION C**  
**CLINICAL REVIEW PANEL (CRP) DATA - FY 2023**

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

GENDER		#	%	AGE		#	%	RACE		#	%
Male		218	76.5	<18		0	0	African American		176	61.7
Female		67	23.5	18-44		186	65.3	Caucasian		75	26.3
				45-64		77	27	Asian		5	1.8
				65+		22	7.7	Hispanic		8	2.8
								Native American		0	0
Other		0	0	Other		0	0	Other		1	0.4
Unknown		0	0	Unknown		0	0	Unknown		20	7
<b>Total</b>		<b>285</b>	<b>100</b>	<b>Total</b>		<b>285</b>	<b>100</b>	<b>Total</b>		<b>285</b>	<b>100</b>

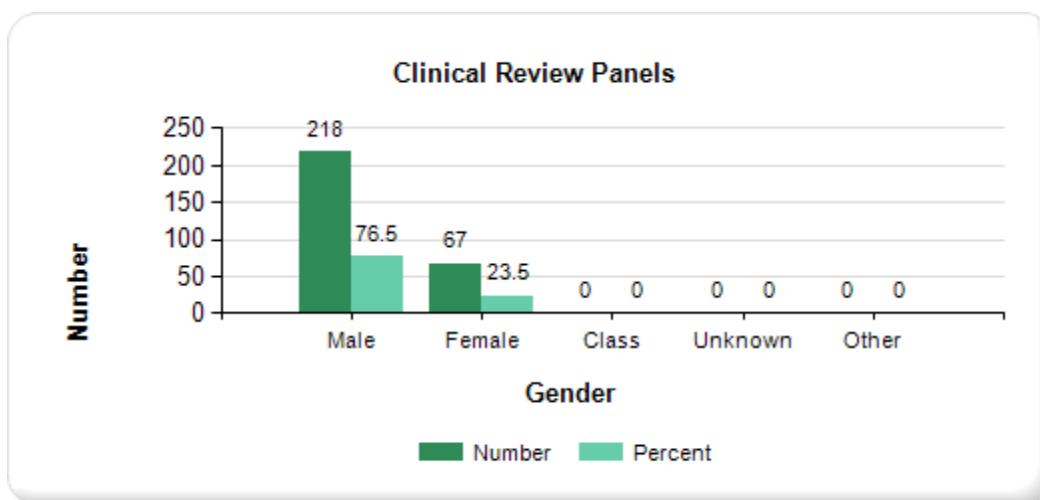
Chart 17: During FY 23, the five (5) adult HCS inpatient psychiatric facilities held a total of 285 CRPs.

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

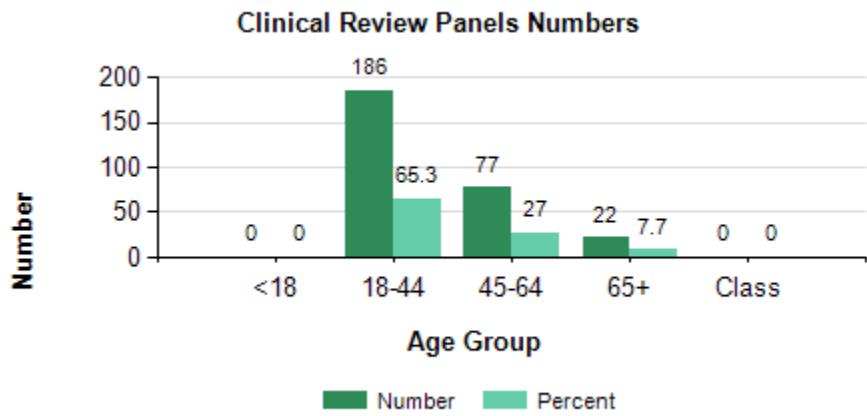
*Unknown = information collected from residents who chose not to identify gender and/or race.*

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

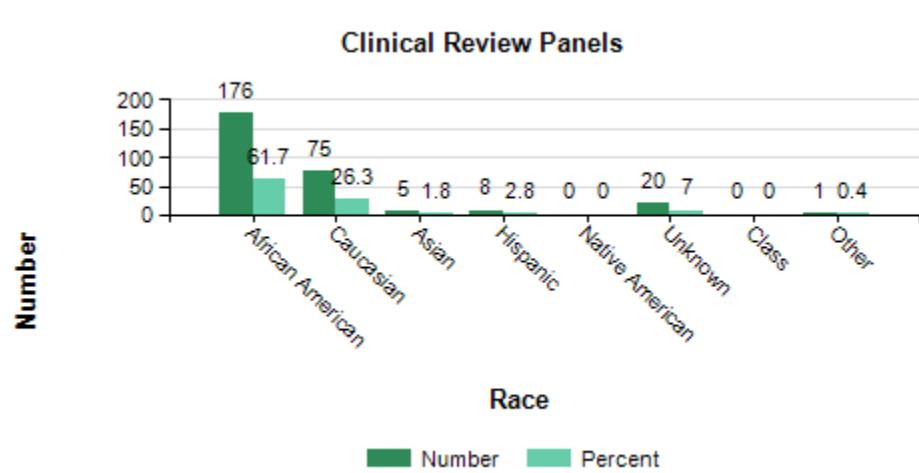
Graphs 17A-17C represent HCS CRP data.



Graph 17A: HCS data (n=285) by gender.



Graph 17B: HCS data (n=285) by age.



Graph 17C: HCS data (n=285) by race.

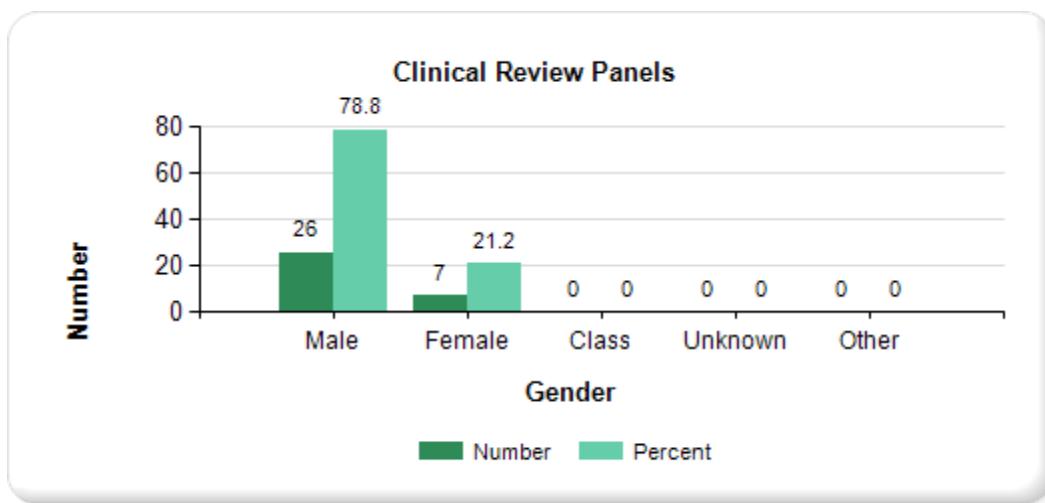
Eastern Shore Hospital Center (ESHC)

CRPs by Gender, Age, and Race

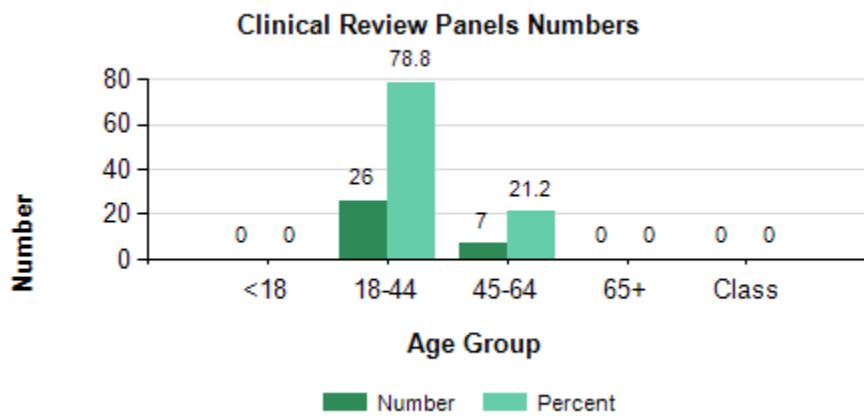
GENDER	#	%	AGE	#	%	RACE	#	%
Male	26	78.8	<18	0	0	African American	20	60.6
Female	7	21.2	18-44	26	78.8	Caucasian	12	36.4
			45-64	7	21.2	Asian	0	0
			65+	0	0	Hispanic	0	0
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	1	3
<b>Total</b>	<b>33</b>	<b>100</b>	<b>Total</b>	<b>33</b>	<b>100</b>	<b>Total</b>	<b>33</b>	<b>100</b>

Chart 18: During FY 23, ESHC conducted a total of 33 CRPs.

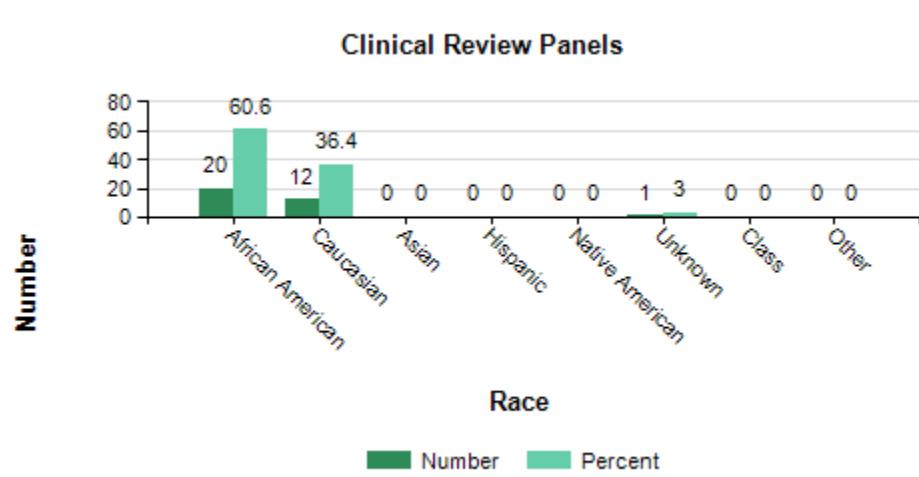
Graphs 18A-18C represent CRP data for ESHC.



Graph 18A: ESHC data (n=33) by gender.



Graph 18B: ESHC data (n=33) by age.



Graph 18C: ESHC data (n=33) by race.

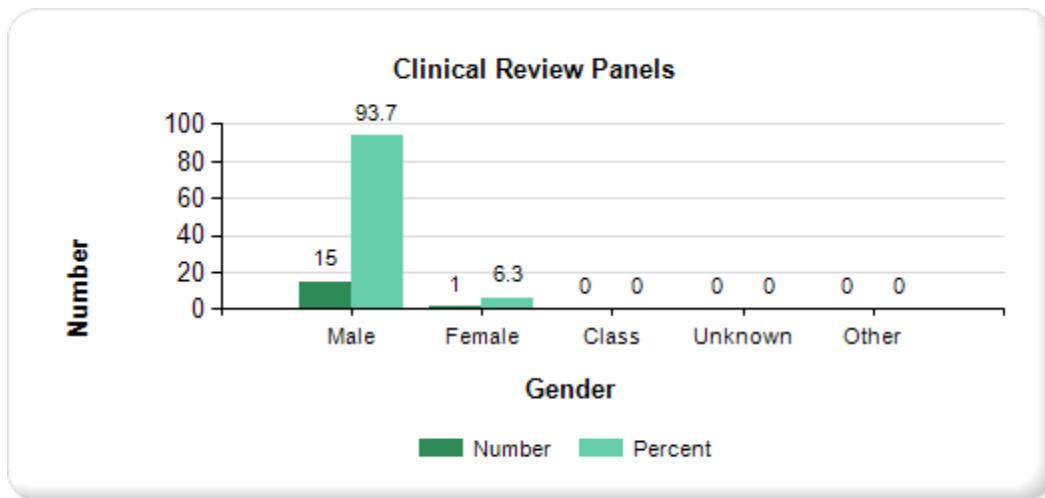
Thomas B. Finan Center (TBFC)

CRPs by Gender, Age, and Race

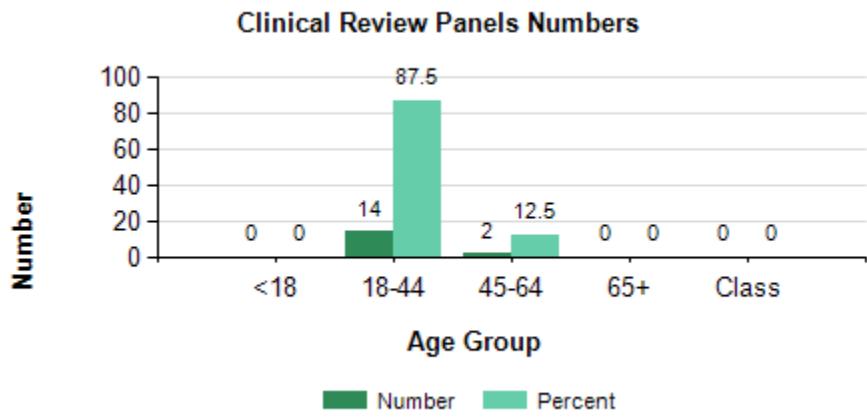
GENDER	#	%	AGE	#	%	RACE	#	%
Male	15	93.7	<18	0	0	African American	8	50
Female	1	6.3	18-44	14	87.5	Caucasian	6	37.4
			45-64	2	12.5	Asian	0	0
			65+	0	0	Hispanic	1	6.3
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	1	6.3
<b>Total</b>	<b>16</b>	<b>100</b>	<b>Total</b>	<b>16</b>	<b>100</b>	<b>Total</b>	<b>16</b>	<b>100</b>

Chart 19: During FY 23, TBFC conducted a total of 16 CRPs.

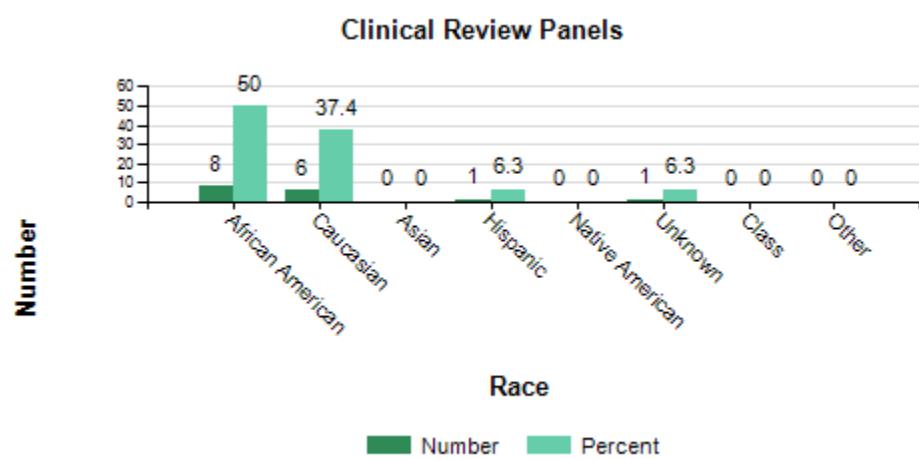
Graphs 19A-19C represent CRP data for TBFC.



Graph 19A: TBFC data (n=16) by gender.



Graph 19B: TBFC data (n=16) by age.



Graph 19C: TBFC data (n=16) by race.

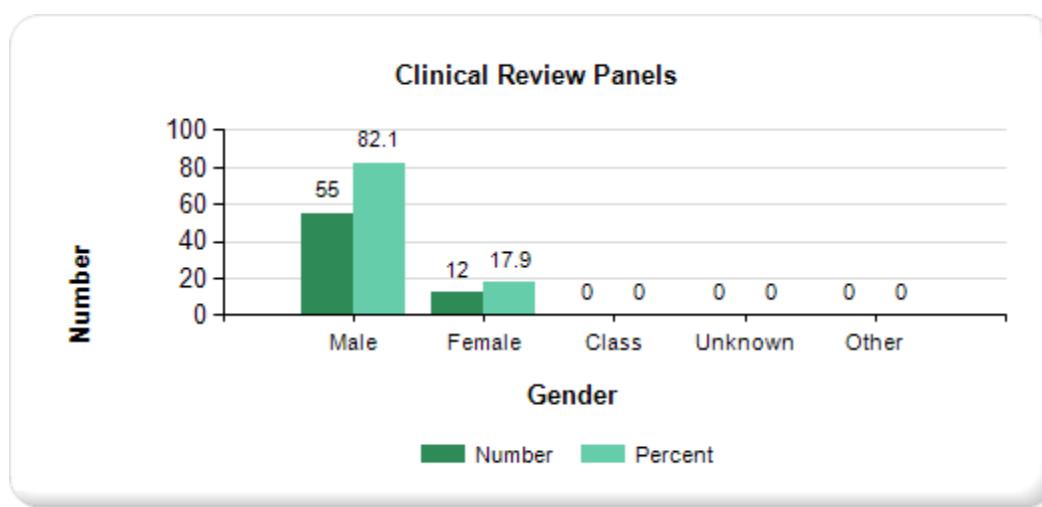
Clifton T. Perkins Hospital Center (CTPHC)

CRPs by Gender, Age Group and Race

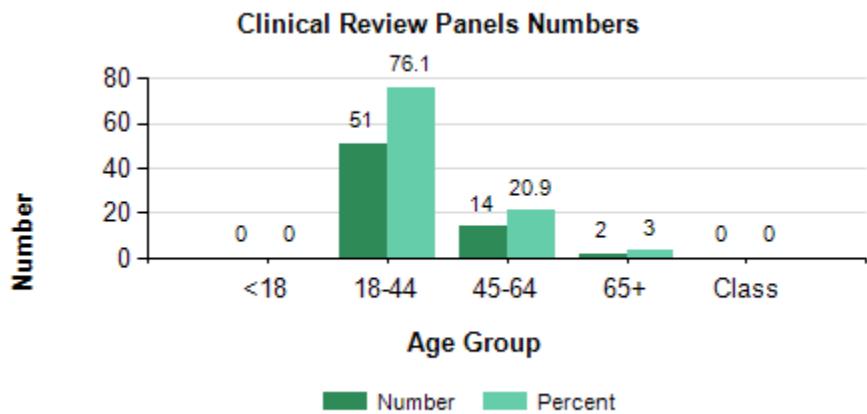
GENDER	#	%	AGE	#	%	RACE	#	%
Male	55	82.1	<18	0	0	African American	39	58.2
Female	12	17.9	18-44	51	76.1	Caucasian	9	13.4
			45-64	14	20.9	Asian	1	1.5
			65+	2	3	Hispanic	2	3
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	16	23.9
<b>Total</b>	<b>67</b>	<b>100</b>	<b>Total</b>	<b>67</b>	<b>100</b>	<b>Total</b>	<b>67</b>	<b>100</b>

Chart 20: During FY 23, CTPHC conducted a total of 67 CRPs.

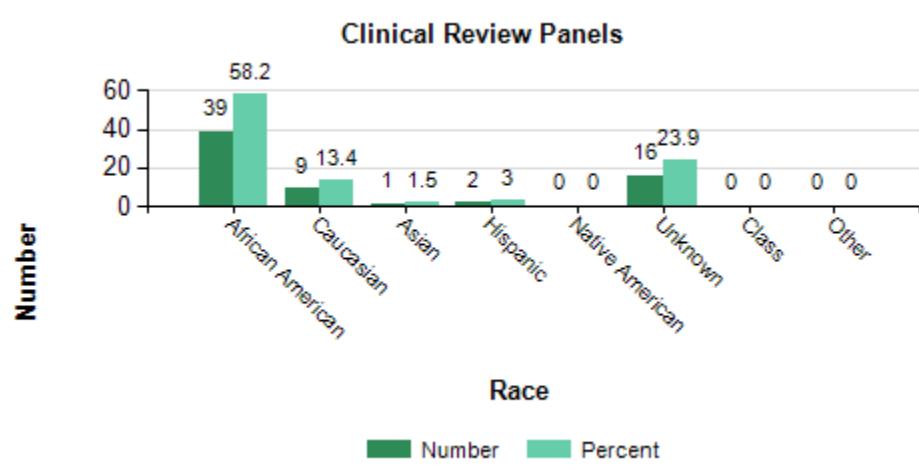
Graphs 20A-20C represent CRP data for CTPHC.



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



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



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

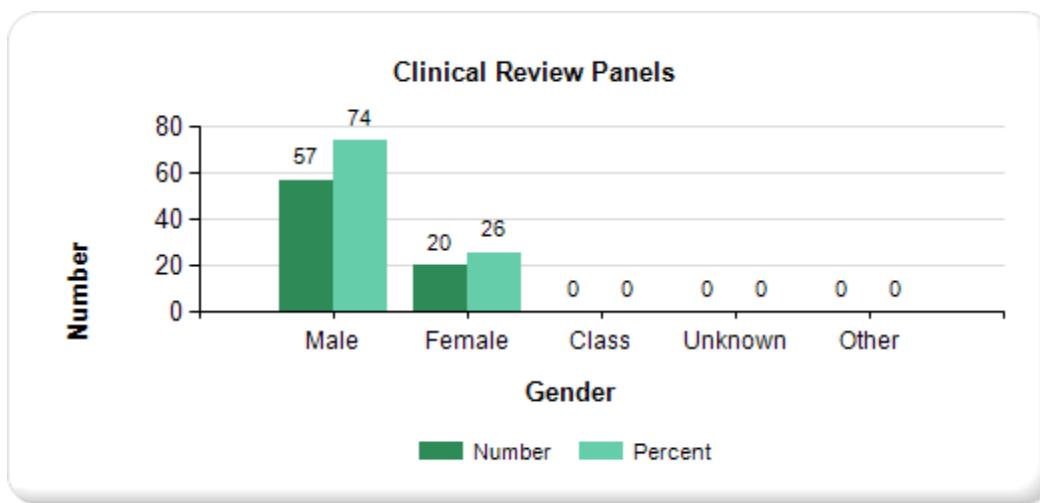
Springfield Hospital Center (SFHC)

CRPs by Gender, Age Group and Race

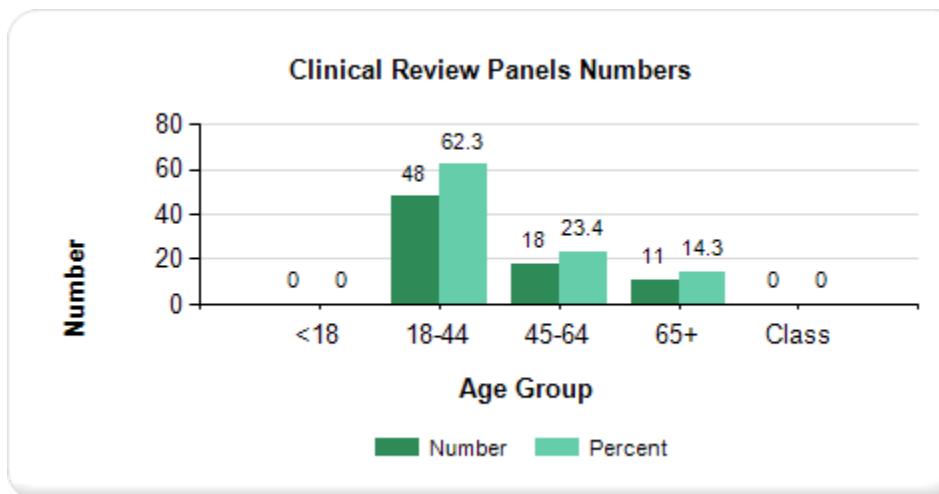
GENDER	#	%	AGE	#	%	RACE	#	%
Male	57	74	<18	0	0	African American	49	63.6
Female	20	26	18-44	48	62.3	Caucasian	20	26
			45-64	18	23.4	Asian	4	5.2
			65+	11	14.3	Hispanic	4	5.2
						Native American	0	0
Other	0	0	Other	0	0	Other	0	0
Unknown	0	0	Unknown	0	0	Unknown	0	0
<b>Total</b>	<b>77</b>	<b>100</b>	<b>Total</b>	<b>77</b>	<b>100</b>	<b>Total</b>	<b>77</b>	<b>100</b>

Chart 21: During FY 23, SFHC conducted a total of 77 CRPs.

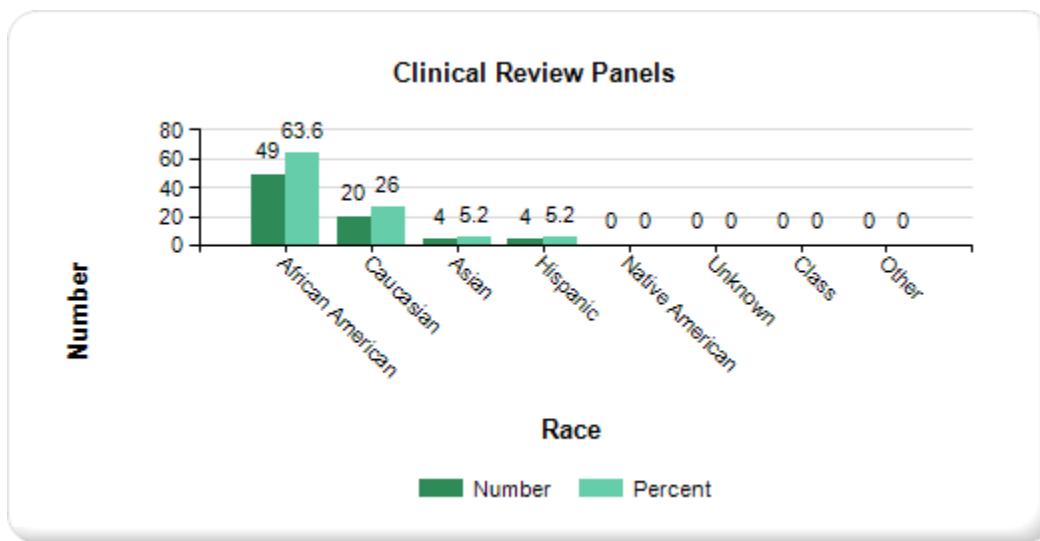
Graphs 21A-21C represent CRP data for SFHC.



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



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



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

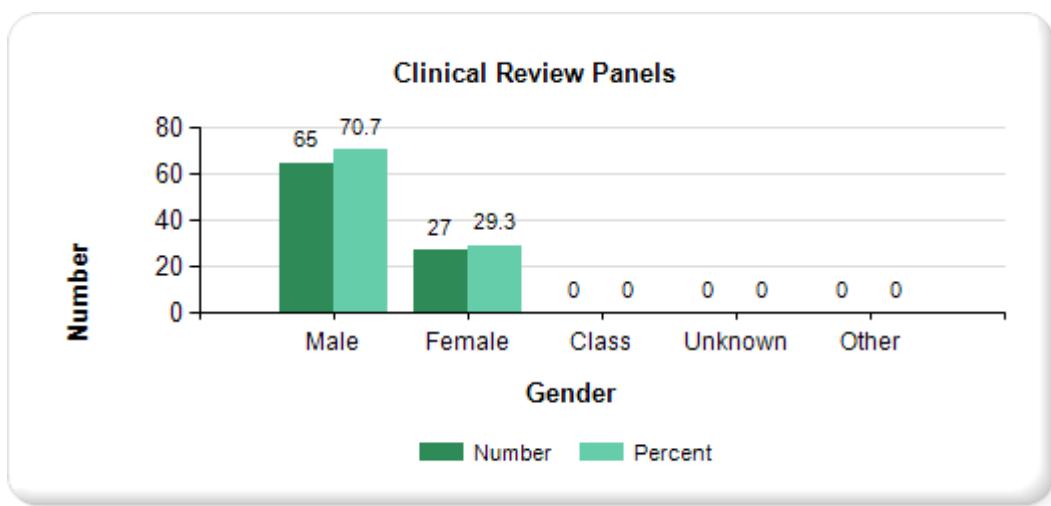
Spring Grove Hospital Center (SGHC)

CRPs by Gender, Age, and Race

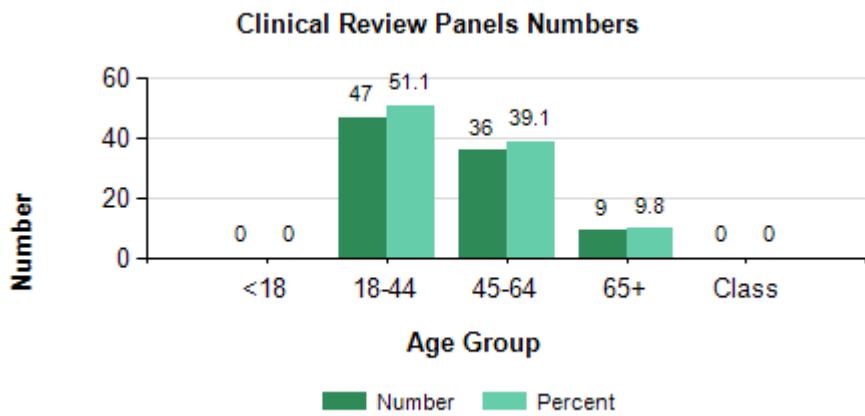
GENDER	#	%	AGE	#	%	RACE	#	%
Male	65	70.7	<18	0	0	African American	60	65.2
Female	27	29.3	18-44	47	51.1	Caucasian	28	30.4
			45-64	36	39.1	Asian	0	0
			65+	9	9.8	Hispanic	1	1.1
						Native American	0	0
Other	0	0	Other	0	0	Other	1	1.1
Unknown	0	0	Unknown	0	0	Unknown	2	2.2
<b>Total</b>	<b>92</b>	<b>100</b>	<b>Total</b>	<b>92</b>	<b>100</b>	<b>Total</b>	<b>92</b>	<b>100</b>

Chart 22: During FY 23, SGHC conducted a total of 92 CRPs.

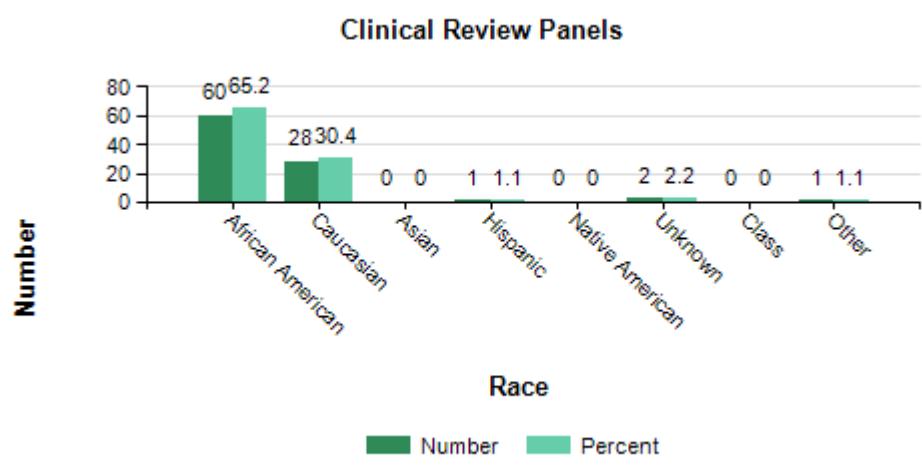
Graphs 22A-22C represent CRP data for SGHC.



Graph 22A: SGHC data (n=92) by gender.



Graph 22B: SGHC data (n=92) by age.



Graph 22C: SGHC data (n=92) by race.

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

**RESIDENT GRIEVANCE SYSTEM**

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