On Our Own of Maryland's
MARS Maryland Quality Improvement Project
Recommendations Report

On Our Own of Maryland is a statewide behavioral health education and advocacy organization that strives to create equal partnership between service systems and service recipients on local, state, and national levels. It works to ensure the civil and human rights of mental health and substance use service recipients and to promote improvements in and alternatives to the current behavioral health system.

The MARS Maryland Quality Improvement Project is designed to infuse the voices of those using medication-assisted treatment (MAT) to overcome opioid addiction into strategic policy actions and planning processes for systemic change in the state of Maryland. Eight (8) peer-led discussion groups were convened with sixty-two (62) individual MAT peers in order to learn about and thereby make recommendations to address the needs of this population and the barriers they face in treatment and recovery.

The Report: The purpose of this report is to offer recommendations to the systems and services with which those being treated for opioid addiction with MAT have the most contact. Many of the recommendations focus on the services received within opioid treatment programs, but they also contain concrete implications for state-level regulation, legislative action and cross-system service delivery.

There are 13 recommendations, all of which reflect themes that emerged during our discussions groups and which highlight significant areas of importance for the discussion group participants. The quotes included under each recommendation are direct quotes from these discussion groups. Each individual quote does not necessarily reflect the views or opinions of On Our Own of Maryland or the MARS Maryland Quality Improvement Project, but instead are used in support of broader suggestions for the systematic improvement of MAT services in Maryland.

Methodology: The discussion groups were facilitated by peers who had or were currently using MAT as part of their recovery. This design was chosen with the hope that the common lived experiences of the group leaders and participants would promote trust and create a safe space for open and authentic dialogue. A simple discussion prompt was utilized during the discussion groups to facilitate conversation. The prompt was given both verbally and in writing and asked:

1) How have the medication-assisted treatment services that you have received helped you move along your path to recovery?
2) What about the medication-assisted treatment services that you have received have created barriers to your recovery?
3) If you could suggest new policy, redesign services or include supports that were not offered to you, what would they be?

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Note from the Authors: Although not a formal recommendation, MARS Maryland felt it was important to be explicit about the overwhelmingly positive feedback received from participants around the impact of MAT on their lives and recoveries. Thus, the recommendations in this report are fully supportive of MAT as a valid and effective treatment option and path to recovery.

MAT is an essential treatment resource in a continuum of addiction services.

Quotes:

- *"They said things like 'wait out the craving' or other pieces of wisdom or advice, but until I started using methadone I didn't feel capable and like I had the tools to be able to use those tips."*
- *"You always hear that it's just one drug for another; it's a crutch. I think that's why so many people wait til like their 10th time trying to get clean before they try it. But then you hear stories like the lives of people it saved."*
- "*I'm on my 10th month now being clean, and the first thing I'd do when I wake up is take suboxone. That's how I win the battle everyday.*"
- *"I haven't done as good as I'm doing now in years since I've been on methadone. I tried to get clean so many times before I tried methadone: 3 twenty-eight day rehabs, 6 or 7 halfway houses in 2 states, 3 detox centers, 5 or 6 years of failure and never having a chance of being clean. I never lasted more than 2 weeks."*
- *"It took me a couple of months to get my shit together, obviously, because it's not a magic fix. I had to do a lot of work on myself. But when that happened, my parents told me it was like night and day. They felt they had their daughter back for the first time. Like I looked them in the eye and my hair wasn't in my face and I talked directly to them. Methadone was the catalyst for all that change."*

* **Note:** The term "participants" is used throughout this report to refer collectively to individuals receiving MAT services.

Recommendations:

1. Include ongoing coordinated, formal education for participants about medication and medication-assisted treatment.

- Education on MAT is needed, both on how the medication works in the body and its side effects.
- Education should continue beyond program intake as participants are often in withdrawal and unable to process information at that point.
- Guidance on how to talk about medication with other people is needed, both as a way to de-stigmatize MAT as an option and for participants to intelligently represent themselves when faced with stigma.
- Workshops/ trainings should be offered at recurring intervals.

Quotes:

- *"[My counselor] also talked to me about how methadone works like in a metaphor kind of way, an explanation about how it calms the body in order to make it capable of healing itself. It's so important that you continue to validate somebody's choice to take methadone because we hear constantly about it being wrong and dirty and a crutch. He cared. He would not let me walk away until we talked about this."*
- *"They don't have any problem giving you the medication, but they don't tell you anything about what it does to your body. Methadone dissolves your bones and rots your teeth from dry mouth. But I need to be able to know that because you can do something about that. I can drink more water and I'm more likely to do that if I understand the purpose and why, and it's not just you telling me what to do with no reasoning."*
- *"We also need to know if they [methadone, other meds] just aren't working. What's it supposed to feel like? What can I expect?"*
- *"I didn't know about methadone…the ingredients...I want to know why my stomach flips when I haven't taken it. I want to understand what is in my body and why it makes me feel the way I do. I want to be informed."*
- *"There should be pamphlets on Methadone; print-outs and things that have facts about methadone to give to other people we know. It's not about getting high. This is an option for people to get clean."*

2. Offer an array of recovery support services in combination with MAT that address all facets of recovery.

- Services should address the whole person receiving treatment, not only their addiction.
- Accessible options for the care of the emotional, mental, spiritual, cultural, social and financial components of recovery are essential for effective treatment.
- Programs should ensure that the recovery supports offered are free, accessible, good quality and well-advertised.
- Programs should be equipped to connect participants to recovery support services that are not offered on site.

Quotes:

- *"No more gas-and-go's. Methadone is not used to treat your depression, neuroses, or mental health stuff and until you go into counseling or start going to groups, you don't even realize that you are manic depressive or whatever. Methadone is not the magic fix even for us who it gave the first real shot at getting clean. You need other things too."*
- *"They don't just gas-and-go. They try to address your mental health and medical issues… it's readily available for us. It's up to you to be willing to look at that stuff and if you aren't then that's on you, but it's here."*
- *"Everything all in one makes it easier. They help you pay for a birth certificate. They give you bus tokens. They have DSS [Department of Social Services] on site. Recovery is complex and when all the things you have to do are in one place, you're way more likely to succeed."*
- *"I think every methadone clinic should have something. For instance, when we leave here, we're done. There need to be groups, there need to be things for us to do other than loitering. Some type of volunteering- that's essential or we'll wind up out there doing what we were doing before."*
- *"When I first came I didn't want to go to any groups, but I found real fast that boredom is a trigger for me and so I try to stay active all day. It's important for me now."*
- *"Grief support is something we need here because so many people are dying and so many of those left are grieving."*
- *"They had a Naloxone class here that was free for anyone to take because we [people experiencing addiction] are the people who see people overdose. Just last week, I saved somebody's life."*

3. Ensure that agency policies do not get in the way of good treatment. Service standards, including those addressing forced detox, must preserve recovery as the main priority.

- Even when preserving policy fidelity, programs need to ensure that their clients are provided alternate options for success and must address vulnerability to relapse during psychological and physical stress.
- Forced detox puts participants in danger of relapse.
- Programs should train and equip staff to understand behaviors that are a means of expressing need, hurt, fear and frustration rather than viewing them as requiring discipline and elimination.

Quotes:

- *"If someone, for instance, comes up dirty or gets kicked out of a clinic for some other reason, there needs to be somewhere else for them to go. They did this to my friend. He got in a fight at the clinic- nobody badly hurt, but it's against the rules so he was gone. He got kicked out and they didn't give him any other options; didn't taper him off, just stopped dosing him, and 4 days later he overdosed and died... If they were to have said 'ok, you lost your privileges here, but let's get you set up at another clinic and you can get dosed there,' he wouldn't have had to go out on the street."*
- *"Admin{istrative} detox is a power they hold over your head... They don't mind taking me from 120 to 30 [milligrams] to teach me a lesson, which is so dangerous, but they won't detox you because you're ready and want to. If your insurance kicks you off, they have no problem administrative detoxing you in a few days though. It's about money."*
- *"...Forced detox [is] when you can't pay or have certain disciplinary issues. It's brutal and very dangerous. I was sick for three weeks before I went back out to the streets. I tried so hard."*
- *"I was basically a perfect client, and I am 2 minutes late. I just stand there having a panic attack… The clinical director would not let me in. I am freaking out… Everything that I worked for felt like it just went out the window and it was a sliver between using and not using. Even if they held to their rule, I needed someone to tell me what my options were at that point. What can I do to get through the day now? I am going to need help. If they want this to be a business, then I am a customer. You can't have it both ways. Someone could have talked with me, reassured me 'Methadone has a 24-36 hour half-life. You'll be ok.' But they left me out there alone."*

4. Intake delays and requirements act as a barrier for those seeking treatment and need to be addressed.

- Addiction recovery services need to be accessible, both financially and operationally.
- Intake, transfer and insurance are complex processes that should be highly facilitated and supported by clinic staff.
- When intake cannot happen immediately, interim resources and supports should be provided.
- When an individual seeks help, they should not be rejected for not having substances in their system. If triage must occur due to limited treatment spots, other resources and supports should be provided.

Quotes:

- *"Every day you have to wait is a nightmare. They have to be able to get you in immediately. I tried to get on methadone 6 months before I actually succeeded because I didn't have the money or the insurance. When someone makes the choice to get clean it has to happen then and there."*
- *"I was self-medicating because when I went for help they wouldn't give me no help and I wasn't gonna keep going back begging."*
- *"I got turned away the first time because they said I didn't have a using habit, I had a dealer's habit. I did it infrequently enough that I would go to a clinic and try get help and not have it in my urine and they'd turn me away. So they shunned me. Maybe because I dealt. Maybe just because I didn't have enough in my system. But then, the more drugs I sold, the more I used until I started taking my whole supply and using every pill to satisfy my habit."*
- *"I had to come here high before they'd let me in."*
- *"Getting into treatment just takes too long and so a lot of us try the street first. There is also just a lot of 'Can you help me?' 'Come back Friday.'"*
- *"When I called the methadone clinic, I found out how expensive it was. 150 bucks for the intake because I didn't have insurance and 13 bucks for the dose. The guy said to me, "Don't worry about the 150 dollars. Come in here tomorrow at 5am and bring 13 dollars." That guy is the initial reason I'm clean. If he wouldn't have made that first day possible, I don't know where I would be. He got in trouble for that actually. He was fired. He saved my life and got canned for it."*

5. Administrative errors and inadequate organizational planning are negatively affecting personal recovery and need to be addressed.

- Administrative errors can have significant and pervasive consequences for participants.
- Administrative errors are often exacerbated by stigma, shortsighted policies, understaffing, and miscommunication.
- Programs should handle the transitions to and from their treatment settings with the same standard of care with which they provide treatment.
- Programs should recognize and respond to logistical errors that negatively affect participants in a timely manner. Implications for larger programming adjustments should also be examined in order to avoid similar difficulties for future participants.

Quotes:

- *"I was trying to get into a rehab in Baltimore and we went through the whole process and then were told they couldn't accept me the day before because I'm not a Baltimore County resident. I went down from 100 to 40 [milligrams] in order to get into rehab which was painful as hell and then they tell me I can't go because they hadn't bothered to check that I met the most basic requirements beforehand."*
- *"No one was looking at how long I had been clean. The lag time that they are part of creating is lost. I can't see my counselor whether because of me or because of them, then it takes a month to get the take-home request filled. Then they look at my progress based on take-homes instead of how long I've been clean. That's how they are measuring your progress and it's incorrect."*
- *"The turnover of counselors is insane. My counselor went out on maternity leave and I haven't seen anyone in 4 months. It is on me to say something to them. They don't assign me one and facilitate that change over."*
- *"Nurses never look at the false positive list or interactions of legal drugs. You come up dirty and that's it."*
- *"I had a urine come back at one point with suboxone and one with marijuana, but I didn't use either of those. That's the only thing that has scared me since I've been here is how to protect my urine. They also just don't ever give you the benefit of the doubt in any clinic. It's important to say this now because I am clean and healthy 7 years, and I think if we still honestly say these things happened in this good, clean state, it lends a kind of credibility to people who clinics will just dismiss when they say things like that because maybe they don't have a lot of [recovery] time or they don't believe them."*
- *"They are always so rushed and just trying to get you out of there."*

6. Create welcoming environments that promote recovery and healthy relationships.

- Programs should prioritize efforts to grow social support networks and create opportunities for interpersonal connections within the clinic environment.
- The conditions of physical surroundings have a direct impact on the wellbeing and self-worth of individuals and their investment in recovery.
- Creating a climate where people feel safe, comfortable and respected is important for healing. Things like cleanliness, fresh paint, and basic hospitality go a long way.

Quotes:

- *"Clinics are more than just places to get medicine. They are places for support, communities for people who never had none...at least not good ones."*
- *"There's no chairs in the clinic. It is not really an environment that invites people to sit down and talk and support each other."*
- *"A lot of times the people that come to methadone clinics and other spots are still getting high... Some clinics don't do nothing about that and other ones make way too many rules so no one feels like they can just relax. They drive you away… off the sidewalk too."*
- *"The woman who works at the front desk in my clinic- I love her. She's funny. She doesn't act like she's scared of me or like I am an invalid. She jokes with me like I'm a girl in the grocery store instead of someone dosing."*
- *"If something is wrong, they correct it here really quickly. They do their best to fix it that day. You can talk to people here. You can talk to your doctor, case manager, a security guard. Everyone is nice and treats you with respect and will answer your question and talk to you. They don't judge you here. They respect you for who you are regardless of your problems. They talk to you at the same level, like a human being, but they expect it too."*

7. Meaningfully engage participants in planning processes to promote person-centered treatment.

- Recovery is a process that is personal and specific to every individual: physically, spiritually, emotionally and socially.
- Programs and policies should be flexible enough to support participants as they progress through different stages of recovery and work to rebuild accountability, trust, and freedom.
- Addiction recovery is a process that often involves taking one step forward and two steps back. Program infrastructure needs to honor this nonlinear nature of addiction recovery and program staff need to be adequately prepared to engage in this process with the participant.

Quotes:

- *"Their body might not be like your body. Everybody needs a different dose to make them right."*
- *"I smoked weed my first 3 months of treatment because it was the only thing that helped me eat and sleep. They [the clinic staff] were helpful with that. My counselor said, 'You've dealt with your main issue. Good for you. That's big. When you're ready we can try to use something healthier to kick the pot.' He didn't disempower me and didn't make me feel bad about it. He said, 'When you're ready, tackle that.' And so I did, and the next month my urine was clean of even pot."*
- *"My counselor picked up on my pattern. I was clean all month and then right before a urine test I'd cave and wind up using. She had paid attention and she said, 'it seems like you are using as a way to not be sick toward the end of every month. What can we do to help this? What's going on with day 29?' Seriously, what helped is that she noticed and brought it to my attention and talked about it with me. She called me out on it but not in a punishment way. She just wanted to talk to me about it. She was so earnest in wanting to help me beat that last day. It made me aware the next month and then I could start to get control of it."*
- *"Having options like the Vivitrol shot, the matchstick (injectable Suboxone) were best for me. Anything injectable is more convenient. Something that can't be taken out, replaced or abused. It only takes a second to go and get 60 and take 'em. I needed, especially in the beginning, for that option to be eliminated for me."*
- *"They'll start cutting your doses if you have too many dirty urines, then they send you to the director, then they talk to you about an inpatient program. They give you a lot of chances and they work with you. I need a program with structure and discipline, but you gotta work with me some too. I ain't gonna be perfect from the first. That's why I'm here, right?"*

8. Ensure that program policies and practices honor personal agency and control in one's own treatment.

- Participants deserve the opportunity to make their own decisions and have the right to information that enables them to make educated decisions while weighing risks and benefits of different options.
- Lack of personal control in treatment services can lead participants to seek help in unhealthy and often damaging ways.
- Programs should be open to working with peer advocates when participants are not able to advocate for themselves.

Quotes:

- *"Sometimes [the clinic] is the only place we have to ask questions. What if this? and What happens if that? That should be not just allowed but encouraged."*
- *"She was doing well and thought she should be detoxed. When she went to the clinic and asked them to help her move down and detox, they said 'no.' They said, 'we can move you up,' but they wouldn't help her move down. So she did it herself and that ended badly. But because they won't work with you and help, people feel like they have to do it on their own."*
- *"When you don't immediately come up with goals, they just make them for you. Job, School, check, check… rather than talking you through it. The treatment plan is supposed to be updated every 3 months. That consisted of them coming to me with the initial treatment plan and making me sign it. It's a joke. How do I take this seriously if you don't?"*
- *"If there is an outside source or advocate trying to help someone they [the clinic] don't like it. They feel like we are stepping on their toes. We are there trying to help people get the help they need when clients are getting ignored but we [their peer advocates] are getting black-balled and shut out too. A lot of the clinics or certain employees at clinics up here just refuse to work with us. We make them do their job right and we treat these situations like they are life and death because they are."*
- *"A doctor can give you advice, but your body knows."*

9. Integration of services requires the consideration of individual medical and mental health needs in the development and implementation of services.

- Compassionate and sustainable ways of accommodating participant medical issues, mental health issues and pain are essential for successful addiction treatment.
- Interagency partnerships and consistent, clear communication amongst them are necessary to ensure that the participant's needs are being met in all pertinent medical environments.
- Forced medication changes negatively affect participants and can put them in danger of relapse.
- Participants know their bodies best, and practitioners should value their feedback on the medical and mental health services that they receive.

Quotes:

- *"They work with you around your physical health stuff. A lot of us are in pain for one reason or another and we can't take narcotics so they work with you to figure out the best way to manage pain."*
- *"I have a pretty severe bladder problem. I can't pee on demand. I have to nearly pee myself every morning. It's awful and uncomfortable and sometimes painful. One of the clinicians gave me the opportunity to get a urinalysis, random blood-work, as a way to deal with this problem instead of having to pee. They would send me to the hospital to get the test. It seemed too good to be true. It was because someone intervened. A nurse put a stop to it. They don't care if you are in pain. The nurse's fix was wake up at 5am, drink mass amounts of water, and hold my urine while I drive over. The nurses hold a lot of power there because the doctors only come in every few days."*
- *"I know at my clinic they don't have a psychiatrist in there, but they work with the local mental health clinic. They will come to the methadone clinic. You don't have to find a ride there. They will sit down and work out issues with the methadone nurses about your doses or other problems."*
- *"I told the doctor what I needed for my depression (Vioxx), but he wanted to prescribe something else because I told him I'd been paying for it off the street. He thought of it as me using and so he wouldn't give me what I knew worked for me… he said that the [new medication] would take care of everything, but it made everything worse. My body knew what it needed. I was panicking after I took it because I was in a space I've never been before. I ended up going somewhere else for treatment. With all these medications that have all these side effects, when something works for someone, that is what they should be getting."*
- *"Zubsolv dissolves quicker than suboxone. That's why they changed it… harder to abuse. My nose was running, my legs locked up, my muscles twitched. I couldn't keep anything down. It gave me nightmares and my sleep pattern got all messed up. But they don't tell you anything. They told me to go to the pharmacist and ask him, but then they didn't know anything or pretended they didn't. I wasn't prepared [for the mandatory medication change]."*

10. Incorporate peer support services and advocacy opportunities into service options and resource array.

- Participants feel empowered when given the opportunity to recognize that insight derived from addiction and recovery is valuable, to develop these insights, and to utilize them to benefit others.
- Programs should create a culture that regards participants as resources for one another and for the program itself.
- Programs should partner with other recovery organizations to connect interested participants to peer trainings and advocacy opportunities.
- Programs should explore how peer support specialist positions can fit into their own services and should develop the resources to implement peer support as a service option and mentorship track for current participants.

Quotes:

- *"I graduated… I'm in the alumni group now. We provide peer support to the people still going through the program. When there are graduations, we speak about our stories so that other people have hope for themselves."*
- *"One program had a big sister/big brother set-up for people when they came in. They stay with you and help you with your needs for like a month. Having that bond is really important in the beginning. Knowing you're not alone, that you have someplace to be and to go."*
- *"We need opportunities. We don't have anything to do or anywhere to go and we have important things to say. We don't want to isolate ourselves. We want to be a part of society and do good too. We do all this work to get clean and then we want to live and be involved but there isn't much to help us do that."*
- *"Change is constant. People are going to get good at what they do and they're going to grow in certain areas and they have to move on so they can help other people. The better I get, the more I grow, and the better I can help too."*
- *"They encourage people to come back after they graduate."*
- *"They have [peer counselors] here that know the streets, that have been around the bush a couple of times. You may have a person here who is aggressive… the streets made him aggressive… he only knows how to come on with an attitude, but they know how to deal with them. They know how to work with it because they've been around it and through it."*
- *"I want to talk to a person who has gotten high before. I want them to push me. That straight by-the-book type shit, I am going to lie to them because I feel like I can get over on them. It gives me motivation when I see somebody helping me who beat this. It can make a big difference with trust and how much I open up to them."*
- *"So many blessings came to me early in my recovery and they came with MAT and the [peer support] center. I got guidance here, information, encouragement. If it weren't for my peers, I don't think I'd be here today. They showed me the way. Now I want nothing more than to help others get all those things."*

11. Engage families in support and education in order to promote involvement in recovery.

- Programs should utilize family education and training to address relationship and support barriers/challenges, including stigma.
- Programs should engage and support participants in taking leadership roles in the planning and facilitation of training for families.
- Programs should be prepared to connect families with resources where they can access services to meet their own needs.
- Programs should consider the importance of childcare provision and support in continued progress in recovery.

Quotes:

- *"I got my kids back when I was in this program but they don't give you any leeway to care for them. They're not welcome in the building, let alone at groups and they aren't working with me to be able to be there for them when I need to. It's the best part of recovery for me, the biggest reward, my kids back with me, but they make it so hard. The whole family needs to recover. It's not just one person recovering."*
- *"The moral support we get here is what helps… I had a lot of problems with myself and with my kids, my family. They looked down on me a lot when I let them know what was going on with me. I wanted to talk to them and [the clinic] helped me figure out a way to communicate with my family, to improve enough and motivate myself and gain enough confidence to talk to them and feel like I was worth it."*
- *"That's the other thing: being made to feel wrong for what you feel is the right thing [using MAT]. My mom and so many other people made me feel like I was making a new choice to do a different drug."*
- *"The most important thing about this clinic was it promoted a family-oriented thing. We went up the street and got food together. My kids were able to come in here. We used to have Thanksgiving here and Christmas here."*

12. Stigma *inside and outside* the behavioral health system is negatively impacting recovery and must be addressed.

- Stigma is a systemic problem that must be actively confronted through intentional reflection at both personal and program levels.
- Organizations must acknowledge and take active roles in addressing stigma within their own walls. This level of reflection must be promoted from the top down to be effective.
- Stigma is a significant barrier to access to and success in treatment. Stigma is particularly harmful for the MAT community because they are stigmatized for their addiction *and* for the way they are choosing to get help for it.
- Many participants report feeling stigmatized by treatment providers.
- Rejection from recovery supports such as NA and AA is frequently a considerable barrier to recovery for those using MAT.

Quotes:

- *"Once you get off the drugs, then you have to start dealing with the inner challenges you have. That's when the work starts. You're trying to be open and get help, so you can figure out what your triggers are and face them, and then they judge you. Just as you start trying to trust yourself."*
- *"We aren't looked at as people who make mistakes. We are looked at as criminals who will constantly and always make mistakes, who will manipulate and get over on people and use people. And they justify punishing us because of seeing us that way."*
- *"I get that they ask you questions about your reasons for wanting to detox. That's a good thing, but then listen to them. Treat me like I have some credibility. I'm constantly treated like what I say can't be trusted or doesn't matter. Somebody tell me how many things I have to do right before I won't be under suspicion constantly."*
- *"I saw a few people at an NA meeting… tore a girl down who got her 30 day chip when she was using methadone. I was so pissed I started crying. I felt like they sent that girl back out there to use. 'You ain't clean!' they said. It's so hard to just go to another meeting and hope it might be better when you've been torn down like that."*
- *"It's been hard for me get a job. When I got to take a drug test for a job, I tell them that I'm on Methadone and I never hear back. It's because they hear bad things about Methadone. But if you are on the right dose, a stable dose for your body, then you're fine. I can work just fine."*
- *"Clinics treat it like a drug and that contributes to the stigma. If they would treat it more like a medication, outsiders might too."*

We believe that significant and important feedback was derived from the discussion groups that informed this report. However, the MARS Maryland Quality Improvement Project was a time-limited initiative that looked at a broad scope of service quality. Truly effective quality improvement is an *ongoing* process of acquiring authentic feedback from those utilizing services and an investment in the analysis and operationalization of responses to that feedback through an honest examination of our programs. ***Therefore, the final recommendation of this report is:***

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13. Programs should develop their own mechanisms for soliciting ongoing feedback from participants and for analyzing and addressing kudos, complaints, concerns and questions.

- It is important for participants to experience the validation, self-confidence and self-efficacy that accompanies being involved in program policy-making and quality improvement.
- The feedback process can be combined with advocacy, story-sharing and other training for participants. The more informed and prepared participants are to explain situations and impacts, the more productive feedback will be.
- Feedback is especially valuable when it is unique to each clinic, but programs should also leverage opportunities to share relevant insights amongst other programs and with state leadership for broader quality improvement learning.
- Participants, when supported effectively, can be integral stakeholders in program development, policy and planning, peer support and direct service delivery, outreach and stigma reduction, clinician and family member education, and quality improvement/ evaluation.

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For additional information about this report or the MARS Maryland Quality Improvement Project, please contact Lauren Grimes at lauren@onourownmd.org