Aggregate SOAP
Consumer Satisfaction Report, 2004-2005

Consumer Quality Initiatives, Inc.

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CQI's mission is to "give consumers a greater voice and an integral role in evaluating the effectiveness of their [our] treatment" through "fair, honest and balanced" reports on consumer perception of quality and satisfaction. CQI provides a forum for that voice through confidential interviews with Mass Health clients. In addition to providing valuable information to the Partnership and providers, CQI hopes to initiate changes that will improve the system for all; consumers and providers alike. Through these interviews and small group discussions among consumers, providers and health care authorities, CQI is beginning to bridge information gaps to establish a common understanding of quality and mental health.

CQI interviewers are consumers or family members of consumers of mental health services who have received extensive training in interviewing with this population. Because of their personal experiences with mental illnesses, these interviewers are able to build a rapport with respondents that appears to help the individuals who are interviewed speak openly and honestly about their treatment experiences.

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1 EXECUTIVE SUMMARY

Sample Demographics

One hundred and thirty-seven clients **(N=137)** at nine SOAP sites were interviewed from August 2004 to June 2005.

Mean/Median **length of time attending program** (at time of interview)	**31 / 14 days**
Mean/Median **age of respondents**	**41 / 42 years**
Percent **male/female**	**61% / 39%**
Percent with **no stable address**	**28%**
Percent **not working for pay**	**85%**

Summary of Findings

Key Areas of Highest Satisfaction

Staff A high majority of respondents felt that staff treated them with respect and courtesy either "usually" or "always", with 98% satisfied with the counselors, 99% with the group leaders and 94% with the receptionists, 95% felt that staff took their concerns seriously and that staff understood their goals. 93% felt that staff brought out their strengths and skills and the same number said they could talk to staff when they were having a hard time.
Groups 92% of respondents were satisfied with therapy groups.
Referrals to Addiction and Self-Help Programs 99% were told about self-help groups, such as NA and AA. 97% were satisfied with efforts to help them get addiction services. 95% were satisfied with efforts to get them mental health services. Also, 92% were satisfied with efforts to help them get HIV support groups.

Key Areas of Lowest Satisfaction

Aware of Process to See Records 39% were aware of the process to see their records.
Food 65% were satisfied with the food provided by the programs.
Referrals to Legal and Vocational Programs 73% were satisfied with efforts to provide them with referrals for vocational/employment programs, 76% with efforts to help them get legal/advocacy assistance.
Addressing Domestic Violence and Trauma History 82% of those who felt they had domestic violence issues felt that their issues were being addressed. 81% of those with trauma issues felt their issues were being addressed.

Recommendations to Sites

Below is a list of recommendation topics that were made to three or more providers:

- Ask Clients for Input on Improving Groups and Activities (5 sites)
- Improve Clients' Understanding of the Process to Review their Records (5 sites)

2	SURVEY METHODOLOGY

Interviewing Protocol

Interviews were conducted at the program and in person. Specific dates for the interviews were arranged in advance. The approximate length of each interview was 20-30 minutes. At a number of sites, a $5.00 incentive was given to respondents who completed the survey.

Survey Instrument

The SOAP survey instrument consists of 45 quantitative and 4 qualitative questions, as well as 20 demographic questions (Appendix A). Most quantitative questions allow individuals to respond using a four point scale; three variations of the scale are shown below. (Some scales also contained an additional point with a "not applicable" ("n/a") or "not sure" option.) Fourteen questions had a two-point, yes or no, response option. Interviewers also recorded respondent's comments to some of the quantitative questions to allow for a better interpretation of these variables.

1	2	3	4
Poor	Fair	Good	Excellent
Never	Sometimes	Usually	Always
Worse	Same	Better	Much Better

In addition to the quantitative questions, the instrument contains four open-ended questions. Interviewers recorded responses to open-ended questions using respondents' own words as much as possible, though longer responses were sometimes paraphrased.

Reporting Data

Below is an example of how responses are reported for the quantitative section of the survey instrument. We have included a discussion section following, which describes the comments respondents gave in this section of the survey.

The percentages for each response category are listed under the variable label. The total number of respondents for this question is 14 (N).

SAMPLE TABLE

	1 Poor	2 Fair	3 Good	4 Excellent	N
Services received since admission	7%	7%	57%	29%	14

It is important to note that the N (total number of respondents for a question) varies from question to question since some questions do not apply to a respondent or a respondent may choose not to answer a particular question.

3 SITE DESCRIPTION

Program Type: SOAP program

Consumer satisfaction surveys were conducted at nine (9) Structured Outpatient Addictions Programs (SOAPs). A few of the programs offered a residential program in addition to the outpatient program.

SOAP	N
Program A	15
Program B	15
Program C	15
Program D	15
Program E	15
Program F	15
Program G	15
Program H	15
Program I	15
TOTAL	**137**

Overview of services offered:

SOAP programs offer groups and individual counseling. The number of hours the program operates each day varies by program. Referrals and aftercare planning are particularly important components of these programs.

Several programs have obtained additional (non-MassHealth) funding to provide for overnight stays of clients attending the program and more direct assistance with locating housing and other rehabilitation oriented help; these programs in fact mandate that SOAP clients stay on the program's premises while attending the program.

MBHP has provided training for programs in "Motivational Interviewing" and the programs have now included this as an important part of programming.

4	DEMOGRAPHICS

One hundred thirty-seven clients (N=137) at nine SOAPs were interviewed from 6/24/04-4/14/05.

Age (N=136)	
Mean	41 yrs
Median	42 yrs
Range	18 - 64 yrs
Gender (N=136)	
Male	61%
Female	39%
Race (N=134)	
African-American/Black	19%
Caucasian/White	59%
Native American	2%
Multiracial	2%
Other	18%
Ethnicity (N=134)	
Hispanic/ Latino	24%
Health Insurance (N=132)	
MassHealth: Partnership	77%
MassHealth: HMO	13%
MassHealth: Fee for Service	11%
[1]Psychiatric Diagnoses (N=137)	
Adjustment Disorder	1%
Bipolar disorder	18%
Major depression	29%
Schizoaffective disorder	3%
Schizophrenia	4%
Personality disorder	2%
Post traumatic stress disorder	14%
Don't know	7%
Decline to Answer	2%
Other	35%
Not Mentally Ill	19%
Physical Health (N=136)	
Poor	9%
Fair	29%
Good	51%
Excellent	12%
Physical Disabilities (N=136)	
None	61%
Loss of mobility	8%
Loss of sight	4%
Loss of hearing	3%
Any other disability	24%
Primary Language (N=136)	
English	90%
Spanish	7%
Portuguese	1%
Other	2%

Housing Situation (N=135)	
Live alone	17%
Live with spouse/significant other	19%
Live with family	27%
Live in group home/nursing home	2%
Live in supported housing	2%
Live with roommates	2%
No stable address	28%
Other	3%
Education Completed (N=136)	
8th Grade or less	5%
Some high school	27%
High school graduate / GED	34%
1-3 years of college	28%
College graduate (4 years)	6%
Advanced degree	1%
Relationship Status (N=135)	
Single/ Never Married	55%
Married	13%
Divorced or Separated	26%
Widowed	4%
Other	2%
Respondents with Children (N=134)	
Living with them at least part time	34%
DMH Client (N=132)	
Yes	11%
No	88%
Unsure/ Don't Know	1%
Work Status (N=136)	
Working for pay: full-time	4%
Working for pay: part-time	4%
Volunteer work	3%
Not working for pay	85%
Decline to answer	1%
Other	3%
Time Attending Program (N=127)	
Mean	22 days
Median	14 days
Range	2-270 days
Times in Detox (N=104)	
Mean	7
Median	3
Range	1-45

[1]Respondents could select more than one psychiatric diagnosis.

5	QUANTITATIVE RESULTS

Overall Satisfaction

Interviewers asked respondents to rate the overall care they received at the program as well as whether or not they would recommend the program:

	Poor	Fair	Good	Excellent	N	Mean Score/ Points on Scale
Overall services provided	0%	2%	32%	65%	136	3.6 / 4
	Not at all	A little	Somewhat	A lot		
How much been helped by counseling at program	1%	2%	12%	86%	118	3.8 / 4
		No	Yes			
Recommend this program		1%	99%		136	

Access to and Appropriateness of Services

Interviewers also asked respondents to rate their experience with the following aspects of care and services offered by the clinic:

Program Amenities	Poor	Fair	Good	Excellent	N	Mean Score/ Points on Scale
Convenience of location	2%	8%	51%	39%	127	3.3 / 4
Hours program is open	1%	6%	40%	53%	137	3.4 / 4
Food provided	11%	24%	43%	22%	117	2.8 / 4
Cleanliness of place	2%	6%	56%	37%	137	3.3 / 4
		No	Yes		N	
Program offered to provide transportation		49%	51%		74	
Groups	Poor	Fair	Good	Excellent	N	Mean Score/ Points on Scale
Groups	0%	8%	48%	44%	135	3.4 / 4
Treatment Planning						
Staff efforts to involve family in respondent's treatment	6%	12%	38%	44%	73	3.2 / 4
Staff's ability to bring out strengths and skills	0%	7%	40%	53%	132	3.5 / 4

	Never	Sometimes	Usually	Always	N	
		No	Yes		N	
Have goals for your treatment		2%	98%		134	
	Never	**Sometimes**	**Usually**	**Always**	**N**	
How often staff understood treatment goals	1%	4%	21%	74%	126	3.7 / 4
Assistance/Referrals	**Poor**	**Fair**	**Good**	**Excellent**	**N**	
Efforts to prepare for employment, education or other vocational goals	5%	16%	50%	29%	62	3.0 / 4
Efforts to help get primary medical care	1%	6%	48%	45%	73	3.4 / 4
Efforts to help get legal/advocacy groups	14%	10%	44%	33%	52	3.0 / 4
Efforts to help get vocational/employment programs	8%	19%	39%	35%	52	3.0 / 4
Efforts to help get HIV support groups	1%	7%	30%	62%	77	3.5 / 4
Efforts to help get mental health services	3%	2%	41%	54%	96	3.5 / 4
Efforts to help get addiction services	1%	2%	26%	71%	115	3.7 / 4
Informed Consent		**No**	**Yes**		**N**	
Given information about treatments other than medications		13%	87%		129	
Told about self-help or support groups (12 step programs)		1%	99%		137	
Given information about rights as a client		4%	96%		136	
Program's rules and expectations been clearly explained		3%	97%		137	
Aware of process to see records		61%	39%		124	
Staff Relationships	**Never**	**Sometimes**	**Usually**	**Always**	**N**	**Mean Score/ Points on Scale**
Treated with respect and courtesy by: Psychiatrists	0%	11%	13%	76%	46	3.6 / 4
Counselor	0%	2%	8%	90%	119	3.9 / 4
Receptionist	2%	4%	13%	82%	120	3.7 / 4
Group Leaders	0%	1%	9%	91%	137	3.9 / 4
Able to talk with staff when having a hard time and want help	2%	5%	20%	73%	128	3.7 / 4

Confidentiality						
Staff reveal any info to others that should have been private	98%	2%	0%	1%	133	
Concerns/Complaints						
How often felt comfortable raising issues/concerns to staff	3%	9%	12%	75%	121	3.6 / 4
How often concern taken seriously by staff	0%	5%	15%	80%	100	3.75 / 4
		No	**Yes**		**N**	
Made complaint to staff about program		91%	9%		131	
Assistance with Specific Issues		**No**	**Yes**		**N**	
Trauma history addressed		19%	81%		67	
Psychiatric issues addressed		15%	85%		92	
Domestic violence situation addressed		18%	82%		33	

Outcomes of Services

Respondents rated the degree of improvement in certain areas of their lives since beginning to receive services at the clinic.

Outcome	Worse	Same	Better	Much Better	N	Mean Score/ Points on Scale
Mental Health	2%	10%	48%	40%	132	3.3
Ability to use relapse prevention tools	2%	6%	49%	43%	134	3.3
Ability to continue the recovery process	0%	4%	42%	54%	136	3.5
Involvement in daily activities outside of program	2%	15%	52%	31%	129	3.1
Ability to hold a job/volunteer position	3%	35%	35%	26%	113	2.8

6 QUALITATIVE FEEDBACK

A. Comments in Response to Quantitative Questions

Respondents sometimes provided comments in support of their quantitative response. This kind of information allows us to better interpret the hard data and provide more specific explanations of why a certain trend is taking place.

Respondents were asked for an explanation when they provided a response indicating dissatisfaction. In order to determine satisfaction or dissatisfaction, we collapse the four point scales used in the interviews into two categories of "dissatisfied" and "satisfied". The highest two points on the answer scales were merged and labeled "satisfied", and the lowest two points on the answer scales were merged and labeled "dissatisfied".

Respondents also offered comments spontaneously, without prompting from the interviewer, and these comments were noted.

Quantitative Themes

Aggregate themes were determined by reading theme descriptions in the individual provider reports and re-analyzing the comments. After each theme heading we note the number of sites where that theme emerged. In addition, illustrative comments are included. These comments are not inclusive of all comments that contributed to a theme. See appendix A for a chart outlining all the quantitative themes that emerged at each program.

Positive Themes

Involvement in Treatment Planning and Decisions (5 of 9 sites)

Comments indicate that clients were satisfied when staff showed concern, listened to client's wishes, and recommended treatment based on the client's input.

> *I plan to follow through on staff's recommendations for further treatment. They asked for my input.*
>
> *I make my own decisions. They listen to you and you can make your own decisions. If you think you need another opinion, you can go to a counselor. They don't throw it on you.*
>
> *…My input is valued and I feel part of the team.*
>
> *My case manager has been very open to my input. Basically we've come up with a strategy together - my needs and my wants.*
>
> *They have you work with them – you know best what you need in treatment and they try to fulfill as best they can.*

Groups (5 of 9 sites)

Comments indicate that groups were helpful because they allowed the opportunity to talk and to listen to others. Clients said that they benefited a great deal from the support and experience they got from other consumers in the groups. Also, groups provided needed education about addiction and recovery.

> *The therapy groups are pretty helpful. It's a variety of ages, we help each other out.*
>
> *The SOAP group has helped me talk about issues I have never been able to talk about.*
>
> *…A lot of people open up. They make it comfortable for you to speak, myself being one.*
>
> *When we talk, everybody talks and listens. They listen to you and give you advice. The groups are very open.*
>
> *The criteria that they cover at our educational meetings on disease are very broad - relapse prevention - the whole spectrum of your malady.*

Negative Theme

Food (4 of 9 sites)

Some programs, particularly programs with a residential component, offered meals to clients. Comments indicate that clients felt the food tasted bad or lacked nutritional value.

> *Nutritional value could be better - need more fruit.*
>
> *Same thing over and over. No variety - fruit would be nice.*
>
> *It's not palatable. It's there and it's food and I'm grateful for it but it's hard for me to digest.*

B. Responses to Open-ended Questions

We included in the survey four open-ended questions to allow respondents to offer, in their own words, feedback on the services provided and suggestions for improvements.

For the qualitative comments, aggregate themes were identified with the same process as with the quantitative questions. If a theme emerged at 3 or more sites, it was included here as an aggregate theme. (See appendix B for a chart outlining all the qualitative themes that emerged at each individual unit.)

How the program is helping

Support and Availability of Staff (7 of 9 sites)

Comments indicate that client's perceived staff as supportive when they were available to talk and had a caring and nonjudgmental attitude. Staff also helped clients to open up about their feelings and experiences.

> *Staff has taught me to open up about my feelings in groups and individually. I have learned that other people have the same problems I have and I'm not being judged, as I thought I would be.*
>
> *…They are very direct and clear, and they are very caring about the complex nature of our addictions.*
>
> *They help me because every time I feel a slow down, they talk to me - they push me to get better.*
>
> *Staff takes time to help you in or out of group. They care about how we feel. It makes you feel good when someone cares.*
>
> *They've helped me by talking with me and really making me look at what was causing me to relapse.*
>
> *Staff help me see I'm valid, a person, and it's OK to make mistakes. They're always there to listen and help me find solutions.*

Information and Education (6 of 9 sites)

Many respondents commented that the education they had gained through the program had been helpful to them. Comments indicate that consumers were helped to learn recovery and relapse prevention skills as well as to understand the disease of addiction.

- **Recovery Skills and Relapse Prevention**

  They've given me tools to utilize, to deal with every day..

  Relapse prevention is spoken of intensively, which is important for me as a chronic relapser. One of my goals is to build a strong foundation and that information is important. Wherever and whenever, if something is not right, I know what to do to avoid relapses. When you have the knowledge, you can see the relapse coming.

They've given me specifics that I can focus on when I'm in a crisis, [and] helped me to see what my triggers are, that's been priceless. I never really thought about triggers before, until after hearing the counselor explain what some of them are for different people.

- **Understanding the Disease of Addiction**

You learn about health issues and nutrition. They tell you how the disease works in the body.

In the education on the disease of addiction they explore all the facets.

Help me understand exactly what my disease is and how to use the knowledge AA and NA has given me.

Aftercare and Referrals (6 of 9 sites)

Comments indicate that people were helped with referrals to AA/NA meetings, halfway houses, counselors, and with transportation to new programs. Some also said that staff gave them a lot of information and helped them develop a plan after leaving the program.

As soon as I came into program they let me know we had to get on to next care after here. I was asked what I wanted next - halfway house, career education. I am making a career change. They gave two choices as far as where to go. I got an interview at [a halfway house] in South Boston, which is as good as it gets for a guy to go to a halfway house.

They really help get you into other programs and help with transportation.

My counselor is always helpful- vocational help. They are helping me with insurance.

They set me up with aftercare and transportation to go to the outpatient program. They set me up with a parenting group, a doctor.

Just by supporting me and my goals – to go back to school. Trying to hook me up with a training program.

Groups (3 of 9 sites)

Groups were cited as helpful because of the skill of group leaders as well as the opportunity to talk about respondents' feelings and experiences. Listening to others' feedback and experiences was also helpful.

The groups give me good input – other people's experiences are good to hear.

The groups have helped to motivate me to get up and get going.

I have been helped by everyone's honesty. Group leaders' honesty and directness…

…The way the facilitator runs groups has helped. It's not directed at any one individual, everyone has a voice.

<u>Feedback and Building Self-Esteem (3 of 9 sites)</u>

Many respondents stated that the feedback they received from staff had been helpful and felt that the program had helped them to build up their confidence and self-esteem.

They give you feedback that is helpful. What's here stays here.

They give me suggestions, but they don't judge me.

Feedback from the counselor. It's good to hear when you've done good. Even a little progress and they'll let you know, boosts self esteem.

It builds my confidence up, gets me motivated to do positive things.

<u>Awareness and Insight (3 of 9 sites)</u>

Comments indicate that the programs helped clients to take a look at their lives and behaviors within the context of their addictions.

…they've helped me by talking with me and really making me look at what was causing me to relapse.

The program has helped me to be open and talk about it, not to be in denial and take it one day at a time.

To kick it off they've made me aware of strengths and skills that I didn't see in myself.

Program Improvements

Respondents were asked, "*What else could the program be doing to help you that it is not doing now?*" Respondents were also asked, *"If you were in charge of this program, what is the first thing you would change?"* The following themes emerged from the responses to these questions.

Groups (7 of 9 sites)

Respondents described three ways groups could be improved: 1) bring in more outside speakers, 2) allow client input for new topics, and 3) improve the way groups are run.

- **Outside Speakers**

  Try to open it up more, have more staff be involved, like a guest lecturer. Someone with more expertise with different drugs, physical side effects of drinking to the liver, a talk about their experience out there with AA/NA. Groups are interactive, but have exercises, like role playing.

  Modifying the meetings whether it be with outside guests. I think it could be more effective [with] outside guests.

  …And maybe have more outside people come in- outside groups, AA, NA.

- **Client Input on Topics**

  I haven't once heard them talk about trauma survivors. They need to get a trauma counselor and get a trauma group. You need to handle trauma very delicately. They were good with, "Are you safe? Are you okay?" But they don't get into depth because they don't have a trauma counselor.

  Maybe a course on, for guys who relapse a lot, to stay out of jail, recidivism. It doesn't affect me, but for a lot of the guys who relapse, recidivism is real high.

  I think they should be more aware about HIV and Hepatitis C. They seem to not want to talk about it, especially in groups. You should be able to talk about it to someone besides one person behind a green door who gives you socks or underwear. They should have a group once or twice a week.

  More in-depth 12 step program.

- **Improve the Way Groups are Run**

  I might not have the whole program in the same room, that's really draining. Maybe change rooms ½ way through. Change the atmosphere, maybe take a mindfulness walk.

  How we start the group. I think a daily reading and meditation. There's a book called "Just for Today". It's NA but can apply to anyone.

Referrals and Aftercare (3 of 9 sites)

Respondents were interested in referrals for legal advocacy, work programs, NA/AA or one-on-one therapy. Respondents wanted staff to address aftercare early in the program.

> *I think they should stress legal and working referrals. It's never brought up.*
>
> *If the program could have employment or retraining, some referrals for recovering addicts and alcoholics. Sometimes we find ourselves stuck on empty as far as employment is concerned, employment and housing.*
>
> *Staff could provide us with different agencies outside of here, such as legal agencies for people who can't afford it, different agencies for low-income people.*

More Activities (3 of 9 sites)

Comments indicated that people wanted more activities, particularly social activities such as movies, outings and exercise. This theme was particularly present at programs that had a residential component.

> *It would be good to have a social club here – activities and events for us to be able to socialize without liquor.*
>
> *I would add more activities – recreational activities. Movies, bowling, field trips.*
>
> *More exercise available. A gym class. There are only weights and some people don't know how to lift weights.*

7 RECOMMENDATIONS TO SITES

CQI offered between two and four quality improvement recommendations to each site based on data gathered and observations made. A greater number of recommendations did not necessarily reflect a lower rated facility.

Appendix C shows which recommendations were made to each program. The fact that a site did not receive a recommendation in a particular area did not necessarily mean that improvements were not needed in that area.

Below is a list of recommendation topics that occurred frequently—those that were made to three or more providers.

- Ask Clients for Input on Improving Groups/Activities (5 sites)
- Improve Clients' Understanding of the Process to Review their Records (5 sites)

Although most (92%) of the respondents were satisfied with groups, a number of clients wanted to have more input into how both groups and activities could be improved. While the survey does not have a specific question about activities, suggestions about activities were made in response to broader questions about how clients would change or improve the program. Since suggestions varied, we recommended to SOAP programs that they continually ask clients for input on how to improve the groups and activities offered.

One of the quantitative questions in the SOAP survey is, "Are you aware of the process to see your records?" At the aggregate level, sixty-one percent (61%) of respondents said that they were not aware of the process to see their records. Because satisfaction was generally high for other components of care, improving a site's record reviewing process frequently was included as a recommendation partially due to the lack of strong recommendations for other aspects of care. Nonetheless, we emphasized to programs that they should review their process for informing clients about their right to review their records.

8 DISCUSSION

Satisfaction at the SOAPs was universally and exceptionally high. Ninety-eight percent (98%) of respondents were satisfied overall with the services they received. Ninety-nine percent (99%) would recommend the program to others in need of addictions services. Also, ninety-seven percent (97%) of respondents said they were helped "somewhat" or "a lot" by the program they attended.

The high levels of satisfaction was most likely due to a correspondingly high satisfaction with staff, groups, and aftercare and referrals to other addictions and mental health programs. Treatment provided by SOAPs was often highly regarded by consumers because it included group leaders and guest speakers who were in recovery. Consumers found staff at SOAP programs to be caring, easy to relate to, and motivational.

9 CQI RECOMMENDATIONS

A number of clients expressed a desire to provide more input into the development and improvement of groups and activities. Many felt that they had grown in their recovery, and had something to offer. We heard from several programs that they do conduct their own consumer satisfaction surveys or had done so in the past. We recommend to all SOAP programs that they find regular ways of eliciting client feedback about how services could be improved. In addition, we recommend regular focus groups that ask less about satisfaction with program components, and more about what the clients needs are; this will provide an opportunity for clients to be more open in their suggestions.

We also recommend that SOAP programs improve the manner in which they assess and deal with issues that may affect just a portion of those who seek treatment. Better referrals and assistance is needed for those who are experiencing domestic violence and those who are trauma survivors. Also, programs could focus more effectively on providing referrals to legal/advocacy and vocational/employment programs. MBHP could strengthen services at SOAP programs by providing resources, such as the Consumer Information Guide, to programs. MBHP could also hold regional staff trainings or working groups on the most effective ways of providing assistance and referrals to clients, since access to resources often varies by geographic location.

10 APPENDIX

A. All Quantitative Themes by Site

B. All Qualitative Themes by Site

C. All Recommendations by Site