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**Residential SOAP and Inpatient  
Dual Diagnosis Comparisons  
Consumer Satisfaction Report, 2003-2005**

**Addendum to 2003-2005 Inpatient Aggregate Report**

**Consumer Quality Initiatives, Inc.**

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## Consumer Quality Initiatives, Inc.

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.

Please contact us with questions and comments!

***Mailing address:***  
132 Kemble St.  
Roxbury, MA 02119

***Street Address:***  
98 Magazine St. 2<sup>nd</sup> floor  
Roxbury, MA

(617) 427-0505

[www.cqi-mass.org](http://www.cqi-mass.org)

## Introduction

### Methodology

As CQI was conducting consumer satisfaction surveys at inpatient units and at SOAP programs, we realized that there was a subset of these units/programs that shared significant features, and were worthy of comparison. Each of these programs/units shares the following features:

- has as a primary focus on the treatment of addiction disorders
- treats a very high number of people with mental illness
- requires clients/patients to stay overnight
- restricts basic liberties as an aspect of the care

Based on these criteria, the following two types of programs were selected for comparison:

- **Dual Diagnosis Units** have been designated by MBHP to serve patients who are having an acute episode and have both mental illness and an addiction to alcohol or other substances.
- **Residential SOAPs:** While MBHP pays SOAPs to offer day services to people with primary addiction disorders, three of these programs have secured non-Medicaid funding to offer a residential component. We are calling these programs that combine the outpatient treatment with a residential component Residential SOAPs.

Critical to this study is that the surveys being used for each of the programs shared most of the demographic questions and many of the quantitative questions. (Several questions asked on each of the surveys were relevant only to that level of services.) The analysis below offers a comparison of these demographics and process variables, offers a brief discussion, and raises some questions for further study. Due to several limitations to this analysis, including the imbalance in N between the program types and the multitude of reasons that may explain the differentials, including demographic, program resources, program methodology, etc., this analysis raises more questions than definitive conclusions.

**Inpatient Dual Diagnosis Programs**

Hospitals that provide inpatient psychiatric care on multiple units sometimes designate certain units for the care of adults with both an addiction and a mental illness. Although treatment is offered for both addiction and mental illness on these units, protocols vary by hospital as to how that treatment is delivered and whether one aspect (addiction or mental illness) is given more attention.

Seven (7) dual diagnosis units in five (5) different hospitals were included in this analysis. The total N for all dual diagnosis units was N=119.

**Residential SOAPs**

Residential Structured Outpatient Addictions Programs (Residential SOAPs) are outpatient addictions programs that also have an overnight shelter. The residential component of the programs is funded by private or public sources other than MassHealth.

SOAPs serve clients who have an addiction, but not necessarily a mental illness. Clients generally have gone through detox immediately prior to their intake. SOAPs are based on a 30 day length of stay, although this varies by client and program. Although an outpatient program, clients in Residential SOAPs are usually not allowed to leave the premises during their time in the program; if they do they are discharged.

Three (3) different Residential SOAP programs were included in this analysis. All SOAPs were independent of hospitals, but two Residential SOAPs had facilities on the grounds of the same hospital. The total N for all Residential SOAPs was N=52.

## DEMOGRAPHIC COMPARISONS

	R. SOAP	Inpat. DD
<b>Age</b>	(N=52)	(N=114)
Mean	41 yrs	39 yrs
Median	42 yrs	40 yrs
Range	18 - 59 yrs	16 - 80 yrs
<b>Gender</b>	(N=52)	(N=117)
Male	77%	65%
Female	23%	35%
<b>Race</b>	(N=51)	(N=114)
African-American/Black	24%	5%
Caucasian/White	59%	86%
Native American	2%	1%
Multiracial	2%	3%
Other	14%	4%
<b>Ethnicity</b>	(N=52)	(N=112)
Hispanic/ Latino	21%	11%
<b>Health Insurance</b>	(N=50)	(N=114)
MassHealth: Partnership	76%	52%
MassHealth: HMO	12%	8%
MassHealth: Fee for Service	12%	40%
<b><sup>1</sup>Psychiatric Diagnoses</b>	(N=52)	(N=117)
Adjustment Disorder	2%	1%
Bipolar disorder	25%	42%
Major depression	27%	36%
Schizoaffective disorder	8%	4%
Schizophrenia	2%	6%
Personality disorder	6%	3%
Post traumatic stress disorder	10%	18%
Don't know	6%	15%
Decline to Answer	4%	9%
Other	21%	29%
Not Mentally Ill	27%	4%
<b>Physical Health</b>	(N=52)	(N=116)
Poor	6%	20%
Fair	27%	34%
Good	44%	35%
Excellent	23%	12%
<b>Physical Disabilities</b>	(N=52)	(N=117)
None	56%	34%
Loss of mobility	21%	10%
Loss of sight	8%	9%
Loss of hearing	4%	9%
Any other disability	31%	42%
<b>Primary Language</b>	(N=52)	(N=116)
English	89%	96%
Spanish	8%	3%
Vietnamese	2%	1%
Other	2%	0%

	R. SOAP	Inpat. DD
<b>Housing Situation</b>	(N=52)	(N=116)
Live alone	10%	22%
Live with spouse/significant other	17%	4%
Live with family	8%	28%
Live in group home/nursing home	2%	3%
Live in supported housing	2%	2%
Live with roommates	0%	4%
No stable address	62%	35%
Other	3%	3%
<b>Education Completed</b>	(N=52)	(N=115)
8 <sup>th</sup> Grade or less	8%	5%
Some high school	31%	17%
High school graduate / GED	31%	34%
1-3 years of college	23%	34%
College graduate (4 years)	8%	6%
Advanced degree	0%	3%
Other	0%	1%
<b>Relationship Status</b>	(N=52)	(N=112)
Single/ Never Married	62%	60%
Married	8%	7%
Divorced or Separated	25%	30%
Widowed	4%	3%
Other	2%	1%
<b>Respondents with Children</b>	(N=51)	(N=115)
Living with them at least part time	29%	21%
<b>DMH Client</b>	(N=50)	(N=115)
Yes	10%	15%
No	88%	82%
Unsure/ Don't Know	2%	7%
<b>Work Status</b>	(N=52)	(N=115)
Working for pay: full-time	6%	6%
Working for pay: part-time	2%	2%
Volunteer work	2%	1%
Not working for pay	91%	91%
<b>Time Attending Program/In Hosp.</b>	(N=51)	(N=92)
Mean	21 days	10 days
Median	10 days	7 days
Range	3-80 days	1-75 days
<b>Times in Detox</b>	(N=46)	(N=114)
Mean	10	n/a
Median	6	n/a
Range	1-45	n/a

<sup>1</sup>Respondents could select more than one psychiatric diagnosis.

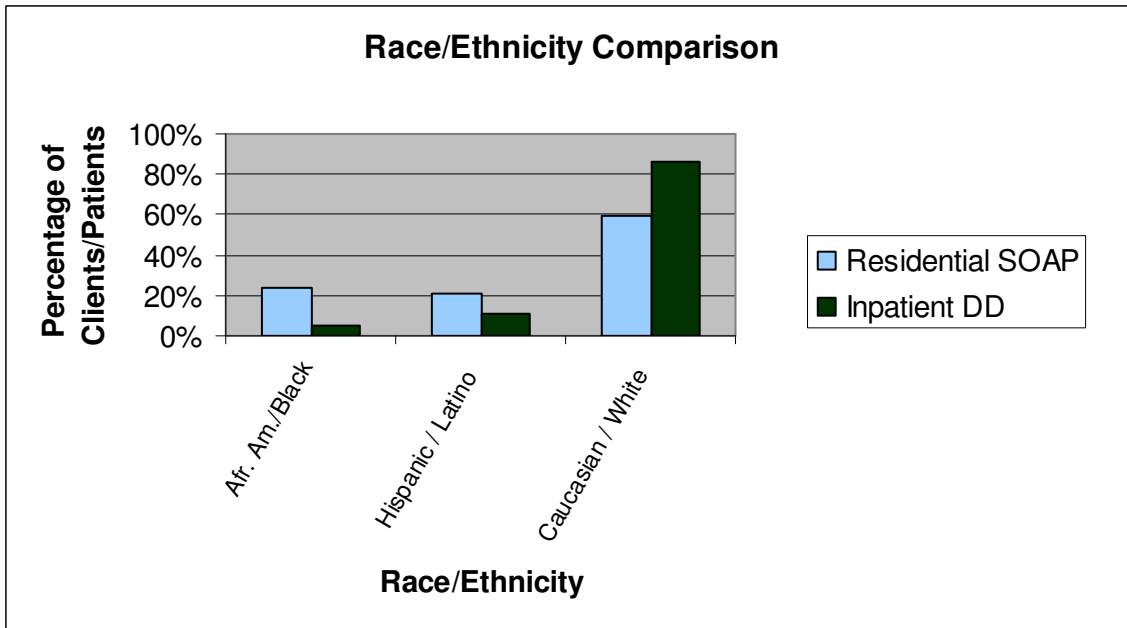
## Review of Significant Demographic Differences

Below is a short description of the significant demographic differences between the two samples. Also included are charts that highlight selected answers. The charts do not include every possible answer for a particular question. Refer back to the chart of page 3 to see the frequencies for each possible answer.

### **Race/Ethnicity**

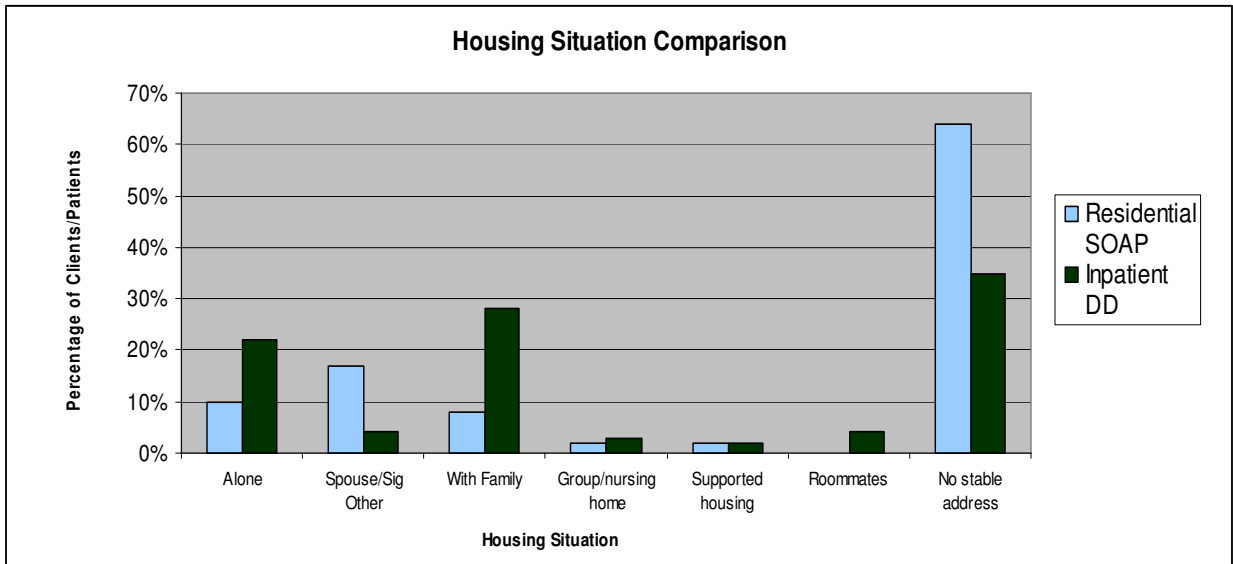
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Residential SOAP clients were more likely to be Hispanic/Latino or African-American/Black. Inpatient Dual Diagnosis (DD) clients were more likely to be white/Caucasian.



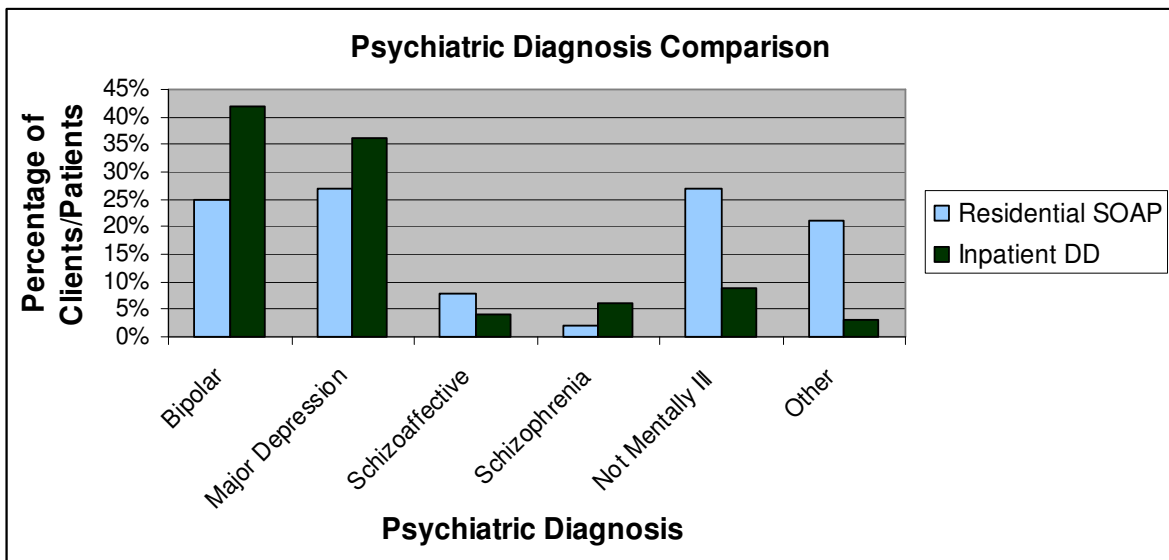
## Housing

Almost twice as many Residential SOAP clients had no stable address as compared to inpatient DD patients. Inpatient DD patients were more likely to live with alone or with family.



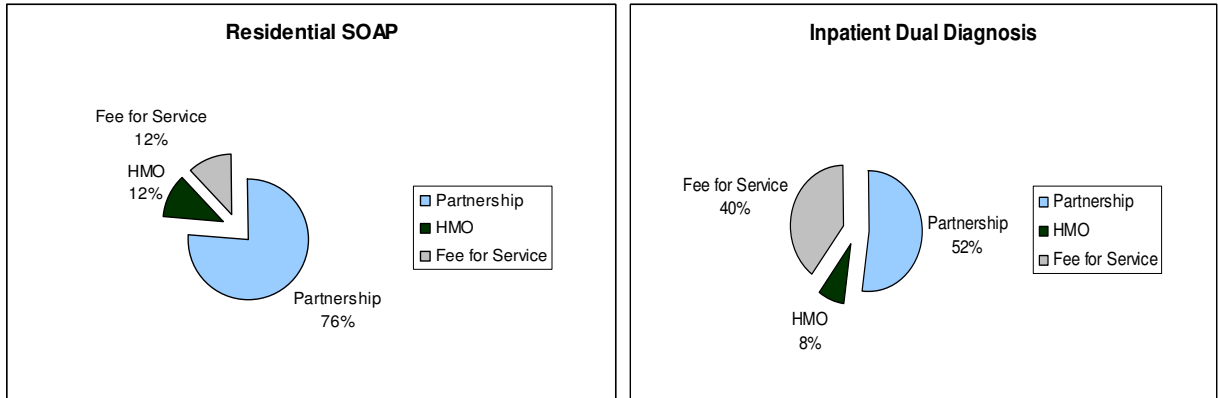
## Psychiatric Diagnosis

Residential SOAP clients were much more likely to indicate they were “not mentally ill” or indicate their diagnosis as “other”, most often an anxiety disorder, including Obsessive Compulsive Disorder, and also ADD/ADHD. Inpatient DD patients were much more likely to report having an affective disorder.



## Health Insurance

Residential SOAP clients were more likely to be Massachusetts Behavioral Health Partnership clients. Inpatient dual diagnosis patients were more likely to be Fee for Service.



## Physical Health

Residential SOAP clients reported higher levels of health overall



## SATISFACTION COMPARISON

Below is a chart comparing satisfaction rates for all the questions which were included in both the SOAP survey and the Inpatient satisfaction survey.

Description of Indicator	SOAP + Residential		Inpatient Dual Diagnosis	
	Percent Satisfied	Total N	Percent Satisfied	Total N
*Overall care	98% (n=51)	52	78% (n=90)	116
Recommend program	98% (n=51)	52	84% (n=95)	113
*Staff efforts in involve respondent in making tx plan	100% (n=52)	52	76% (n=87)	114
*Staff' efforts to involve family, friends or significant other in treatment	88% (n=23)	26	64% (n=23)	36
Groups	90% (n=47)	52	74% (n=84)	114
Food	46% (n=23)	50	42% (n=49)	117
*Cleanliness	88% (n=46)	52	69% (n=81)	117
Information provided about rights as a client/patient	96% (n=49)	51	86% (n=98)	114
*Able to talk to staff when having a hard time/want help	96% (n=48)	50	65% (n=71)	109
Resp. feels free to raise issues or concerns	82% (n=41)	50	71% (n=72)	102
*Staff takes concerns seriously	93% (n=38)	41	72% (n=63)	88
*Trauma history addressed	96% (n=24)	25	56% (n=46)	82
Efforts to help get outpatient mental health services	93% (n=37)	40	75% (n=66)	88
*Efforts to help get primary medical care	100% (n=36)	36	70% (n=48)	69
*Outcomes: Mental Health	90% (n=45)	50	70% (n=80)	114
*Outcomes: Ability to hold job or volunteer position	72% (n=34)	47	39% (n=39)	102

\* indicates more than a 20% difference in satisfaction

## DISCUSSION

*There are several striking features to this data:*

For a program type that maintains significant liberties restrictions, satisfaction rates at residential SOAPs were remarkably high. While it's impossible to fully understand this phenomenon without further investigation, we make the following observations:

- A majority of these SOAP clients had no place to live, and one of the functions of these SOAPs was to help them find a place to live. In fact, with an average length of stay of 30 days, the SOAP had some time to both address the clients' addiction needs and help them find housing. As part of their mission, they are well connected to housing resources for people with DD.
- It was clear to SOAP clients that staff was both dedicated and present for them. Almost all clients (95%) felt that staff was available to them if needed (compared to 65% for the DD units) and ALL felt involved in their treatment planning (compared to 76% for the DD units.)
- Because SOAPs tend to be more community-based and less institutional, clients may feel staff are more approachable in that environment. The traditional clinician-patient relationship seems to be less formal at SOAPs. Also, SOAPs often maximize peer support, either by hiring consumer practitioners and/or by having outside consumer groups, such as AA/NA, onsite on a more regular basis. It is possible that SOAP staff spend more time talking to clients about next steps in their recovery process.
- Breaking away from the quantitative data for a moment, many SOAP clients reported an awareness of staff who were in recovery, with a great understanding of "what it's like."
- As part of an MBHP Performance Improvement plan, the SOAP programs have received training in an evidenced based practice—"Motivational Interviewing."

The general satisfaction rates for the DD units are much lower, which is to be expected to a certain degree. Patients entering DD units are perhaps more acute in their symptoms, generally going into an inpatient setting to stabilize. It may also be that people with a primary addiction disorder are more likely to be satisfied in general than those with psychiatric conditions (though we have every evidence that people with mental illness can be fully satisfied with services they receive). Also, Inpatient DD patients are more likely to rate their physical health as poor/fair, a predictor of dissatisfaction to a degree. Also, the ultimate length of stay is much shorter.

On the other hand, it's clear that the significant level of dissatisfaction regarding involvement in treatment planning and staff availability have significant impact on overall satisfaction. In addition, although one-third were dealing with homelessness, it was clear that patients were not confident in receiving help in this regard at the hospital stage.

<b>RECOMMENDATIONS</b>
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MBHP should explore how to transfer positive practices at Residential SOAPs to Inpatient Dual Diagnosis units in order to improve consumer satisfaction. A comparative exploration of program philosophies and practices at both types of programs could further clarify how Residential SOAPs achieve such high rates of satisfaction, and how those practices could be transferred to Inpatient Dual Diagnosis units.

It appears that there are several structural and process issues that lead to higher satisfaction rates at the Residential SOAP programs. We recommend that MBHP review these issues in terms of addressing the needs of people dually diagnosed. MBHP may want to review the training and program methodologies of these three programs to determine what can be adapted to the DD units. In the long-term, MBHP should consider how they may want to RFR the next contracts.

## APPENDIX 1

### Questions included in both SOAP and Inpatient surveys

- How would you rate the staff's efforts to involve you in making treatment decisions?
- How would you rate the therapy groups here?
- Would you like to have your family, friends, and/or significant other involved in your treatment here?
- How would you rate the staff's efforts to involve these people in your treatment?
- How would you rate the food/lunches here?
- How would you rate the cleanliness of this place?
- Have you been given information about your rights as a client?
- How would you rate the program's efforts to refer you to/help you get other services you've wanted?
  - Primary Medical Care
  - Mental Health Services
- How often are you able to talk with staff when you're having a hard time and want some help?
- How often did you feel comfortable raising issues or concerns you had about your counseling or treatment, how often was your concern taken seriously by staff?
- If you have a trauma history, was this addressed adequately during your treatment here?
  - Compared to the day you started this program, how do you feel today about your
    - Mental Health
    - Ability to hold a job or volunteer position
- How would you rate the services you have received here since admission?
- Would you recommend this program to another person in need of addiction services?