

Matrix Analysis of Satisfaction Measures Used by the FASD Diagnostic Teams in the State of Alaska

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Submitted by:

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Introduction

Recognizing the importance of addressing the issue of Fetal Alcohol Spectrum Disorders (FASD) in the state of Alaska, in the year 2000, the State of Alaska Department of Health and Social Services (DHSS) applied to the Substance Abuse and Mental Health Service Administration (SAMHSA) for funding to support a statewide Alaska FAS Prevention Project. The proposal was successfully reviewed and funded and a State Office of FAS was developed in Juneau. SAMHSA awarded the Alaska FAS Prevention Project \$5 million per year for five years, spanning calendar years 2000 to 2005. The Alaska FAS Prevention Project has several components, including the funding of several FAS Multidisciplinary Community Diagnostic Teams for screening children at high risk for FASD, prevention of FASD, interventions targeted to high-risk women and families, and delivery of services and treatment to families and individuals already diagnosed with FASD. The diagnostic teams, perhaps the most central aspect of the Alaska FAS Prevention Project overall, were envisioned by the State Office of FAS to fulfill several missions. Specifically, funding of their applications was contingent on clear plans to provide prevention, intervention, screening, diagnosis, and treatment. In particular, the grant mandated the screening and diagnosis for FASD among children in State custody. At this time, 17 diagnostic teams have been identified and have received funding. Of these 17 teams, 12 are fully functional in the state of Alaska, three are in various stages of being developed, and two have been disbanded. It is anticipated that all teams will be fully functional and financially self-supporting by the end of the SAMHSA granting period in 2005.

As part of the conditions of funding the statewide Alaska FAS Prevention Project, SAMHSA required that the project be evaluated by an independent team of evaluators. This evaluation contract was awarded to the Center for Human Development (CHD) at the University of Alaska Anchorage (UAA), with the request that the evaluation be conducted by an interdisciplinary team of evaluators from across the UAA campus. Staff at CHD subsequently selected various professionals from the UAA community to build the Evaluation Team and to divide the work involved in the evaluation of the Alaska FAS Prevention Project. The *Alaska Comprehensive and Specialized Evaluation Services* (ACSES), the evaluation branch of the *Behavioral Health Research and Services* program in the College of Arts and Science, was one of the groups approached by CHD to participate in the evaluation. ACSES was honored to take on the evaluation of the diagnostic teams funded by the FAS Prevention Project.

The current report represents one of these evaluation efforts, a **matrix analysis of satisfaction measures used by the currently functional diagnostic teams**. Specific content areas that were addressed relevant to satisfaction measurement included the process used for satisfaction measurement, administration of satisfaction measurement tools, number of survey items and

format, return rates, and procedures for reporting data from satisfaction surveys. Information gleaned from the satisfaction measurement section is summarized and presented below. This information was gathered to serve several purposes:

1. To assist the State Office of FAS in determining how satisfaction with services is currently measured by the various diagnostic teams.
2. To assist in the development of a standardized satisfaction survey that can be used by all diagnostic teams.
3. To develop recommendations about optimal satisfaction measurement procedures that are generic enough to be used across the many diverse diagnostic teams, yet specific enough to assure comparable satisfaction information across teams.
4. To increase team responsiveness to consumer needs and improve quality of diagnostic services.
5. To assist evaluators in the development of a protocol for measuring long-term outcomes as part of the overall evaluation of the diagnostic teams.

Methods

A wide range of ethnographic data was collected from 12 currently-funded diagnostic teams to prepare ethnographic analyses of all funded diagnostic team in the state of Alaska. These ethnographic analyses have been published by ACSES and have been submitted to the individual diagnostic teams and the State Office of FAS. The information from the ethnographic analyses was also used (after having been slightly expanded upon through additional interviews as needed) to develop matrices of information across the currently-funded diagnostic teams. Three teams (namely, Tok, Alaska Psychiatric Institute, and Juneau) are not represented in the work for the matrix analyses as ethnographic analyses have not yet been completed. These three teams are currently in the process of development and no diagnostic clinics have been conducted to date.

One of the matrix analyses that was conducted as part of the effort to collate and analyze a variety of information about the diagnostic team in Alaska was the matrix analysis about currently used satisfaction measures and the procedures with which they are collected. Data for the satisfaction measures matrix was gathered from following sources: completed ethnographic analyses, records obtained as a result of evaluation activities, face-to-face interviews with each diagnostic team and respective members, telephonic interviews, and email correspondence. All of this information was collated into a large matrix about satisfaction measures that covered the following contents: the process used for satisfaction measurement, administration of satisfaction measurement tools, number of survey items and format, return rates, and procedures for reporting data from satisfaction surveys.

Once the information about satisfaction measurement was collected and collated by the team of evaluators, it was distributed electronically to each diagnostic team for review. Each team was asked to review its satisfaction measurement information as displayed in the matrices to verify information, add information, and make needed corrections. Instructions directed teams to respond by a certain date or the evaluators would assume that the information presented to the team was correct as presented and needed no modifications. Of the 12 teams who were

approached with this request, five teams returned their charting method matrix with revisions, four teams returned the matrices and indicated no changes were necessary, two teams did not return the matrices, and one team did not review the matrices due to emergency-related circumstances. All revisions and suggested edits by the teams were received either electronically through e-mail correspondence or telephonically through interviews. All edits were incorporated as requested and are reflected in the satisfaction measurement matrices attached to this report.

Findings

Findings based on the satisfaction measurement data collection efforts are shown in the Satisfaction Measurement Matrix (pages 12 to 15) and tables (page 4) included in this report. A summary of the matrix analysis follows. However, readers are encouraged to review the matrix itself for more detailed information about each team and about all the options for handling satisfaction measurement.

Presence of a Process for Satisfaction Measurement

Regarding the development and implementation of satisfaction measurement procedures across diagnostic teams, currently nine of the 12 teams have some process in place to gather qualitative or quantitative data related to client and caregiver satisfaction with services offered by the diagnostic team. For various reasons, three teams do not currently have systems in place to gather satisfaction information from their consumers. One of these teams is not currently rendering diagnoses and, therefore, satisfaction measurements are not yet a priority. Although conducting diagnostic clinics, the remaining two teams are still in the initial stages of planning the team policies and procedures.

Administration Procedures

Of the nine teams gathering satisfaction data, six have a formal process in place. For the purpose of this summary, a formal process was defined as a standard written protocol utilized to gather data through pen-and-paper surveys or through structured telephonic or face-to-face interviews. Five of the teams have developed and are administering a pen-and-paper survey; one is utilizing a structured interview format. The remaining three teams maintain an informal process that does not utilize a standard protocol. These teams gather satisfaction-related information during follow-up contacts made with the clients and caregivers. This process most often consists of an informal discussion about the status of referrals, the usefulness and need for further recommendations, and questions or comments regarding the caregivers' and clients' diagnostic process.

Even for teams with a formal process in place, administration procedures vary across teams. The table that follows outlines the administration process for the six teams with formal satisfaction measurement processes in place. This table is followed by a table providing information about the informal processes used by the other three teams (of the nine that measure satisfaction).

Formal Satisfaction Measures Currently Used by FAS Diagnostic Teams in Alaska

Team	Format	Process	Timeframe	Return Rate
<i>Fairbanks Fetal Alcohol Community Evaluation Services</i>	Structured Interview	Telephonic or in person	Unknown	100%
<i>Kenai Peninsula FASD Multidisciplinary Teams A and B</i>	Pen-and Paper Survey	Mailed	4 weeks after review of final summary report	Unknown
<i>Ketchikan FASD Diagnostic Clinic</i>	Pen-and Paper Survey	Administered after clinic	Day of clinic	Unknown
<i>Mat-Su Fetal Alcohol Resource Project</i>	Pen-and Paper Survey	Mailed or conducted in person	Clinic day, three month, six month, and school post-evaluation survey	Unknown
<i>Sitka Neurodevelopmental Clinic</i>	Pen-and Paper Survey	Delivered with final summary report	4 to 6 weeks post evaluation	0%
<i>Southcentral Foundation FAS Diagnostic Team</i>	Pen-and Paper Survey	Mailed or conducted telephonically	One, three, and six month post evaluation and school post-evaluation survey	Unknown

Informal Satisfaction Measures Currently Used by FAS Diagnostic Teams in Alaska

Team	Format	Participants	Timeframe	Return Rate
<i>Yukon Kuskokwim FASD Diagnostic Team</i>	Follow-up telephone contact	Client Caregiver	One week post evaluation	Unknown
<i>Multidisciplinary Developmental Disability Team</i>	Feedback provided through family and community by telephonic contact	Community Members, Families	On-going, regular basis	Unknown
<i>Bristol Bay FAS Multidisciplinary Diagnostic Team</i>	Follow-up telephone and in-person contact	Client Caregiver, School	Post-evaluation	Unknown

Satisfaction Measurement Tools

In addition to developing administration procedures for the measurement of satisfaction, the six teams with formal processes also created their own standard measurement tools. Since these measures were developed by each team individually, formats and contents of these measures vary widely across teams. The number of items in the satisfaction measures that have been developed by the six teams ranges from five to 22. The measures utilize different question formatting across teams and even within the same assessment tool. These formats include yes/no responses, 5-point Likert scales, and open-ended questions.

Regarding the content of the satisfaction measures, the most commonly addressed topics include perceptions regarding:

- ability of the diagnostic process to meet the needs of the clients and caregivers;
- quality of the services provided by the team members;
- success of the referrals initiated by the team members; and
- additional services needed in the community.

Other areas addressed less frequently include, but are not limited to, satisfaction with communication, scheduling, final reports, and recommendations, as well as feedback about how a team might improve the diagnostic process.

Return Rates for Satisfaction Surveys

To date, the return rate of the pen-and-paper surveys is largely unknown by most teams and suspected to be fairly low. Most teams lack a consistent and effective tracking system to record the receipt of completed surveys. One team, however, reported a 100% rate to date, with 12 of 12 attempted satisfaction surveys having been completed. It is notable that this is the only team that utilizes a structured telephonic or face-to-face interview administration process for its satisfaction measure. This in-person, interview procedures may well have affected the return rate as individuals may be more likely to participate by telephone or in-person than they are to complete and return a survey by mail.

Compilation of Satisfaction Data

Currently, data is only compiled in a systematic way by three of the teams that maintain either a formal or informal satisfaction measurement process. One of these teams compiles the results of the data collection effort (which consists of a structured interview) into a written report that is distributed to the team for review. The remaining two teams compile results, provide their findings to the team, and subsequently discuss the results as a group to develop ways to improve service provision.

Summary and Recommendations

It appears that all teams seem to have the desire to measure the satisfaction of their consumers. Developmental level of the team appears to play a role in whether the team has developed a measurement tools and formal or informal process for this purpose. Most teams that measure satisfaction have developed a formal procedure for so doing and have attempted to develop a standard assessment tool. Specifically, protocols from six teams are currently in use to gather data regarding client and caregiver satisfaction. The protocols used by these teams are attached in Appendix A of this report. Review of these existing satisfaction surveys reveals that several commonalities exist with regard to question format and content, suggesting some common core of areas of interest across teams.

Given these findings, it appears that a few minor changes, implemented by all diagnostic team, may ease the process of satisfaction measurement. These suggested changes are reflected in the recommendations that follow.

1. The fact that all teams are interested in satisfaction measurement suggests that the development of a standard tool that is easy to administer, can be collated easily into summary data, and maximizes return rates would be desirable. It would benefit the teams to consider either adopting one of the existing protocols or incorporating the desirable characteristics of several protocols to create one instrument. This single satisfaction measure could be kept short enough that it could serve as a common core for satisfaction measurement that could either stand alone or could be augmented with additional items on a team-by-team basis. The ***common core of satisfaction items*** could then be used to collapse data across teams to identify common factors related to satisfaction with services. The additional items individualized by teams who desire to have them can be used by these teams for their own team-internal purposes.

Samples of a two core sets of satisfaction items follow these recommendations:

- a. The first set of core satisfaction items is intended for immediate use after a diagnostic clinic (or diagnosis) is complete (see pages 8 and 9).
 - b. The second set of core satisfaction items is intended for longer-term follow-up use (pages 10 and 11) (also see Recommendation No. 3 below).
2. In addition to the development of a standard set of core satisfaction items, a standard procedure for administration would maximize comparability of results across time and teams. The procedure that appears to lend itself best for achieving high return rates is that of a ***brief structured interview*** that can be conducted either in-person or over the telephone. The set of core items that is included below would lend itself well to such verbal administration although it is laid out in a way that it can also be used as a pen-and-paper survey. By using telephonic and face-to-face interviews, return rates would be maximized for all teams. Although, the amount of time required to complete this task may be perceived as a barrier for the already overwhelmed teams, the benefits of this procedure cannot be understated.
 3. Timeframes for satisfaction measurement should also be consistent across and within teams. It would be most helpful for teams to engage in multiple measurements of satisfaction as some aspects of success may not be immediately evident. Recommended ***timeframes for satisfaction*** measurement are as follows:
 - a. immediately after the completion of a diagnostic clinic (diagnosis);
 - b. three months after the completion of the clinic (diagnosis); and
 - c. six month after the completion of the clinic (diagnosis).
 4. The importance of gathering data regarding the satisfaction of clients and caregivers is clearly understood by the teams. However, it is equally important to develop effective tracking and ***data management systems***. Without these systems in place, it is difficult to maintain accuracy, assess return rates, compile results, and fully utilize this valuable

information. Given the future trends in funding and their tie to satisfaction and outcome measurement, these procedures appear vital to the sustainability of the teams.

5. Lastly, currently only two teams to date have a formal means to disseminate the results of their satisfaction data collection. The information gathered by the teams is valuable on many levels, including for improving service provision, determining the success of referrals, and identifying gaps in services available to clients and caregivers. Therefore, the development of a ***universal process for disseminating results*** to team members and to the State Office of FAS is recommended.

***Sample of Recommended Core Set of Client Satisfaction Items
Post-Clinic Administration***

Please choose the most appropriate response. Additional comments are welcome. Your opinion is important to us and will be kept confidential. The information you provide will be used to help us improve the services we deliver.

1. Clinic staff returned my calls in a reasonable amount of time.

- Always
 - Often
 - Seldom
 - Never
 - No experience
- Additional Comments:*

2. Pre-clinic procedures were clearly explained to me.

- Always
 - Often
 - Seldom
 - Never
 - No experience
- Additional Comments:*

3. Required forms and paper work were easy to understand.

- Always
 - Often
 - Seldom
 - Never
 - No experience
- Additional Comments:*

4. Clinic staff members were supportive and helpful.

- Always
 - Often
 - Seldom
 - Never
 - No experience
- Additional Comments:*

5. The clinic process was completed in a timely manner.

- Always
 - Often
 - Seldom
 - Never
 - No experience
- Additional Comments:*

6. Clinic staff members listened with respect to my concerns and ideas.

- Always
- Often
- Seldom
- Never
- No experience

Additional Comments:

7. Results of the evaluation were explained clearly and in a way that was easy to understand.

- Always
- Often
- Seldom
- Never
- No experience

Additional Comments:

8. Follow-up plans were explained to me and I was given guidance for the next steps.

- Always
- Often
- Seldom
- Never
- No experience

Additional Comments:

9. The clinic met my expectations.

- Always
- Often
- Seldom
- Never
- No experience

Additional Comments:

10. How could the team improve on the services it provides?

Other Comments:

***Sample of Recommended Core Set of Client Satisfaction Items
Longer-Term Follow-Up Administration***

Please choose the most appropriate response. Additional comments are welcome. Your opinion is important to us and will be kept confidential. The information you provide will be used to help us improve the services we deliver.

1. Knowing my child's [my own] diagnosis helped me get access to funds for treatment and other needs related to my child's [my own] diagnosis.

- Always *Additional Comments:*
 Often
 Seldom
 Never
 No experience

2. Knowing my child's [my own] diagnosis helped me get access to needed medical and psychological treatment.

- Always *Additional Comments:*
 Often
 Seldom
 Never
 No experience

3. Knowing my child's [my own] diagnosis helped me get access to needed social support services.

- Always *Additional Comments:*
 Often
 Seldom
 Never
 No experience

4. Knowing my child's [my own] diagnosis helped make my child's [my own] educational [vocational] situation better.

- Always *Additional Comments:*
 Often
 Seldom
 Never
 No experience

5. The recommendations made by the diagnostic team at the time of diagnosis have turned out to be helpful.

- Always *Additional Comments:*
 Often
 Seldom
 Never
 No experience

6. The referrals made by the diagnostic team at the time of diagnosis have worked out well.

- Always
- Often
- Seldom
- Never
- No experience

Additional Comments:

7. Looking back, getting services from the diagnostic team was very helpful.

- Always
- Often
- Seldom
- Never
- No experience

Additional Comments:

8. Looking back, the services I received from the diagnostic team met my needs.

- Always
- Often
- Seldom
- Never
- No experience

Additional Comments:

9. Looking back, the people who ran the diagnostic clinic were respectful and professional.

- Always
- Often
- Seldom
- Never
- No experience

Additional Comments:

10. How could things be made even better for your child and you?

Other Comments:

TEAMS	SATISFACTION MEASURES						
	Process Used	Administration Process	Survey Size	Survey Format	Survey Content	Return Rate	Data Reporting
<i>Bristol Bay FAS Multidisciplinary Diagnostic Team (Dillingham)</i>	Informal	Personal follow-up is done with regard to needs at school or to see if help is needed in following-up on medical or psychological recommendations	N/A	N/A	N/A	N/A	Unknown
<i>Fairbanks Fetal Alcohol Community Evaluation Services (Fairbanks)</i>	Formal	Telephonic or in person interview	22 items	Open-ended questions	Questions related to the diagnostic process, the impact the diagnostic process had on the family and child's life, and what services benefited or challenged follow-through with the team's recommendations	100% return rate on 12 of 12 families	Written report of results distributed among team members
<i>Kenai Peninsula FASD Multidisciplinary Team A (Soldotna) and Team B (Kenai Peninsula)</i>	Formal	Mailed to caregivers and referring agencies one month after Team Coordinator and caregiver have had the opportunity to review the Final Report	10 items	Rating style questionnaire	Ability and helpfulness to access necessary services recommended and appropriateness of evaluation	Unknown	Unknown
<i>Ketchikan FASD Community Diagnostic Team (Ketchikan)</i>	Formal	A survey exists and Team Coordinator is implementing the administration process at clinics. It is expected that the caregiver will either complete the survey directly after the clinic or during the follow-up meeting	5 items	Two open-ended questions, four yes/no questions with space for comments, and one 5-point Likert scale questions	Questions gather caregivers opinions on clinic communication, scheduling, quality of assessment, respectful treatment, and ability and success in clinic meeting client needs	Unknown	Unknown

TEAMS	SATISFACTION MEASURES						
	Process Used	Administration Process	Survey Size	Survey Format	Survey Content	Return Rate	Data Reporting
Kodiak Compass Project (Kodiak)	None	No process in use. Team just started to diagnose clients and to assess need for program components	N/A	N/A	N/A	N/A	N/A
Mat-Su Fetal Alcohol Resource Project (Mat-Su)	Formal	Clinic day, 3, and 6 month surveys administered in person or by mail to caregiver. Post Clinic Service Planning Meeting lasts 1-3 hours with verbal feedback solicited from caregiver, in addition to two written surveys (post-clinic and on clinic day), a follow-up evaluation is completed by a school contact as appropriate	Post Clinic Evaluation: 11 items; Clinic Day Evaluation: 18 items; 3-month survey: 9 items; 6-month survey: 19 items; and School evaluation: 1 to 16 items.	Various Likert-type scales, yes/no/don't know, and open-ended questions	Post Clinic Evaluation: satisfaction measures related to written report, referral agencies, dx/team/family conference. Clinic Day Evaluation: post-clinic consultation, clinic day process, satisfaction with team members, helpfulness of written reports, and overall consumer satisfaction. 3-Month Evaluation: clinic day, dx information, and referral. 6-Month Evaluation: overall dx, clinic and recommendation helpfulness. School Follow-up Evaluation: helpfulness of dx related assessment information to school environment	Unknown	Review and summary conducted by Team Coordinator and disseminated to team members during team meetings
Multidisciplinary Developmental Disability Team (Copper River)	Informal	Informal feedback provided from communities and individuals on a regular basis via telephonic check up	N/A	N/A	N/A	N/A	N/A

TEAMS	SATISFACTION MEASURES						
	Process Used	Administration Process	Survey Size	Survey Format	Survey Content	Return Rate	Data Reporting
Northwest Arctic FASD Diagnostic Team (Kotzebue)	None	No process currently in use. (No diagnoses have been made. However, a satisfaction survey is being designed and will be ready for use by January 2004)	N/A	N/A	N/A	N/A	N/A
Norton Sound FASD Diagnostic Team (Nome)	None	No process currently in use	N/A	N/A	N/A	N/A	N/A
Sitka Neurodevelopmental Clinic (Sitka)	Formal	Four to six weeks after the clinic, the patient satisfaction survey is delivered with the final report to caregivers. The survey is accompanied by a self-addressed stamped envelope to encourage completion. In the face-to-face follow-up meeting held four to six weeks after the delivery of the final report, the clinic coordinator reminds the caregiver to complete the form	11 items	Yes/No questions and space provided for comments on all questions	Patient's age, perceptions of understandability of final report, confidence level of evaluation results, perceptions related to length of assessment process, success in utilizing referrals, perceptions of referral services meeting patient needs, additional services needed, perception of Parent Navigator helpfulness, suggested improvements and likelihood of recommending clinic to others	0%	N/A

TEAMS	SATISFACTION MEASURES						
	Process Used	Administration Process	Survey Size	Survey Format	Survey Content	Return Rate	Data Reporting
<i>Southcentral Foundation FAS Diagnostic Team (Anchorage)</i>	Formal	1, 3, and 6-month post-evaluation surveys administered by mail or conducted telephonically with caregiver. Post Clinic Service Planning Meeting lasts approximately 1-3 hours with feedback solicited from caregiver. Additionally, a follow-up evaluation is completed by an identified school contact as appropriate	One-month survey: 17 items; 3-month survey: 10 items; and 6-month survey: 6 items; and School evaluation: 11 items	Various Likert-type scales, open-ended questions	One month survey: satisfaction measures related to pre-clinic, clinic day, dx/family conference, post-clinic consultation, and written report consumer satisfaction. Three month survey: clinic day and report, effectiveness and helpfulness. Six month survey: overall clinic helpfulness and recommendation follow-up. School survey: helpfulness of assessment information to school environment.	Unknown	Log of contacts is maintained. Survey information recorded, reviewed, and discussed by team to improve subsequent service delivery
<i>Yukon Kuskokwim FASD Diagnostic Team (Bethel)</i>	Informal	Follow-up phone call is conducted one week following the mailing of the diagnostic summary letter. Team Coordinator confirms the receipt of the letter and obtains feedback	N/A	N/A	N/A	N/A	N/A