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The Outcome Measurement System (OMS) Training for New Jersey CACs

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National Children's Alliance

Tuesday, October 17, 2017

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Learning Objectives

Today's Goals

1. Learn about the purpose and background of OMS – why is feedback important?
2. Plan how to implement, expand, or maintain OMS at your CAC by following best practices for survey collection
3. Explore ways to use OMS results to support your CAC's mission



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OMS Training Webinars

Our two-part webinar series is the best OMS training source

The series is repeated twice a year (summer and winter)

Part One: Basic Introduction to OMS – This webinar includes information about implementing the OMS program at CACs, including best practices for distributing surveys. The training is designed for centers just starting with OMS, new staff members, or existing staff members just needing a refresher on the basics of the program.

Part Two: OMS Training for Creating Reports & Sharing Results – This training is designed for centers that have already collected surveys (or centers looking ahead at what they intend to do once they collect data) and want to view their survey responses, create reports, and think of ways to share results with interested parties such as other staff/boards, partners, funders, and the public.



Training Materials in Addition to Webinars

OMS Training Section on NCA Members Only Website!

<http://nationalchildrensalliance.org/members/oms>



Improve Your Experience

Training materials for collecting data

Use Your Results

Telling your story through OMS

Add Your Voice

How using OMS can help your CAC

Otherwise, materials are included in OMS Start-Up Emails or can be requested by emailing OMScoordinator@nca-online.org

- Administrative Guide with screenshots & step-by-step instructions
- Two-page Quick Start Guide with most important steps
- Various special-topic guides, scripts, templates

Paper surveys are included in your OMS Start-Up Email or you can request them by emailing OMScoordinator@nca-online.org.

They are not publicly posted, as some centers have made additions.

Reminder: If your center needs custom items added to your surveys (for a funder, etc.), contact Kaitlin at omscoordinator@nca-online.org. We will program them into the online system, give you an updated paper copy, and add them to online reports in your account.

The Basics - What is OMS?

- ❖ A standardized, research-based system of surveys designed measure CAC performance based on stakeholder satisfaction.
 - Items are based on issues of most importance to CACs, MDTs & families.
- ❖ Purpose of OMS is to help CACs evaluate their programs in order to:
 - Increase the quality of services provided to children and families.
 - Improve the collaborative efforts of MDTs.
- ❖ First developed by the CACs of Texas from 2006 to 2009, adopted by NCA in 2010/2011 and began to expand nationally in 2012.
- ❖ Voluntary program – all NCA members are eligible to participate, but are not required to do so in most cases.
 - Some states have linked participation to state funding streams.
 - Some non-NCA-members may also participate; must be in the process of applying for membership and able to demonstrate these intentions.



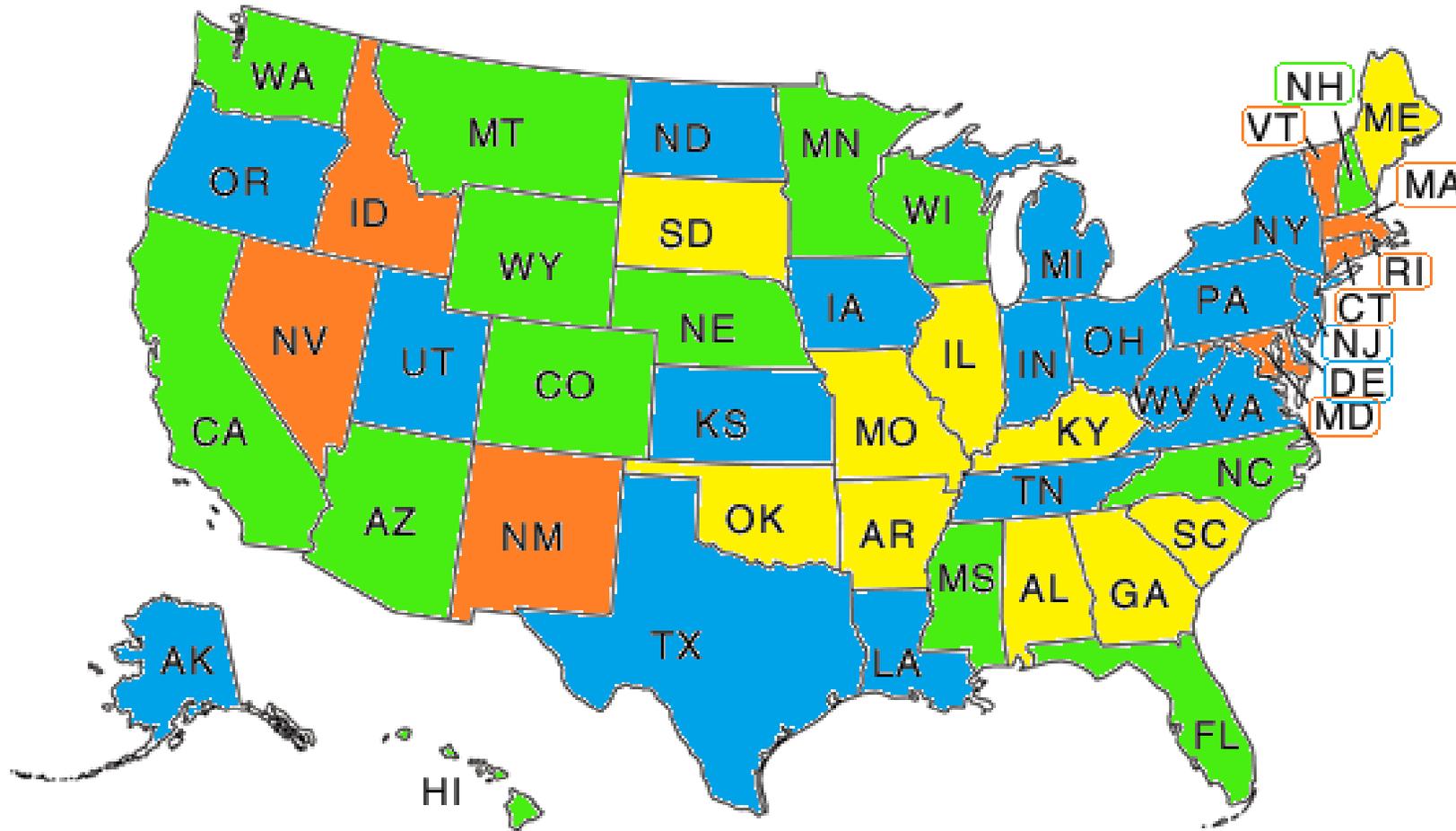


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The Basics - What is OMS?

- ❖ Participating centers must use core OMS survey items for national comparisons, but can request to add extra items relevant to their particular center.
- ❖ OMS offers an advanced system, without the expense or technical expertise that would be required for an individual CAC to develop such a system. It also connects you to a national network for benchmarking.
- ❖ Although the online system has many features, we do not expect you to be a technology expert! We can tailor training & technical assistance to your individual needs and we can do many functions for you so all you have to do is collect the surveys!
- ❖ Results are automatically compiled into state, regional, and national reports, without any need for you to manually send reports to those organizations.

OMS Expansion - Available in all 50 States since 2015



Full CAC Participation in **20+** States

700+ CACs

2 International Locations:

Canada
Australia

When the 1st CAC in each state joined OMS:

Blue - 2012 (+ Texas since 2009)

Green - 2013

Yellow - 2014

Orange - 2015

Terminology: Outputs vs. Outcomes

- Outputs:
 - WHAT do we do?
 - WHO we reach?
 - Examples:
 - Number of forensic interviews
 - Number of referrals to mental health services
 - Characteristics of cases and clients
- Outcomes:
 - HOW WELL are we doing what we do?
 - Short-term and long-term results
 - Overall impact on the community/society



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Both are important for program evaluation

Child Advocacy Data Comes from Many Sources

- CAC Statistics - Case Management/Service Usage Data (OUTPUTS)
- Data from Partners - CPS referrals, LE arrests, prosecution rates
- Financial Data
- Client and Team Member Feedback (OUTCOMES)
 - Satisfaction is an important outcome itself, but also leads to better engagement with services, which in turn leads to better outcomes for families.
- Demographics/Census/National Statistical Data – Who lives in your community? How does this impact your center?
- Research Studies – What does research show will be the impact of core services (forensic interviews, mental health counseling, etc.)?



Why is Outcome Measurement Important?

Outcomes are especially important for CACs

- Instead of just profits/losses, public-service organizations like CACs are also interested in mission-based objectives, which may be less concrete
 - Outcome measurement makes those objectives more tangible and demonstrates the value of the program
- Gives clearer evidence of the impact of an organization and improves accountability to funders, Boards, etc.
- Outcome measurement goes beyond the outputs a center may already measure (# of clients served, prosecution rates, etc.) to show the **impact** of services.
 - Provides context to other data you collect.



Start from the Bottom and Work Up

© Idealware



Source: "10 Tips for Measuring Programs with Data" by Idealware - <http://www.idealware.org/>

Statistics as another language

Outcome data gives CACs another “language” to communicate the success of their center.

- Like any language, some people are more fluent than others and it may be hard to learn at first.
- You must continually practice this language to effectively communicate with others who speak it.
- Bridge the gap/language barrier between CACs and funders, boards, and policy makers

Special thanks to Andrew Agatston, the Georgia State Chapter Director, for sharing this idea, which we have adapted here.



Why should CACs collect feedback?

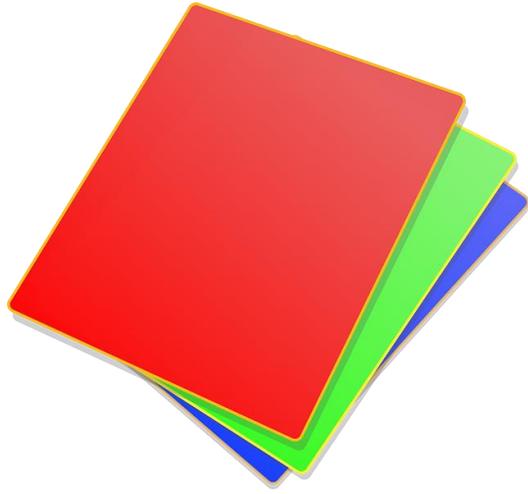
Show Stakeholders you Value their Opinions

- Give caregivers a voice in the process and show them you care about their children and family.
 - Simply asking for feedback can help caregivers feel more engaged.
 - OMS allows caregivers to take a step back and consider their experience with the CAC as a whole, possibly reminding them to ask questions or seek out additional services, which will ultimately benefit the children.
 - **All** caregivers should have the opportunity to give feedback, even if they decide not to participate. Flexible options will encourage participation.
- Give MDT members a structured, anonymous way to provide feedback – in a unique position to see results/progress made.
 - Be sure to review the results with the team and collaborate to find solutions to any issues raised in the surveys
 - Shows the team you are listening and will help them feel engaged as partners at the CAC



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Handouts:

The Role of Advocates in OMS

Provides an introduction to the program and best practices for advocates

Beyond CAC directors, advocates are the most likely staff to handle OMS at CACs



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History & Development of OMS in Texas

- ❖ OMS was originally developed by the CACs of Texas through collaboration with the RGK Center at the University of Texas - Austin.
- ❖ Development was rigorous and evidence-based, involving an extensive literature review, instrument analyses, site visits, focus groups with CAC Directors, and pilot testing to ensure high statistical reliability & validity.
- ❖ The development process lasted from 2006 until 2009 and the resulting system was expanded to most CACs in Texas by 2010.



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National Adoption by NCA & Ongoing Improvements

- ❖ NCA identified outcome measurement as a primary need in the 2010 Strategic Planning process.
- ❖ After hearing about the success of OMS in Texas, NCA entered into an agreement with CACTX to adopt the system and began introducing it to additional states as a “pilot program” from January 2012 to June 2014.
 - Adoption of the system was divided into waves, with Chapters joining in groups each year until July 2014 and on a rolling basis thereafter, with all 50 states participating by December 2015.



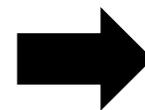
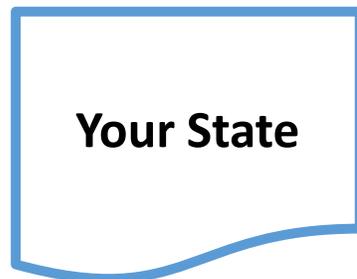
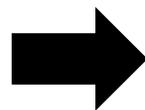
National Adoption by NCA & Ongoing Improvements

- ❖ Collaboration with the Crimes against Children Research Center at the University of New Hampshire began in July 2013 to make improvements to the program, including survey revisions and technology advancements.
- ❖ NCA created the OMS Coordinator position at the beginning of 2014 to oversee expansion and improvement of the program, as well as provide ongoing training and technical support to all participating centers.
- ❖ Surveys were revised slightly and transitioned to an online system (FluidSurveys) in July 2014. The next transition occurred in Summer 2017 when the online system was switched to Qualtrics.
- ❖ Ongoing revisions to survey items are planned approximately 3 years apart (next round planned for January 2018), to ensure continued adaptability and success of the program.



The Bigger Picture

- ❖ Statistics and results from programs like OMS are also included in aggregated state, regional, and national reports.
- ❖ **NCA, Regional CACs, Chapters use this data to advocate for YOU**
 - We need this data to show why CACs are so important
 - This allows us to fight for the resources your program needs to survive and thrive
 - Helps CACs stand out from other programs
- ❖ This is why we need ALL centers to follow best practices in data collection and make the best use of this valuable resource.
 - The more data you collect, the harder we can fight for you



OMS and Accreditation

Revised NCA Accreditation Standards went into effect for all CACs with site reviews starting in January 2017 (applications due July 2016 or later)

Two components in particular now focus on collecting feedback and specifically mention OMS in the “Statement of Intent” in the accreditation handbook.

MDT Standard, Component F: The CAC provides routine opportunities for MDT members to give feedback and suggestions regarding procedures and operations of the CAC/MDT. The CAC has a formal process for reviewing and assessing the information provided.

Case Tracking Standard, Component E: CAC has a mechanism for collecting client feedback so as to inform client service delivery.

To meet these two standards, you must provide documentation of how you collect this information. Centers can use other surveys, but must show what and how. The case tracking standard requires that any instrument must be valid and reliable. Centers using OMS are assured to be found in compliance.





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Questions on the Purpose/History of OMS?

Why is it important to collect feedback/measure outcomes?

How has OMS been expanded to CACs across the country?

How do NCA, Regional CACs, and State Chapters use OMS?

What is the relationship between OMS and NCA Accreditation?

Up Next: What is on the surveys and how do CACs collect them?





Handouts:

Paper Copies of the 3 Main OMS Surveys

Initial Visit Caregiver Survey

Caregiver Follow-Up Survey

Multidisciplinary Team (MDT) Survey

*Remember that branching in online surveys actually makes them shorter than paper surveys.

Children's Advocacy Center Outcomes



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Two primary outcomes, measured by three surveys:

Outcome #1: The Children's Advocacy Center facilitates healing for the children and caregivers.

Initial Visit & Follow-Up Caregiver Surveys

Outcome #2: The multidisciplinary team approach results in more collaborative and efficient case investigations.

MDT Survey

Highly recommend using all 3 surveys!

Also 2 optional surveys used by 5-10% of centers, no national reports:
Case-Specific MDT Survey & Individual Client Needs Assessment

Part One Webinar: Introduction to OMS (Implementing the Program at Your Center)

Best Practices for All Surveys

❖ All CAC staff and MDT members should know about OMS and why you are participating

- Practical benefits (i.e. outcomes are often a requirement for funders)
- Mission-based benefits (i.e. collecting surveys gives stakeholders a voice in the process)

❖ Share results with CAC staff and MDT members

- Feedback outcomes are important to everyone's work
- Highlight strengths of the CAC/MDT
- If areas for improvement emerge, mention these to the team and (depending on the nature of the issue) either inform the team how you plan to address the issue or brainstorm solutions with the team.

❖ Be flexible and try multiple methods until you find one (or more) that work for your center



Initial & Follow-Up Caregiver Surveys

Similar questions at two time points: Initial visit & follow-up approx. 2 months later

Child Demographics: Gender, Race, Age

Four Areas of Measurement – 2 to 3 multiple choice items in each group

Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree, Don't Know

The Child's Experience

Interactions with Center Staff / Overall Impression of Center

Caregiver Access to Information & Services

Preparing Caregivers for Challenges/Future Possibilities

Open-Ended Questions – Examples:

“Would you have liked additional services (for your child/for yourself)?”

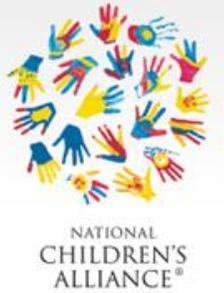
“What did you appreciate the most about your experience at the center?”

“Was there anything that the center staff could have done better to help you or your child?”

Additional Service-Specific Questions on the Follow-Up Survey:

Child and caregiver satisfaction with specific services, including...

Forensic interview, Mental health services, Medical exam, Case info/updates



Best Practices for Initial Visit Caregiver Surveys

- ❖ Review surveys with all staff members that interact with caregivers
- ❖ Make it a standard part of the process - Offer the survey to every caregiver!
 - Inform caregivers about the surveys from the beginning of their visit, just like any other standard procedures
 - Avoid saying things like “If you want” or “If you have time” – this makes it sound like you don’t really care whether they complete the survey.
 - Don’t frame it as something required by the CAC, Chapter, or NCA
 - Focus on the benefit to caregivers, an opportunity for a voice in the process, which they often do not have with other agencies.
- ❖ If they decline or say they do not have time, have a back-up method ready to use.
 - Offer to email the survey or give a printed hand-out with the link.





Introducing the OMS Initial Visit Caregiver Survey to a Potential Participant

At the beginning of the visit:

“We’ll wrap up the visit today with an opportunity for you to share feedback. This will only take 5 or 10 minutes of your time and it will give you a voice in the process at the center. We really want to hear your honest opinions about what we are doing well and what we could improve.”

Best Practices for Caregiver Follow-Up Surveys

- ❖ Timing is flexible - Ideally 2 months, but any time after one month is fine
 - Allow enough time for caregiver to connect with services, but do not wait so long that contact information is outdated
- ❖ Inform caregivers at the first visit, ideally after the Initial Survey.
 - You may need to collect contact information (i.e. email addresses).
- ❖ The 2 surveys are not connected - they are both anonymous and un-trackable
 - Caregivers do not need to complete the Initial Survey to be eligible to take the Follow-Up Survey, so it should be offered to everyone.
- ❖ Be flexible – try multiple/hybrid approaches
 - Example – centers call and offer to send survey by email or do over the phone
- ❖ Incorporate the survey as part of existing follow-up routines (esp. phone calls).
- ❖ Use volunteers and interns – limited staff time and provides neutral 3rd party



Multidisciplinary Team (MDT) Member Survey



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Background Information:

Professional Discipline

Number of Years Working with the CAC Model at the Center

County/Jurisdiction

Areas of Measurement: total of 12 multiple-choice items

Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree, Not Applicable

Communication

Collaboration

Structure (Environment/CAC Setting)

Overall Effectiveness of the MDT

Open-Ended Responses

Optional comment boxes on multiple-choice items

“Please share any additional observations, opinions, concerns and/or recommendations.”



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Best Practices for MDT Surveys

- ❖ The survey is ideally given twice a year, approximately 6 months apart.
 - Preferably once between Jan. and June & once between July and Dec.
- ❖ Inform MDT members about the surveys ahead of time.
 - Focus on the importance of their feedback
 - Emphasize that you plan to share results with them
- ❖ Email is the most efficient way to collect surveys from team members.
 - Increases the scope of people who will be able to participate
 - Eliminates the need for manual entry of responses from paper surveys
- ❖ Give a deadline for completing the survey - 2 to 3 weeks works well for most teams
- ❖ **SHARE RESULTS WITH TEAM MEMBERS**
 - This is VERY important – unlike caregivers who may never return to the center, team members will want to know that you read their feedback.
 - Highlight strengths of the team
 - If areas for improvement emerge, mention these to the team and (depending on the nature of the issue) inform the team how you plan to address the issue or brainstorm solutions with the team.



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Questions?

What are the 3 main survey types?

When is the best time to give each survey?

How can I present the surveys in a sensitive way?

Up Next: Getting Started - Methods to Collect Surveys, Pros & Cons of Each



First Steps to Start OMS at your CAC

- **OMS Start-Up Email** from NCA
 - Forward to anyone else at your center who will be responsible for daily operations of OMS.
- Read the OMS Quick Start Guide, which contains these steps.
- Open and save copies of all the attachments in a place that will be easy to access and remember
 - You do not need to read them all at this time: they are like the user manual for your car, just reference them as needed.
- Attend/view a recording of the Part One Webinar
- Review and share surveys with all staff members
 - Save links to the online surveys on your computer/web browser as bookmarks/favorites.



First Steps to Start OMS at your CAC

- Discuss with your team how you want to collect surveys, referencing the options we covered in this webinar.
 - Designate who will be responsible for different roles – administering surveys to clients, entering paper surveys, creating reports when that time comes, etc.
- You do not actually need to log in to your online account at this point, as data will only display once surveys are collected.
 - Once surveys are collected, watch the Part Two webinar to learn how to create reports and share results.



You are welcome to contact your Chapter or the NCA OMS Coordinator at any time in this process or throughout your participation!

Differences Between Accounts & Links



Each CAC has one account – share login information with all staff at your center who will be working on OMS. Passwords can be changed using the **Forgot Password? button, but usernames must be changed by NCA.**

- Qualtrics accounts are for viewing results.

Login Page: <https://nca.az1.qualtrics.com/vocalize/login>

Username/Email: email@example.com

Password: Use “Forgot Password?” button if needed

- Links to each of the survey types for your center – use for accessing surveys themselves (on a tablet, entering paper surveys, etc.)
 - There is no login required. The links can be opened on any device connected to the internet.
 - The code at the end of each link is how the system knows that results belong to your center, so surveys results will show up in your reporting dashboards above, as well as state, regional, and national aggregated reports, all automatically.



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Multiple Ways to Collect Surveys

Recommend using a variety of methods: Be flexible, all go to one account

On-site Options:

- **Computers/Tablets** (recommended)
- **Scan QR Codes with Smartphones** (may require scanner app)
- **Paper Surveys** (responses must be entered manually)

After Visit Options:

- **Handout with survey link** (and QR code)
- **Email Surveys** (esp. recommended for MDT Surveys)
- **Telephone Calls** (esp. recommended for Follow-Up Surveys)
- **Paper Surveys** (with postage paid envelope)

Multiple ways to Collect Surveys

On-Site Electronic options

Recommend using a variety of methods: Be flexible, all go to one account

Tablet / Computer on-site at the CAC – guidelines available

- Set up a tablet or a computer in a private area
- Only basic equipment is needed (< \$100 – Allowable expense for NCA members; many CACs have devices donated or covered by grants; can use older computers)
- Works through a custom link on any **web browser** (no download necessary)

Pros:

- Higher response rates compared to after-visit options
- Very little staff time
- More anonymous
- Cost-effective in the long-term

Cons:

- Higher up-front cost (but grants and donations can eliminate this)
- Center must have Internet access, WiFi for tablets
- Discomfort with technology (staff or participants)



Multiple ways to Collect Surveys

Links



Distribute the Link as Part of Take-Home Materials:

- Bitly links or QR codes can be created to customize and shorten links for free online, making them easier to remember and more personal to the center

Send the Survey Link by Email:

- Ask caregivers for email addresses at the initial visit
- Especially easy to distribute to MDT this way
- We have moved away from using email invitation programs. Instead, simply copy and paste your center's custom link into an email in your own system (remember to use blind/BCC if you are sending to multiple people).
- We have templates for what you could say in the email, but we encourage you to make it your own!

Pros:

- Fewer requirements for families/MDT while on-site
- No special equipment needed
- Very low cost – only a few minutes of staff time to send the emails, print handouts

Cons:

- Lower response rates than on-site (may not check email, easy to ignore)
- Not accessible for caregivers without Internet access

Multiple ways to Collect Surveys

Telephone Calls



- Incorporate into existing phone calls whenever possible
 - Will NOT replace general check-ins or case updates
- Great task for interns and volunteers (surveys do not include sensitive questions or case-specific information); can refer caregivers to staff if questions come up.
- Recommend typing responses directly into an online survey – writing the responses on paper and then entering into the online system at a later date is time-consuming, increases chance of data-entry errors, and delays reporting.
- Guidelines, sample script, and call record are available, but you are free to develop your own process depending on what works best for your center.

Pros:

- More personal
- May fit into existing follow-up routine
- No special equipment required
- Accessible to clients without Internet

Cons:

- Much more staff time compared to email
- May be unable to reach caregivers (phone numbers change, etc.)
- Much less anonymous, potential for bias

Multiple ways to Collect Surveys

Paper Surveys



- Three options for paper surveys:
 1. Collect on-site in a private location, 5 or 10 minutes at end of visit.
 - Collect surveys in a box, rather than handing directly to a staff person.
 2. Provide survey to caregivers at the beginning and have them complete it throughout the visit and hand it in prior to leaving the center.
 - This MAY be better for families rushing to leave at the end, but often caregivers will forget to fill it out if a specific time is not dedicated to the survey.
 - Reduces benefit of survey as a wrap-up/summary of the visit.
 3. Send the survey home with clients (in their take-home packet with a postage-paid envelope)
 - In general, this is the least effective and most time-consuming method.
 - Combines the low likelihood of receiving a response since it is not on-site with the drawbacks of staff having to enter in responses from paper surveys.

Multiple ways to Collect Surveys

Paper Surveys

- Good option for centers without WiFi and/or back-up for caregivers uncomfortable with technology, but be sure to ask – don't make assumptions!
- Responses should be entered on a regular basis, ideally within 2 weeks of survey being completed.
- **Please do not wait until the end of a collection period to enter surveys!**
 - From NCA and your Chapter's perspective, it looks like you are not participating.
 - Limits the ability to prepare accurate reports if paper surveys have not been entered.
- Paper surveys take more staff time and increase risk of data entry errors/difficulty reading participants' handwriting.
 - Even though entering paper surveys generally takes 5 minutes or less per survey, that adds up over time
 - **100 surveys = 500 minutes = over 8 hours, an entire workday!**



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Questions about Surveys or Collection Methods?

Initial Visit Caregiver Survey, Caregiver Follow-Up Survey, or MDT Survey

On-site Collection Methods vs. After-Visit/Off-site Methods

Electronic Options vs. Paper Surveys

Up Next: Creating Reports & Sharing Results



Reporting Dashboards in Qualtrics

New system recently launched. All data from FluidSurveys has been copied over and dashboards are up and running!

Vocalize: <https://nca.az1.qualtrics.com/vocalize/login>

- **AUTOMATIC:** goes to reports for the CAC, State Chapter, Regionals, and NCA when a new survey is entered.
 - No need to manually send reports to NCA or Chapter
 - You may still wish to run reports for your team or a funder
- CACs no longer need to start from templates and make duplicate copies (like in FluidSurveys). Instead, you will have a dashboard set up for your center for each “project” (the term Qualtrics uses for surveys) and you can filter these without impacting other centers.
- Filters are now by category, rather than needing to be created separately for various date ranges. For example, rather than scroll through a list of dates, you can just go to the “Survey Date” filter at the top of the page and select your own date range.
- Please let us know your ideas for additional filters, format changes, etc.



See the full list of surveys by clicking the Projects button in the right-hand corner

Select the survey type for which you wish to view results

Disregard meta-data on the right. This refers to national totals. You will see your center's own information in the dashboard itself for each survey type.

All Projects

View:

Sort By: Project Name

	Pages	Widgets	Responses	
1. OMS - Initial Visit Caregiver Survey Last Modified: Jul 7, 2017 9:42 AM	5	59	16.3k	
2. OMS - Caregiver Follow-Up Survey Last Modified: Jul 6, 2017 1:55 PM	5	98	66	
3. OMS - Multidisciplinary Team (MDT) Last Modified: Jul 6, 2017 1:57 PM	5	47	1	
4. OMS - Case-Specific Multidisciplinary Team Last Modified: Jul 6, 2017 1:58 PM	5	31	5,530	
5. OMS - Individual Client Needs Assessment Last Modified: Jul 6, 2017 1:59 PM	5	46	13.9k	

Your center's data is divided into the first 3 tabs (see review on the next page)

Benchmark your results to larger groups – state, region, national – via the last 2 tabs.

Filter results by timeframe. "All Time" by default, but click to choose a specific date range.

Download Dashboard to Export a PDF, JPG, or CSV (Excel File) of Raw Data – Replaces the "Responses" page in FluidSurveys

Switch surveys using the drop-down or return to the Projects page.

1. OMS - Initial Visit Caregiver Survey

Projects Help

Demographics Experience Summary Comments Benchmark - Demographics Benchmark - Experience Summary

Filtering by: Benchmark: Drill Down: Northeast > New Hampshire > Kaitlin's House Children's Advocacy Center Survey Date: All Time Hide Filters

Download Dashboard Email Dashboard

Number of Responses

5
▲ 5
Over previous week

Survey Completion Method 4 Responses

Method	Percentage
Computer or tablet at the center	50%
(Center Staff Only) - Paper & Pencil	50%

Child's Gender 4 Responses

Gender	Percentage
Female	25%
Male	50%
Other	25%

Child's Race/Ethnicity 4 Responses

Race/Ethnicity	Percentage
Native American or Alaska Native	25%
Asian/Pacific Islander	25%
Multi-racial	50%

Child's Age 4 Responses

Age Group	Percentage
0 to 5	50%
13 to 17	50%

Tabs in Dashboards

Your center will have a minimum of 5 tabs for each survey type. If your center has requested additional items, you may have one or more additional tabs for those items.

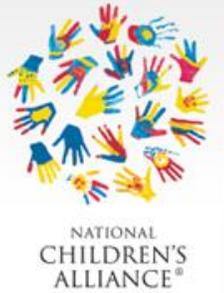
- **Demographics**: 1st of 3 tabs showing just your center's data: Number of surveys, completion method, and demographic information such as gender, race/ethnicity, and age for children, and professional discipline, years working with the CAC model, and county for MDT Surveys.
- **Experience Summary**: 2nd of 3 tabs showing just your center's data. Core survey items (multiple choice, etc.) and any comments directly related to those items.
- **Comments**: 3rd of 3 tabs showing just your center's data. Comments on bigger/more detailed open-ended items.
- **Benchmark - Demographics**: 1st of 2 tabs benchmarking your center's performance to state, regional, and national results. Each item has color-coded bars for each group (your own center, the state you are in, the region your state is in, and the national data). This particular tab shows benchmarking to demographic items previously discussed and shown on the Demographics tab.
- **Benchmark - Experience Summary**: 2nd of 2 tabs benchmarking your center's performance to state, regional, and national results. Shows benchmarking to all other multiple-choice items on the survey.



How can CACs use OMS results?

Improve Services

- Establish common goals, ensure all staff are working toward these goals
 - Measure outcomes that are necessary and valued by all CACs
 - Communicate desired outcomes to staff and stakeholders
 - Also measure issues relevant to your individual Chapter & CAC
- Identify strengths and areas for improvement – prioritize resources
 - Find out which parts of your CAC are most valued by caregivers & MDT members
 - Continue or expand effective services
 - Provide positive feedback to staff members, raising morale – examples.
 - Fix problems identified by participants
 - Improve services with low scores or reconsider current practices
 - Give guidance to staff members, use as an opportunity to re-direct unsuccessful work practices.



“Good” vs. “Bad” Performance on OMS

Each CAC may have different interpretations of their results, but here are some overall points to keep in mind

- **# of Surveys Collected:** The State of Illinois recommends that a CAC should *collect Initial Visit Caregiver Surveys from at least 50% of families served*. If you served 100 children in 2016, you should have collected at least 50 Initial Surveys from those families. This is not just a quota, though – every family should have the opportunity to share feedback!
- **Demographics of Children/Team Members:** Each survey starts with basic questions about the child (general, race/ethnicity, age) or team member (professional discipline, years working with CAC model, county/jurisdiction). This is meant to be compared to data you already have in your CMS about clients served and information you already know about your team. Do the percentages line up (approximately)? Are any group over- or under-represented? How you better reach all groups?



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“Good” vs. “Bad” Performance on OMS, cont.

- **Comparison to Past Timeframes:** Reports allow you to filter results for specific timeframes. If you run a report for all surveys collected in 2015 and then you run a report for all surveys collected in 2016, what differences do you see? Have some items improved? Have other items deteriorated? How can your team celebrate these successes or find solutions to trouble areas?
- **Comparison to State, Regional, and National Trends:** This is when the benchmarking tabs on your reports will be especially helpful. They can also be filtered by date, so you can see if you have improved relative to the larger group as well in given timeframes.
 - **“Healing, Justice & Trust”** National OMS reports from NCA are created annually and highlight trends in the field that we believe are most essential in terms of successes in our field and areas the field should focus on. We use this data to create training and technical assistance programs as well!
- **Share results with your team!** You may not wish to share every data point, depending on the situation/group, but find ways to highlight successes and ask for assistance on areas needing improvement.

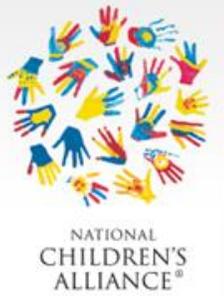


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How can CACs use OMS results?

Raise Awareness & Engage Partners

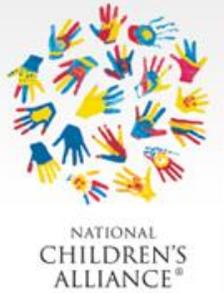
- Enhance public image of CACs
 - Add statistics to public awareness campaigns
 - Share results with local newspapers and other media outlets to raise awareness about the CAC
 - Include results as part of flyers and brochures distributed by community partners
- Remind partners why the CAC is so important
 - Engage professionals from partner agencies to increase involvement in the MDT/CAC
 - Show partners that your stakeholders value the services of your CAC
- Engage board members
 - Provide boards with information to use in planning and evaluation
 - Attract community/corporate representatives to diversify your Board



How can CACs use OMS results?

Increase Funding & Other Resources

- Improve likelihood of securing and retaining funding
 - Outcomes have become an expectation for many funders
 - Use OMS results as part of applications for grants, certifications
 - Often accepted in place of other funder-required surveys, since OMS addresses issues of importance to CACs and allows for the addition of funder-specific questions. We can help you “merge” OMS with other surveys.
- Support changes in legislation
 - Center results are combined into state, regional, and national statistics used by the State Chapter and NCA
 - Show state and federal representatives why CACs are valuable
 - Provide statistics to representatives to use in their fight for changes in legislation
- Build new partnerships with other organizations
 - Show other organizations, such as other community-based programs and research institutions, that your CAC is valued by stakeholders and would make an effective partner.



Children's Alliance of Montana Brochure

That every child in Montana has access to a Children's Advocacy Center and the expertise of professionals on a Multidisciplinary Team.

Provide support, training and technical assistance to professionals working on Multidisciplinary Teams and in Children's Advocacy Centers to strengthen their response to child abuse and promote healing for victims and their families.

Member Benefits

- ⇒ Team, Staff and Board Technical Assistance
- ⇒ Training opportunities
- ⇒ Mentoring
- ⇒ Stipends for trainings
- ⇒ Resources
- ⇒ CAM Newsletter
- ⇒ Participation in state & national Outcome Measurement System (OMS) Evaluation Project

Children's Advocacy Centers

Children's Advocacy Centers (CACs) provide a child-friendly environment where children feel safe and comfortable while they are being interviewed by trained professionals regarding alleged abuse. Professionals representing key disciplines work as part of a coordinated intervention to reduce trauma to children and families, improve health and welfare and hold offenders accountable.

First STEP Resource Center
A Program of St. Patrick Hospital
Serving Missoula County
(406) 329-5776
NCA Accredited since 2010

Flathead County CAC
A Program of the Flathead County Sheriff's Office
Serving Flathead County
(406) 758-5593
NCA Accredited since 2008

Emma's House
Serving Ravalli County
(406) 363-7216
NCA Accredited since 2010

Cascade County CAC
Serving Cascade County
(406) 268-3756

Park County CAC
Serving Park County
(406) 222-7402

Valley County CAC a program of the Glasgow City Police Department
Serving Valley County
(406) 228-4333

Affiliate Members

MCSART Program
Children's Justice Bureau—
Montana Department of Justice

What MDT Members Have to Say:

"We have a strong CAC program and a high functioning MDT with great support from our community's criminal justice and child welfare leaders. Our CAC director does a great job of fostering a healthy team."

100% of MDT members agreed:

Children & Families benefit from the collaborative MDT approach.

1122

• Forensic Interviews

1211

• Children Served

437

• Medical Evaluations

Outcome Measurement System — OMS

Montana CACs participate in a national Outcome Measurement System to assess and improve services provided to children and families and MDT Professionals.

"So grateful that this service is here in our community"

OMS Caregiver Results

93% "My child felt safe at the center"

80% "My child was referred to services"

87% "My child was satisfied with the forensic interview process"

Safe Shores (DC) Fundraising Materials

Thanks to you, Safe Shores – The DC Children’s Advocacy Center is making the future better for children and families affected by abuse, trauma and violence.

FORENSIC SERVICES



Your support helped **542 children** speak their truth by providing a safe space to tell their story.

Safe Shores’ goal is to ensure children only have to tell their story one time, in one place, to one person.

CLINICAL SERVICES



Your gift was instrumental in helping to heal the hearts and souls of children: we provided over **1,200 art, sand and play therapy sessions**.



Safe Shores hired **two new therapists** this year, bringing our total to five full-time clinical staff.



DID YOU KNOW?

Therapy is provided free of charge to every single Safe Shores client for as long as needed.

PREVENTION EDUCATION

This year saw unprecedented growth in our Prevention Education Program.

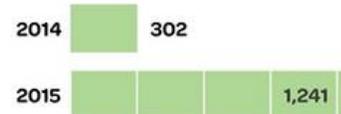
We had a **410% (!) increase** in the number of adults who committed to keep kids safe by being trained in Stewards of Children®, an evidence-supported, child sexual abuse prevention program.



Research shows that adults who participate in Stewards of Children® trainings leave with **increased knowledge, improved attitudes, and are more likely to adopt effective child-protective behaviors**.



Safe Shores aims to train **30,000 adults**, or **5% of Washington DC’s population**, in order to change the culture of child protection by 2020.



FAMILY ADVOCACY SERVICES

Many of the children and families we see don’t have the resources to provide items critical to their healing process. When families are dealing with trauma associated with abuse, even small tasks can feel overwhelming and out of reach.



Together, we lifted the spirits of **234 children and families** by providing holiday gifts.



You inspired confidence and excitement for a new year of learning: **220 children received brand new school supplies!**



You made a difficult transition just a little easier for kids by providing clothing and toiletries for **302 take-care bags**.



Your support helped **232 parents and caregivers** get through a tough time by providing much-needed items such as grocery gift cards, furniture, school uniforms and emergency travel funds.



95% of parents and caregivers told us that their child felt safe at Safe Shores.



92% of parents and caregivers felt that they left knowing what to expect with the situation facing their child and family.



92% of parents and caregivers felt that staff provided them with resources to support their child and respond to their needs.

Your giving helped restore hope to **1,292 children and families** this year.

“I appreciated the kind and helpful resources that they [Safe Shores] offered my family and I at this difficult time. We truly thank the staff at the Center.”

“The staff was very patient, friendly and warm. We appreciate the gift card and clothing. The whole experience at the Center made us feel at ease.”

“Every aspect of this situation has been difficult, but this visit has been very beneficial and informative – a silver lining in this experience.”

“I want to say thank you and I feel at home and safe with my child here.”

Real World Examples

One Midwestern center says...

Regarding Caregiver Surveys... *“This is a great way to show the result of our services according to the families we serve! This helps **funders** see what an amazing job we do and helps our **staff** see what areas we may need to improve in.”*

Regarding MDT Surveys... *“It’s great to hear from our **partner agencies** how we have helped them, but it is necessary to hear what we need to improve upon to help them with these cases.”*

This center also uses their OMS survey results for **DHHS** and **VOCA** grants and shares comments and outcomes with their **Board of Directors** and **staff members**.

One center in the Northeast says...

*“One of the most effective uses of the data for us has been for **United Way funding**. We became a United Way agency in 2012, and receive about \$30,000 annually.... Our United Way has responded very positively to the data and like the fact that we have a valid measurement tool to implement and that it can be benchmarked against state and national data.”*



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More Real World Examples

The centers in one Midwestern state use OMS results to...

- Meet objectives for **United Way**, which *“especially prefers measurable outcomes”* and *“likes to hear testimonials, which can be difficult in the CAC world; some CACs can use comments from open-ended survey items to function as small testimonials.”*
- Help show the **MDT** that *“the work of the CAC continues even after the team has finished its interview and left. When they hear the survey results, they get a fuller understanding of what their CAC does and why it’s important.”*
- *“Improve services and adjust quickly if they see trends.”* At least one center has *“re-designed their advocate’s follow up schedule and duties in response to the OMS expectations... now has a more standardized follow-up schedule with every client.”*



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More Real World Examples

One Southern center says...

Regarding Caregiver Surveys... *“One **County funder** recently asked, during a site visit, about client satisfaction. We were able to compile our OMS results to show how we were benchmarked against other CACs... they were pleased.”*

Regarding MDT Surveys... *“[We are] using MDT OMS data for current **protocol revision and training/planning purposes...**”*

One center in the Western Region chose to **add an item** to their OMS surveys to collect data on **family income**. They have been able to use this information to show funders how many low income families they serve, as well as demonstrate in outreach presentations that children across all socioeconomic levels can be abused; child abuse is not just a problem for low income families.



Handouts:

Healing, Justice, & Trust – Brief Report

Combine multiple data sources to tell the story of CACs

OMS Resources for Members (NCA website)

- National reports - “Healing, Justice & Trust” - 2016 version released in April
 - 3 versions showing national results of OMS
 - Member version – includes many suggestions/takeaways for the CAC field
 - Public version – summarized data for the public and policy makers
 - Brief version – combines OMS with other data sources

<http://nationalchildrensalliance.org/members/oms-resources-members>



The image displays three versions of the report: a Member Edition cover, a Public Edition cover, and a content page. All three feature the NCA logo and the title 'Healing, Justice, & Trust'. The Member Edition cover includes the subtitle 'Outcome Measurement System National Report' and 'Member Edition 2016'. The Public Edition cover includes the subtitle 'A National Report on Outcomes for Children's Advocacy Centers' and '2016'. The content page includes the title 'Healing, Justice, & Trust' and the subtitle 'A National Report on Outcomes for Children's Advocacy Centers 2016'. It contains two columns of text: 'What is the National Children's Alliance?' and 'What are CACs and how do they help kids?'. Below the text are two diagrams: 'Without CACs' and 'With CACs'. The 'Without CACs' diagram shows a complex, tangled network of icons representing various services and outcomes. The 'With CACs' diagram shows a central icon of a family surrounded by icons for various services and outcomes, indicating a more integrated and effective approach. The content page also includes a section titled 'CACs provide healing, justice, and trust for child victims of abuse' and a list of key findings.

Healing, Justice, & Trust
Outcome Measurement System National Report
Member Edition 2016

Healing, Justice, & Trust
A National Report on Outcomes for Children's Advocacy Centers
2016

Healing, Justice, & Trust
A National Report on Outcomes for Children's Advocacy Centers 2016

What is the National Children's Alliance?
NCA is the national association and accrediting body for a network of the Children's Advocacy Centers—CACs. We provide support, information, training, and national leadership for CACs, all to help support the important work that CACs do in communities across the country. CACs provide a coordinated, evidence-based response to children who have been abused in all 50 states.

What are CACs and how do they help kids?
To understand what a CAC is, you must understand what children face without one. Without a CAC, the child may end up having to tell the same story of trauma to law enforcement and over agencies, to doctors, police, lawyers, therapists, investigators, judges, and others. They may not get the help they need to feel safe. The investigation is over, and the child is left alone.

Without CACs

With CACs

CACs provide healing, justice, and trust for child victims of abuse
In 2016, CACs discovered that their model works through nearly 2,000 surveys from members and NCA members. Here are some highlights that show our families and partners believe in the healing, justice, and trust we provide:

- **Healing:** 99% of respondents agree that CACs provide them with resources to support their children.
- **Justice:** 98% of respondents believe clearly benefit from the collaborative approach of the MDT.
- **Trust:** 97% of respondents agree someone who was dealing with a situation like the one their family faced, 97% would tell their parents about the event.

When police or child protective services believe a child is being abused, the child is brought to the CAC's safe, child-focused environment by a caregiver or other "safe" adult. At the CAC, the child tells their story once to a trained interviewer who knows the right questions to ask. Then, based on the interview, a multidisciplinary team (MDT) that includes medical professionals, law enforcement, mental health, prosecution, child protective services, victim advocacy, and other professionals make decisions together about how to help the child. Finally, they offer a wide range of services like therapy, medical care, courtroom preparation, victim advocacy, case management, and more.

OMS Resources for Members (NCA website)



A customizable, professionally-designed template has been made for combining results from OMS, statistics, Gap Maps, and other sources to tell a unified story about your CAC. A training video and link to the resource is available on this page.

<http://nationalchildrensalliance.org/members/oms-resources-members>

Create Your Own

Telling Your Story Through Shared Outcome Data!
from National Children's Alliance

What are we trying to answer?

- 1) Who are we and what do we do? (No brainer: Never assume and always first)
- 2) How do we know it's working? (Show success with OMS)
- 3) How do we show we're growing? (Show momentum w/ statistical data)
- 4) How do we show what we still need? (Show need through coverage/other data)
- 5) What do we want? (Make a specific ask and say what you'd do with it)

Healing, Justice, & Trust
Measuring Outcomes for Kids

The West Virginia CAC assessment is growing and improving

The Good Results

39:15

HD vimeo



Individual Consultations

If you signed up for a one-on-one meeting, please stay.

Otherwise, if you chose to be contacted by email, Kaitlin will contact you within the next week or two.



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QUESTIONS?

For more information, technical support, or any other questions, please contact:

Kaitlin Lounsbury at

OMScoordinator@nca-online.org

(202) 548-0090 Ext. 211

Feel free to take my business card and call or email any time!

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