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# The Outcome Measurement System (OMS) New Hampshire CACs

Kaitlin Lounsbury, OMS Coordinator

National Children's Alliance

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# 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.



# The Basics - What is OMS?

- ❖ Participating centers must use core OMS survey items for national comparisons, but may add extra items relevant to their particular center.
  - **Contact NCA or your Chapter to add items**
- ❖ 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.

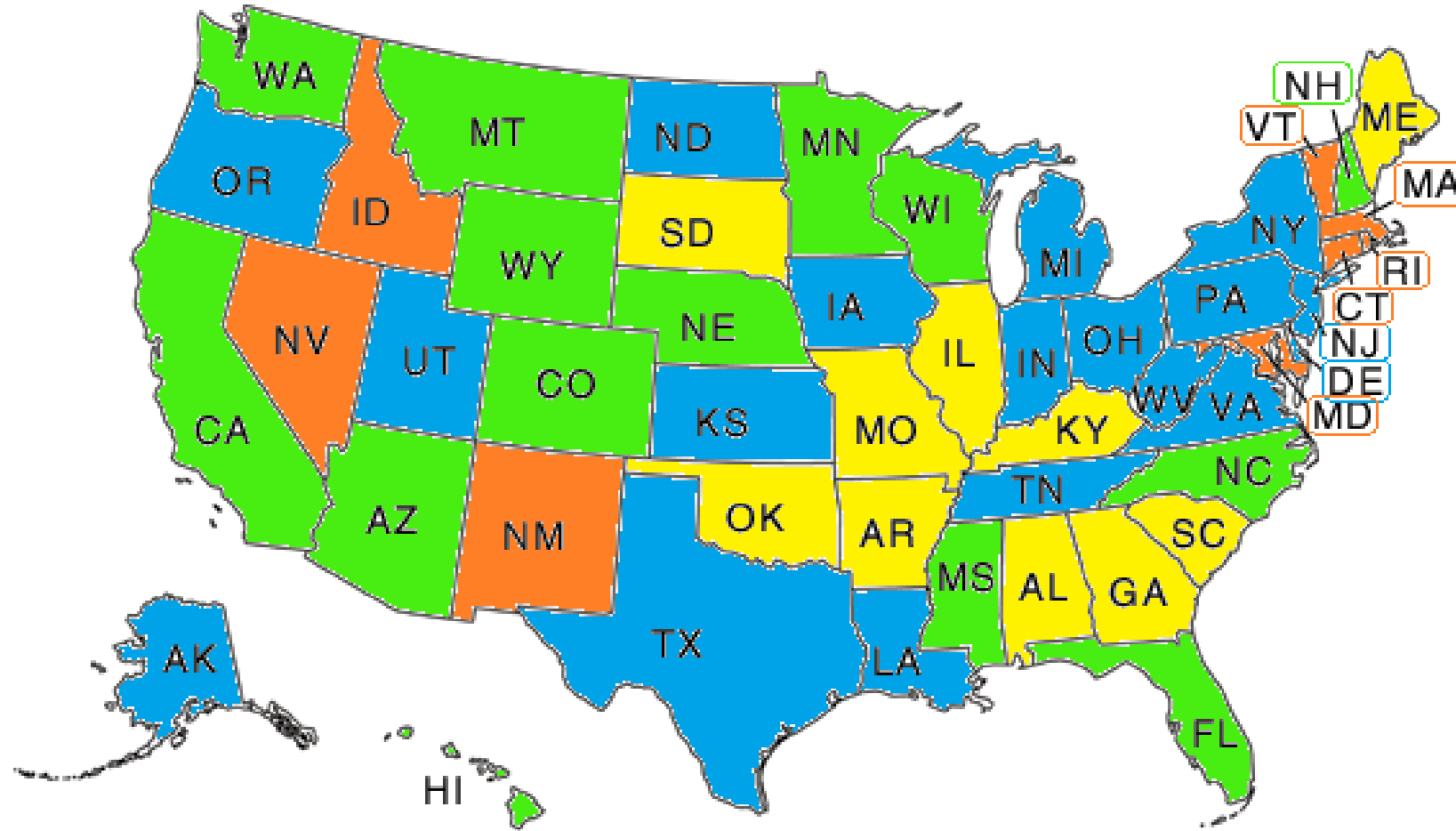


# What makes OMS stand out from other surveys?

- ❖ OMS was originally developed from 2006 to 2009 by the CACs of Texas through collaboration with researchers at the University of Texas at 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.
- ❖ NCA adopted the system to take nationally in 2012 as a pilot program. In 2013, NCA started working with the Crimes against Children Research Center at the University of New Hampshire to make revisions. Revised surveys were tested again to ensure integrity and released in July 2014 with the launch of the FluidSurveys online system.
- ❖ Feedback is routinely gathered from OMS users and this, along with research from the field, is used to revise the surveys. The next revisions are planned for July 2017 (slight wording changes/clarifications, improvements to the online system based on features requested by CACs and Chapters).



# OMS Expansion - Available in all 50 States since 2015



Full CAC  
Participation  
in **20+** States

**680+**  
CACs

2 International  
Locations:

**Canada**  
**Australia**

When the 1<sup>st</sup> 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



**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.







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





## Handouts:

### The Role of Advocates in OMS

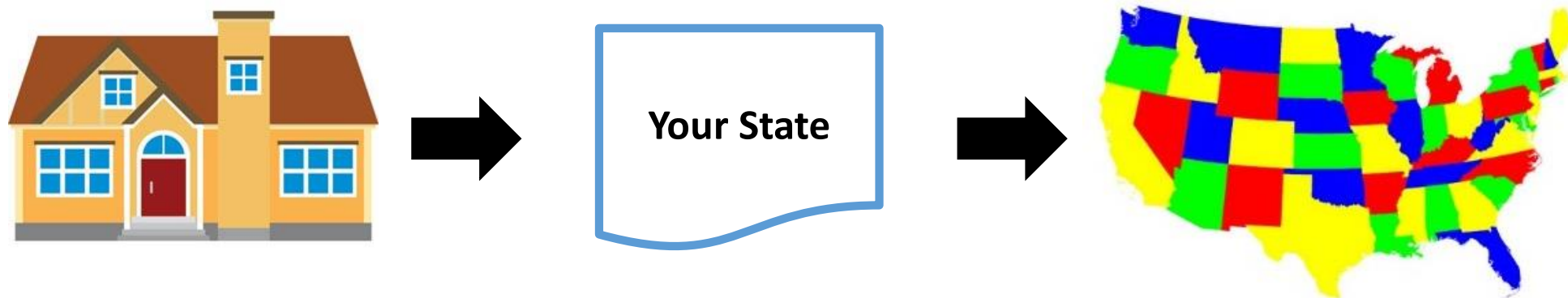
Provides an introduction to the program and best practices for advocates

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



# The Bigger Picture

- ❖ Statistics and results from programs like OMS are also included in aggregated state and national reports.
- ❖ **NCA and 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 go 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 History & Purpose of OMS?

Why is it important to collect feedback/measure outcomes?

How do NCA and State Chapters use OMS?

What is the relationship between OMS and NCA Accreditation?

Up Next: History of OMS Development & Expansion



## 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



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)**

# 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**



# Multidisciplinary Team (MDT) Member Survey



## **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.”

# 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



# 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 3<sup>rd</sup> party

# 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
- ❖ **SHARE RESULTS WITH TEAM MEMBERS**
  - Highlight strengths of the team – helps to boost morale and engagement
  - 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: Methods to Collect Surveys – Pros & Cons of Each



# 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 any **web browser** (no download necessary)

Scan QR Code on Smart Phone:

- Caregivers or MDT members can scan custom QR code, complete the survey on-site with their own smart phone.
- Print hand-outs or display on brochures, poster in common area, etc.

### ***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)



# What do the Surveys Look Like?

Every survey type has a separate link the center can customize.

nationalchildrensalliance.fluidsveys.com/s/KaitlinInitial/

## Initial Visit Caregiver Survey

English

English & Spanish with the Same Link

0%

Add your CAC logo!



Customize how the CAC name and contact info displays on each survey type.

Thank you for taking a few minutes to tell us about your experience with  
YOUR CENTER NAME HERE.

If you have any additional questions about this survey or your experience at  
the center feel free to contact us at  
CACemail@example.com or 123-456-7890



How did you reach this survey? Please choose one of the options from the list below.

---

Computer or tablet at the center  
Scanned a QR code with a smart phone at the center  
Center emailed me the link to the survey  
Link on the center website  
Other (please describe)  
(Center Staff Only) - Paper & Pencil  
(Center Staff Only) - Over the Phone

Track how surveys are entered to find the method that works best for your center.

Entering paper surveys at a later time? Capture when the survey was actually completed using this item.

How did you reach this survey? Please choose one of the options from the list below.

(Center Staff Only) - Paper & Pencil

Staff: For paper surveys, enter the month and year this survey was completed by the participant. Skip this item if you are currently on the phone with the participant completing the survey.

Date

MM/YYYY

Participants can see how far along they are in the survey.

37%

Now we would like to know about the experiences that both you and your child had at the Center.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
4. The Center staff made sure I understood the reason for my visit to the Center today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I came to the Center, my child and I were greeted and received attention in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was given information about the various services and programs provided by the Center.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Fewer questions per page means participants are less overwhelmed and the response options are always visible.**

## Caregiver Follow-Up Survey

English ▼

22%

3a. Was your child referred to services and/or programs as a result of your visit to the Center?

- ☐ Yes
- ☒ No
- ☐ I don't know

Back

Next

**Simplify surveys for caregivers –  
hide items that don't pertain to  
them**

**Questions appear or stay hidden  
depending on previous responses.  
Caregivers save time by not having  
to read through extra items.**

3a. Was your child referred to services and/or programs as a result of your visit to the Center?

- ☒ Yes
- ☐ No
- ☐ I don't know

3b. If referrals were made, has your child used any of those services?

- ☐ Yes
- ☒ No
- ☐ I don't know

3c. Please tell us the reason(s) why your child did not use the service(s). Check all that apply

- ☐ Long wait lists (still waiting to receive one or more services)
- ☐ The days and times of the service(s) did not fit our schedule.
- ☐ The location of the service(s) was hard to get to (no transportation).
- ☐ No childcare for other children.
- ☐ I did not think my child needed the service(s).
- ☐ My child did not want to use the service(s).
- ☐ The service(s) cost too much.
- ☐ My child was already receiving similar services somewhere else.
- ☐ Other (please specify)

Type here

Is there anything else that you would like to share with us about your experience at the Center?

Type here

If you would like to speak with someone at YOUR CENTER NAME HERE about any of your answers to this survey or anything else related to your experience at the center, please contact us at CACemail@example.com or 123-456-7890.

Thank you for your time and your thoughtful responses. We appreciate your help.  
Please press the "Submit" button below to finish the survey.

Back

Submit

Caregivers have lots of space to share feedback and find out who to contact if they have more questions.



# Initial Visit Caregiver Survey

English



Thank you for taking the time to complete this survey.

Caregivers will see a blue thumbs up when the survey has been submitted successfully. Let them know this is their cue to return the tablet to you.

# Multiple ways to Collect Surveys

## Links



### Distribute the Link as Part of Take-Home Materials:

- Customize link, include CAC name & Survey type: easier to remember, more personal
- Recommend including both the link and the QR code

### Send the Survey Link by Email:

- Ask caregivers for email addresses at the initial visit
- Especially easy to distribute to MDT this way
- Use either your own email system (just include your center's custom link) or use the Email Invitation Feature in FluidSurveys
  - Track whether the email invitation has been viewed and completed
  - Responses remain anonymous, option to send reminder email to select groups

### ***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!**



# Differences Between Accounts & Links

**Each CAC has one account – share login information with all staff at your center who will be working on OMS. Please do not attempt to change your log-in email or password without informing your Chapter or NCA.**

- FluidSurveys accounts are for administrative purposes.

**Login Page:** <http://nationalchildrensalliance.fluidsveys.com/...>

**Username/Email:** [email@example.com](mailto:email@example.com)

**Password:** 1a2bc3

- Links to each of the survey types for your center – use for accessing surveys themselves (on a tablet, entering paper surveys, etc.)

Initial Visit Caregiver Survey:

<http://nationalchildrensalliance.fluidsveys.com/s/kaitlin-initial/>

Caregiver Follow-Up Survey:

<http://nationalchildrensalliance.fluidsveys.com/s/kaitlin-followup/>

Multidisciplinary Team Survey:

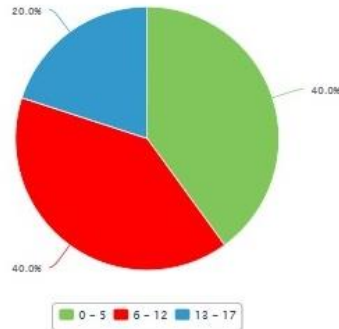
<http://nationalchildrensalliance.fluidsveys.com/s/kaitlin-mdt/>



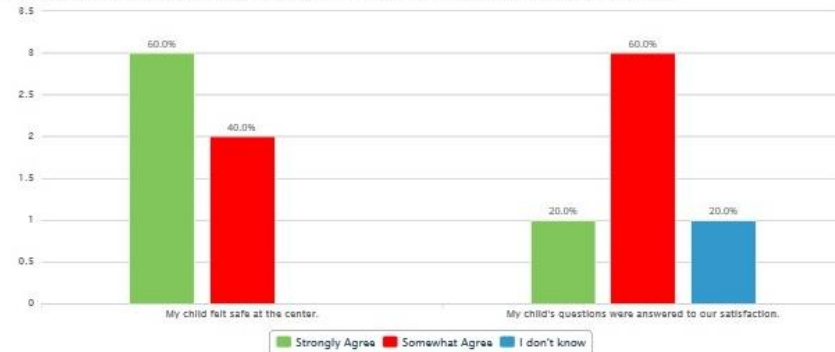
# Reports in FluidSurveys



What is your child's general age?



First we would like to know about your child's experience. We would like to know how you think your child felt about his or her experience at this center. Please feel free to ask your child for input as you complete this part of the survey.



3. My child was referred to services and/or programs as a result of our visit to the center today.



- Results are stored for each survey type.
- The responses page shows line-by-line surveys collected by date.
- Aggregated reports - Each CAC can start with a template and make a duplicate copy for customizations.
  - Reports can be exported in many formats (Print, PDF, Word, Excel, PPT)
- Reports can be filtered to look at select groups and timeframes – months, quarters, 6-month periods, and years
- Benchmark performance against state, regional, national results
- Compare your performance to similar centers
  - For example, a hospital-based CAC could compare their results to all hospital-based CACs nationwide



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## Questions about survey collection and reporting?

Pros and cons of different collection methods

Difference between links and accounts

Remember to watch the Part Two training webinar.

Up Next: How can CACs actually use results?



# 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.



# 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.





# 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.”*





# 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.”*



# 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 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 the Online System (FluidSurveys)** – This webinar includes information about implementing the OMS program at Children’s Advocacy Centers, including best practices and instructions for customizing and 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 basic features of the online system.

**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 were included in your OMS Start-Up Email or can be requested by emailing [OMScordinator@nca-online.org](mailto:OMScordinator@nca-online.org)**

- Administrative Guide with screenshots & step-by-step instructions
- OMS Updates – newsletter with tips & FAQs (last done Sept 2015)
- Two-page Quick Start Guide with most important steps
- Various special-topic guides, scripts, templates

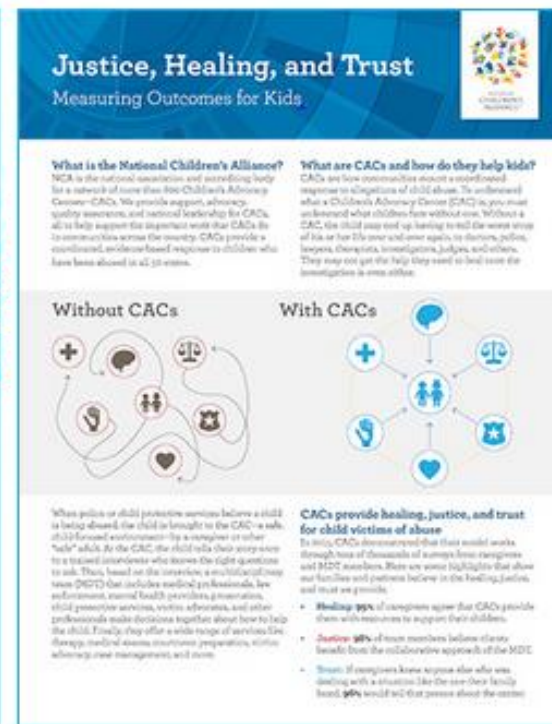
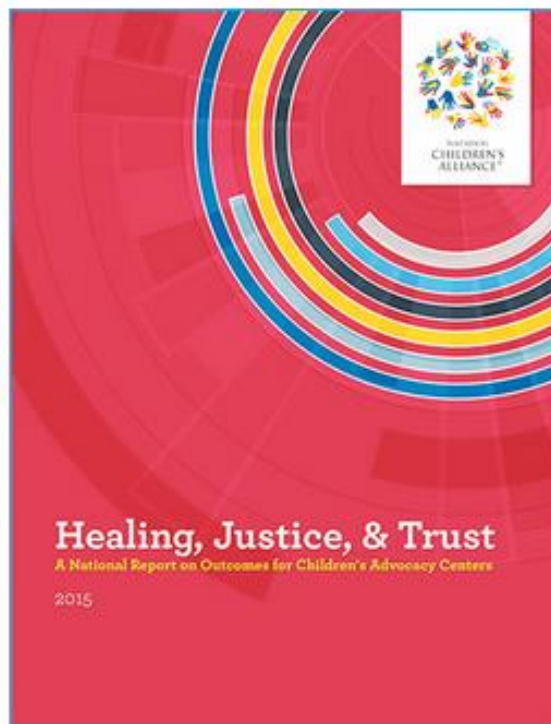
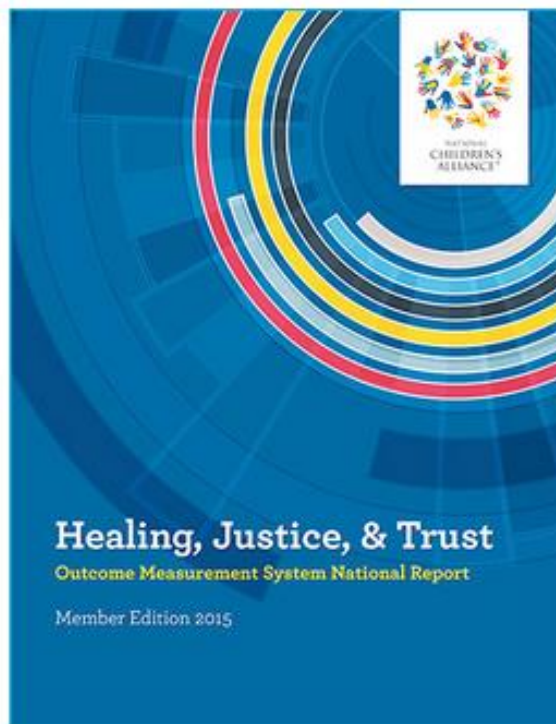
Paper surveys are included in your OMS Start-Up Email or you can request them by emailing [OMScordinator@nca-online.org](mailto:OMScordinator@nca-online.org). They are not publicly posted, as some centers have requested additions.

Reminder: If your center needs extra custom items added to your surveys (for a funder, etc.), contact the OMS Coordinator or your State Chapter. Kaitlin will program into the online system, give you an updated paper copy, and add to online reports in your account.

# OMS Resources for Members (NCA website)

- National reports – “Healing, Justice & Trust”
  - 3 versions showing national results of OMS
    - Member version
    - Public version
    - Brief version

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





# 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 questions 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

**Without CACs**

**With CACs**

**The West Virginia CAC movement is growing and improving**

**The need remains**

**Healing, Justice, & Trust: Measuring Outcomes for Kids**

39:15

HD :: vimeo



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# QUESTIONS?

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

Kaitlin Lounsbury, OMS Coordinator, at

[OMScoordinator@nca-online.org](mailto:OMScoordinator@nca-online.org)

(202) 548-0090 Ext. 211

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