



NATIONAL
CHILDREN'S
ALLIANCE®

Harnessing the Power of Outcomes:

Using OMS Feedback to Improve Programs

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National Children's Alliance

Friday, September 8, 2017

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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?

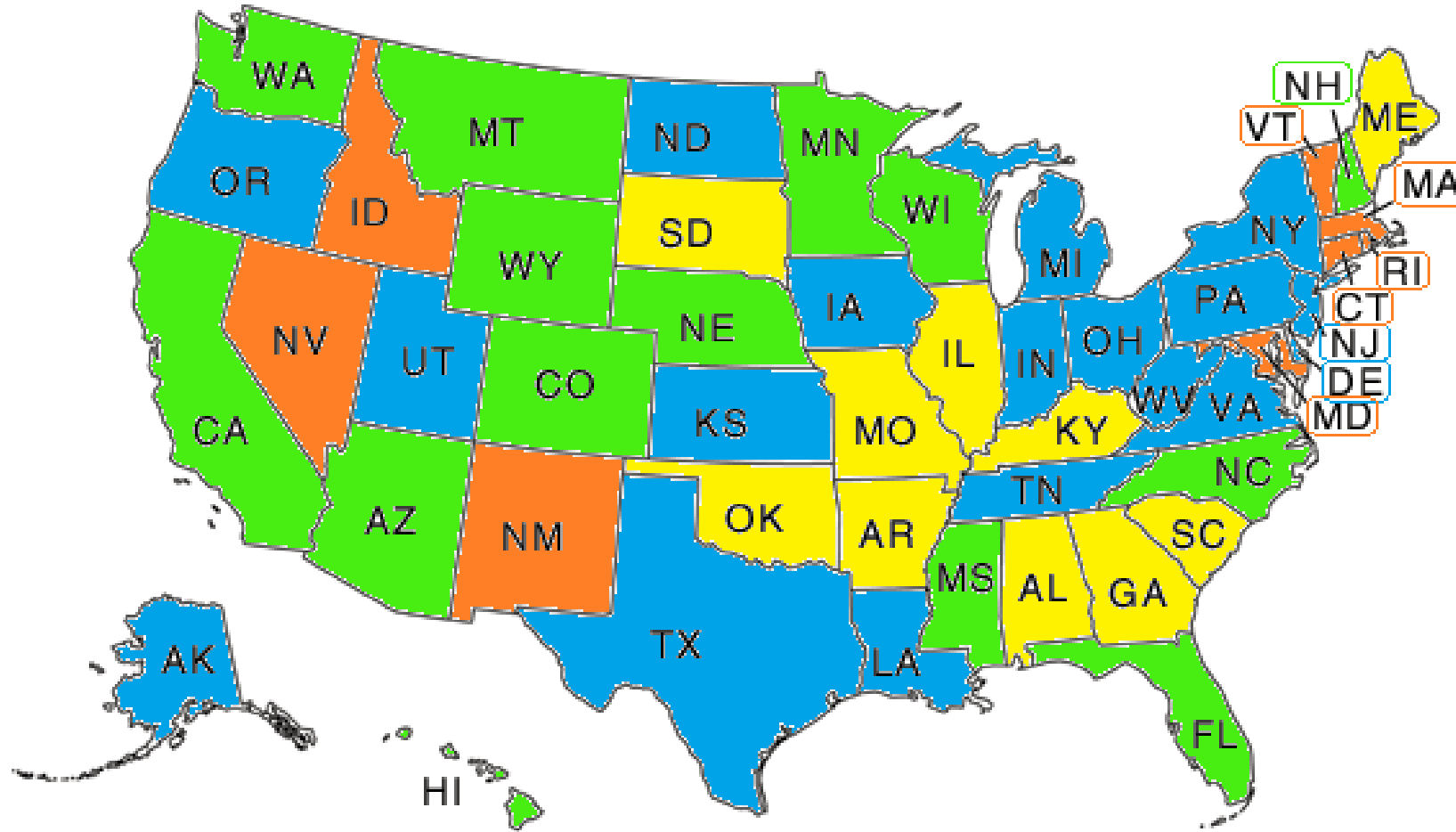
- ❖ Participating centers must use core OMS survey items for national comparisons, but can request to add extra items relevant to their particular center.
- ❖ OMS offers an advanced system, without the expense or technical expertise that would be required for an individual CAC to develop such a system. 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.

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

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



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





Handouts:

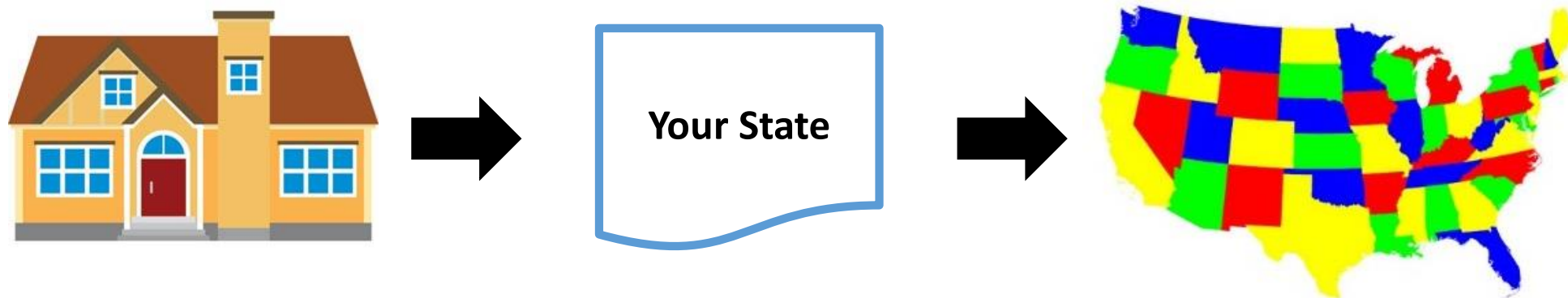
The Role of Advocates in OMS

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 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 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: Interpreting OMS Reports

Reporting Dashboards in Qualtrics

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

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

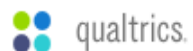
- **AUTOMATIC:** goes to reports for the CAC, State Chapter, Regionals, and NCA when a new survey is entered.
 - No need to manually send reports to NCA or Chapter
 - You may still wish to run reports for your team or a funder
- CACs no longer need to start from templates and make duplicate copies (like 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.



Projects

Help







Folders

+ Create Project

Search Projects...

All Projects

View: Sort By: Project Name

<div><div><div>★</div><div><div></div><div><div>1. OMS - Initial Visit Caregiver Survey</div><div>Last Modified: Jul 7, 2017 9:42 AM</div></div></div></div></div>	Pages	Widgets	Responses	<div><div></div><div></div><div></div><div></div><div></div></div>
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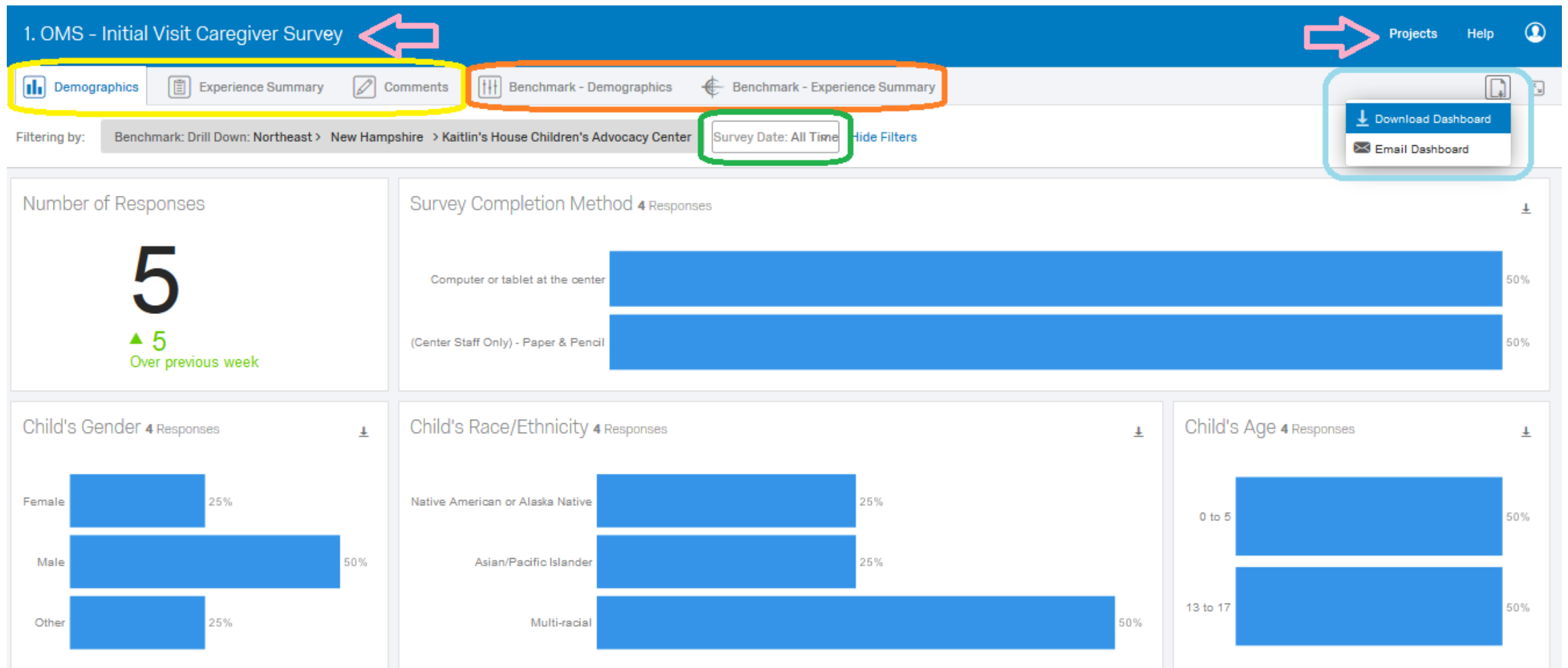
Your center's data is divided into the first 3 tabs (see review on the next page)

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.



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?



“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.



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



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.

2014 302

2015 1,241

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."

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.





Handouts:

Healing, Justice, & Trust – Brief Report

Combine multiple data sources to tell the story of CACs

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.

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 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

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

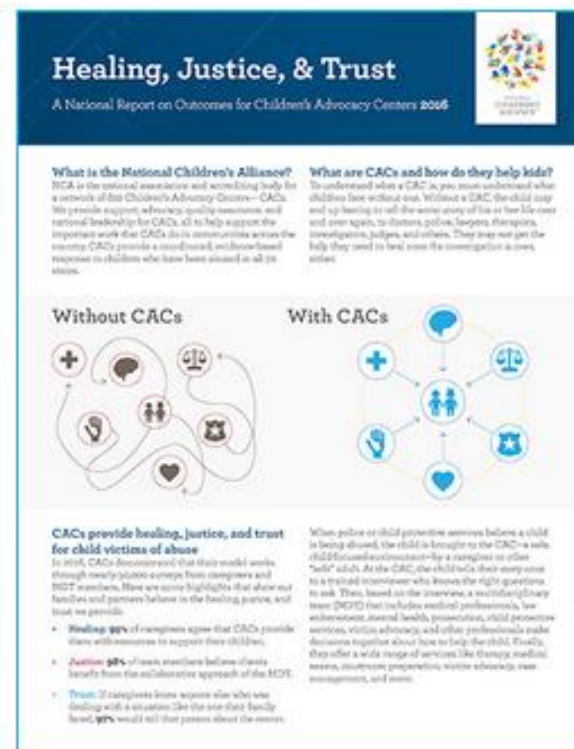
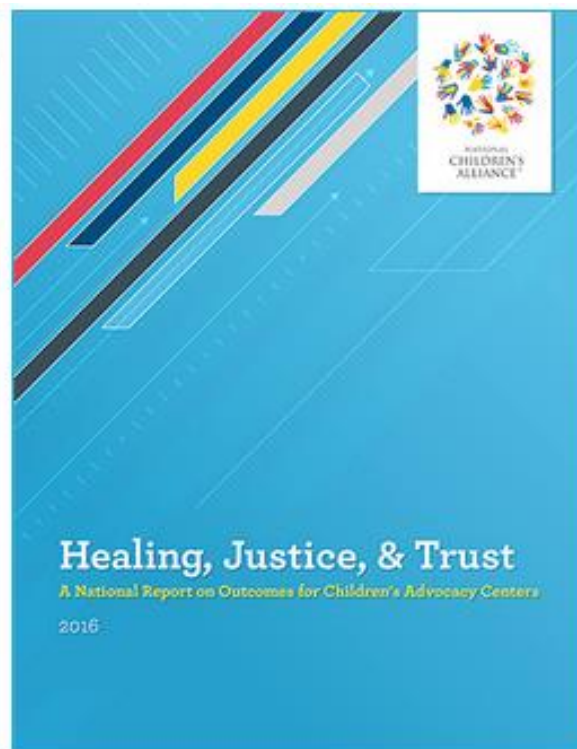
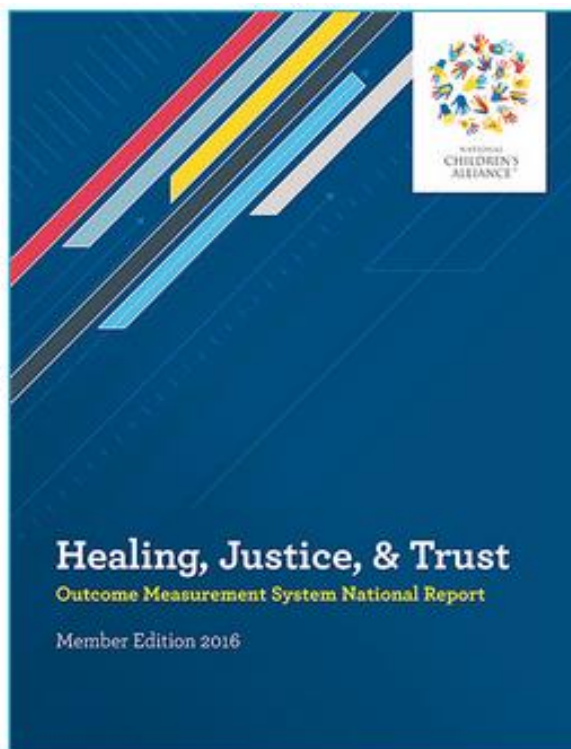
Reminder: If your center needs extra custom items added to your surveys (for a funder, etc.), contact the OMS Coordinator or your State Chapter. Kaitlin will program into the online system, give you an updated paper copy, and add to online reports in your account.



OMS Resources for Members (NCA website)

- National reports - “Healing, Justice & Trust” - 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>



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

(202) 548-0090 Ext. 211

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Spotlight on a Participating CAC

Location: Midwest, serving several counties with a mix of urban, suburban, and rural communities; two satellite centers opened in late 2014/early 2015.

Organizational Type: Independent 501(c)3

NCA Membership Status: Accredited Member

Children Served per year: 1,100

Participating in OMS since: July 2013

Staff: 17 total across 3 locations: 1 Executive Director, 1 Program Director, 1 Development Director, 1 Training & Prevention Director, 3 Forensic Interviewers, 4 Child Advocates, 1 MDT Coordinator, 2 Medical Staff, 3 Assistants in various depts

The Child Advocates and Staff Assistant are currently handling most day-to-day OMS responsibilities, but Directors have also been involved in many ways.

Satellite locations may only have 1 or 2 staff members, but are fully participating in OMS.

Although this may be a larger center, the lessons they have learned about administering surveys, and the ways they use survey results, can help guide all centers participating in OMS.



Spotlight on a Participating CAC



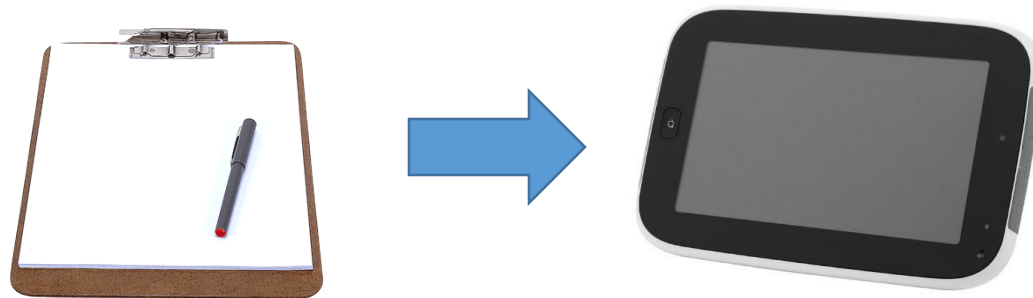
How do you collect Initial Visit Caregiver Surveys?

"Our CAC set a goal that our advocates are offering non-offending caregivers the initial survey 80% of the time at the initial visit to the CAC. Our advocates do a great job of getting this done! There are obviously times that offering a survey would not be appropriate, for example when emotions are very high."

In the first year this center participated in OMS, all surveys were done on paper, because that was the only option at the time.

When the online system was launched in July 2014, it took the center a little while to make the switch. The CAC introduced a tablet in September, but from July to December 2014 over 60% of the surveys were still being done on paper.

By January to June 2015, 87% of surveys were done on the tablet. The CAC still offers the paper surveys if a caregiver requests it or if another family is using the tablet, but paper surveys now make up less than 10% of all surveys.



Spotlight on a Participating CAC



What about the Caregiver Follow-Up Surveys, how do you get those?

This CAC does not provide follow-up services like counseling on-site, which means most caregivers will not return to the center.

"During the advocate's meeting with the non-offending caregiver, we are trying to get email addresses now. Many parents prefer this as a way of communication so it has been helpful for continued contact, as well as our follow-up caregiver survey."

"We have our staff assistant sending the follow-up surveys to those caregivers with email addresses, but the response rate has not been great with this. We send a reminder, but if this isn't working (and on cases where we do not have an email address), we attempt to contact non-offending caregivers 3 times via phone for surveys. Interns and volunteers have assisted with this project as well."

From July to December 2014, only 5% of surveys were being done by email. This increased to almost 20% from January to June 2015, although phone surveys still make up the majority of follow-up surveys.



Spotlight on a Participating CAC

How do you collect surveys from your Multidisciplinary Team (MDT)?

“We do our General Multidisciplinary Team survey 1-2 times per year... Our MDT Coordinators are required to work with the team and put together a plan for improvement within 2 weeks of the surveys.”

This CAC administered the MDT Survey in December 2014 and October/November 2015. It was sent out entirely by email invitation. Most MDT members responded within 24 to 48 hours of the invitation, making it a fast, anonymous way to gather feedback from the team without taking up valuable time in a meeting. However, the team sent a reminder after about two weeks and this resulted in double the response rate compared to just the one email they sent in December 2014, showing how important it is to send a reminder after the first invitation.



Spotlight on a Participating CAC

How do you use your results? Who do you share them with and what has the reaction been?

Caregiver Surveys:

*"We have used the results of these surveys for funders. In particular, the Victims of Crime Act (**VOCA**) and [State] **Health and Human Services**. This is a great way to show the results 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.**"*

*"For our staff some of the great outcomes have been the **comments families leave**. This may show **themes** such as families wanting more services. Now the families can indicate what services they feel they need. So we have adjusted how we refer families to services and what services we need to have in our back pockets! This is also a **huge boost for morale** when you see how families are grateful for what we have helped with."*



Spotlight on a Participating CAC



MDT Surveys:

*"In reviewing results we can **see where changes need to be made** with regards to the dynamics of a particular MDT. Its 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."*

Overall:

*"We have used comments and outcomes from all surveys to share with our **Board of Directors** how we are doing. We have used this as **kudos amongst our staff** as well."*

*"With everyone requiring agencies to **SHOW** how you make a difference, utilizing OMS and getting some values on **how we make a difference** and showing **how we have improved in particular areas** has been extremely helpful!"*

This center also uses quotes from caregivers and MDT members in their annual report, and other materials, to give context to other statistics.

