NATIONAL
CHILDREN'S
ALLIANCE

Outcome Measurement System (OMS)

Administrative Guide – Effective July 2017

Last updated July 2017

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Introduction

This Guide is designed to assist Children's Advocacy Centers with implementation of the Outcome Measurement System (OMS). In this Guide, you will find an overview of why it is important to measure outcomes and how data from OMS fits with other data your center may collect, to provide a more complete picture of your work. You will find background and reference information for OMS, the recommended information to share with staff and volunteers prior to implementing the system, and a step-by-step outline of how to access your CAC's online account in FluidSurveys, customize and distribute surveys, view survey responses, and prepare reports to demonstrate your results.

The original Administrative Guide and Outcome Measurement Survey Instruments were the work of a research team from the Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin, commissioned by the Children's Advocacy Centers of Texas (CACTX) to produce a state-wide outcome measurement system. The system emerged through a multi-phased research project involving an extensive literature review and input from CAC executive directors across the state of Texas. Members of the research team lead by Dr. Sarah Jane Rehnborg included Bill Carpluk, Virginia French, Sunny Lin, David Repp, Courtney Seals, Rajani Shrestha, and Rehan Zahid. In 2012, the National Children's Alliance (NCA) purchased OMS from CACTX and began implementing the system on a national level. The OMS surveys were used in their original design with only slight alterations from January 2012 to June 2014. In July 2014, several changes to the Initial and Follow-Up Caregiver Surveys were released as part of the transition of OMS to an online data collection system, FluidSurveys, in consultation with researchers at the Crimes against Children Research Center at the University of New Hampshire. All changes were also pilot tested with four CACs in Texas, of varying sizes and compositions, and a systematic verification process was used to determine that the surveys retained high reliability and validity, before the changes were implemented on a national level. In July 2017, based on feedback from members and evolving developments in survey technology, OMS was transitioned to a new online system, Qualtrics. All data collected to-date in FluidSurveys was transitioned to Qualtrics and the survey items themselves were kept to the wording and format last tested for reliability and validity in 2014. Future revisions will be tested again to ensure statistical integrity of the surveys.

OMS surveys and supplemental materials (i.e. this Administrative Guide, online accounts, etc.) are intended for the sole use of participants in OMS – each state Chapter must sign a participation agreement with NCA to use OMS and CACs may be required by their Chapters to sign similar agreements (participant CACs without Chapter representatives must sign individual agreements with NCA). These items may not be reproduced or altered, in whole or in part, without the approval of both the state Chapter (if applicable) and NCA. Although OMS is a free service provided by NCA, the OMS surveys and the question items they contain are the property of NCA and, as such, CACs may not use OMS, in whole or in part, if they are not active participants in the project. In other words, if a CAC decides to withdraw from the OMS project, OMS materials may no longer be used by that CAC and non-participating CACs are not permitted to use the OMS items to create their own alternative surveys. Data collected through OMS must also be entered into the current online system to be counted toward aggregated state, regional, and national reports. Storing data in alternative systems (i.e. Survey Monkey or other accounts that are not linked to the national system) is not permitted, as this means the data is not available for state, regional, and national advocacy on behalf of CACs.

OVERVIEW OF THE OUTCOME MEASUREMENT SYSTEM

Definition

Outcome evaluation is a client-centered approach to planning and assessing organizational or program performance. It is also known as outcome-based evaluation, outcome measurement, or results-based evaluation. In general, outcome measurement is a tool that enables an organization to answer the question, “What difference does my program/organization make to our clients/participants?”

Why Outcome Measurement is Important

Government oversight, grant requirements, and competition for scarce donor resources have ushered in a new era of increased accountability for nonprofit organizations. In response to this pressure, nonprofits began collecting data regarding inputs (e.g., donations received), activities (e.g., quantity of program services delivered), and outputs (e.g., number of clients served) to evaluate whether funds were being used properly. However, nonprofit and philanthropic professionals quickly found these process-oriented measures proved insufficient for measuring whether services rendered by nonprofits truly achieved desirable effects on the clients served. In order to demonstrate to stakeholders that funds applied to programs produced specific benefits to clients, nonprofit mangers began to apply outcome evaluation.

Applications of Outcome Measurement Systems

For external reporting purposes, outcome measurement:

- Improves the likelihood of securing funding, as many funders require outcome measurement as a condition of funding.
- Enhances the public image of a program or an organization and attracts potential funders, volunteers, and other community resources.
- Demonstrates to government agencies, funders, and engaged volunteers that the resources they have invested in programs benefit clients directly.
- Enhances volunteer recruitment and attracts long-term funding commitments.
- Builds collaboration among organizations with similar core shared values.

Internally, organizational managers use outcome measurement to:

- Establish common goals and purposes by carefully selecting and communicating to staff the client outcomes to be measured.
- Identify whether staff are successful in helping their clients, and assist managers in recognizing the achievement of outcomes among exemplary staff members.
- Improve service delivery: Outcome measurement can help the organization identify particular participant groups, staff members, service delivery methods or locations that represent problem areas and work to address these problems.
- Clarify mission and establish priorities: In the long term, outcome findings can help an organization to prioritize its programs, to allocate limited resources, and to plan more effectively.
- Guide planning and budgeting: For programs with successful outcomes, an organization may decide to expand effective program services, develop new services, or devote additional resources to achieving certain outcomes. In contrast, the organization may continue monitoring programs with weaker outcomes or ongoing problems and decide whether to make an increased investment or discontinue ineffective procedures or programs. In either event, outcome measurement can assist an organization with fiscal allocation decisions and program assessment.

Children’s Advocacy Centers Outcomes

The Survey Instruments in this Guide have been developed to measure the following two specific, mission-critical outcomes for CACs. Each outcome statement is supported by several indicators to track the achievement of the outcome. Achievement of the intended outcome will be assessed through the survey instruments.

Outcome Measurement Statement #1:

The Children’s Advocacy Center facilitates healing for the child and the caregivers.

- Child feels safe at the center.
- Child’s questions were answered to his/her satisfaction.
- Child was referred to services deemed sufficient for his/her needs. *Or*
- Child received services that helped him/her since initial visit.
- Child/caregiver understands reason for visit.
- Child/caregiver were greeted and attended to in a timely manner.
- Child/caregiver given information about services available at the center.
- Child/caregiver questions answered satisfactorily.
- Interview process clearly explained to child/caregiver.
- Caregiver aware of possible behaviors to expect from child.
- Caregiver referred to services/programs that meet needs.
- Caregiver/child perceives center staff and volunteers as friendly and pleasant.
- After initial visit, caregiver/child aware of what to expect in days and weeks to come.
- After CAC visit, child/caregiver has received information on how to keep child safe in the future.
- After CAC visit, child/caregiver believes the center has done all it could to assist him/her.
- After CAC visit, child/caregiver would refer families in similar situations to the center.

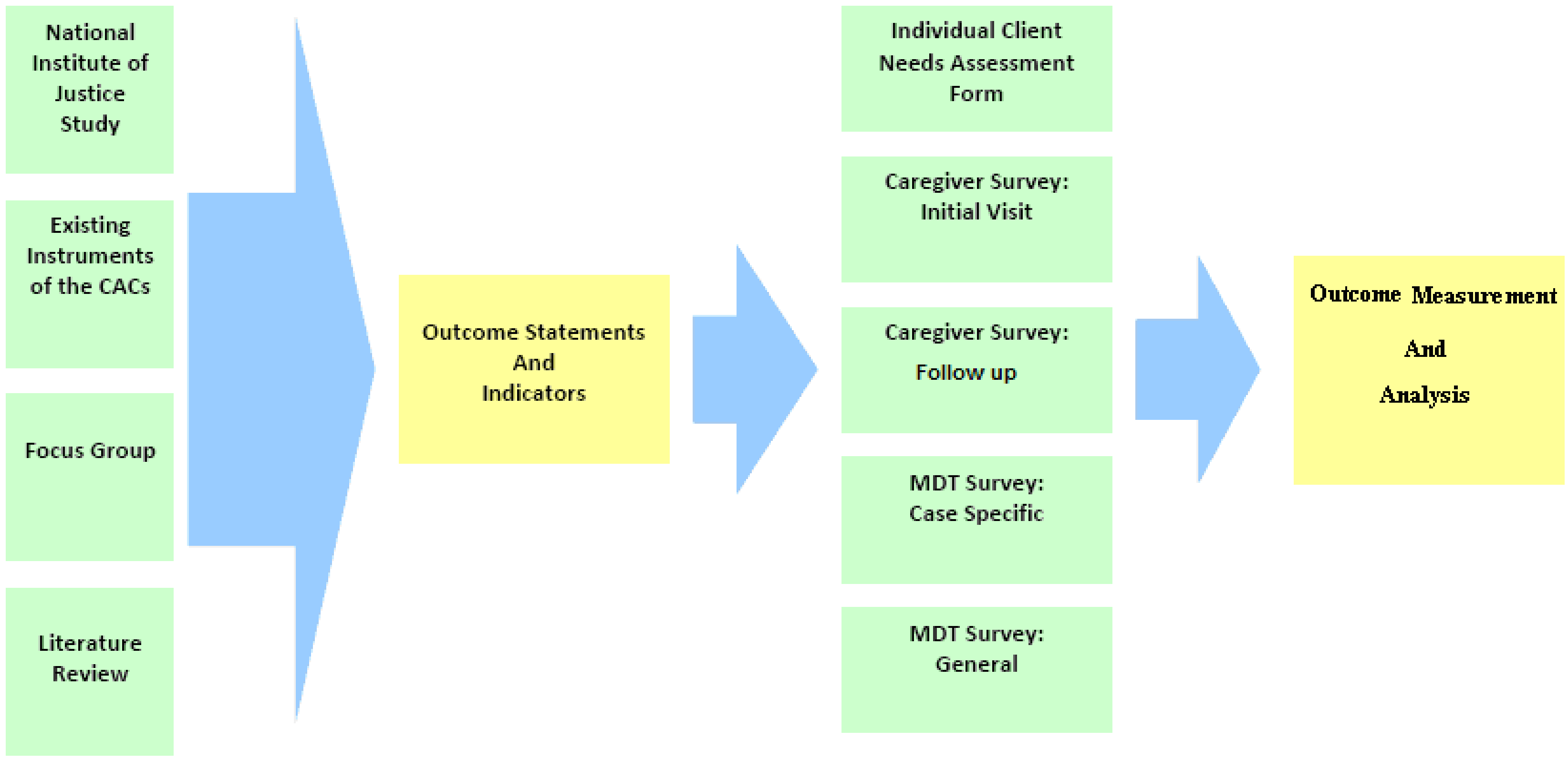
Outcome Measurement Statement #2:

The multidisciplinary (MDT) approach results in more collaborative and efficient case investigations.

- MDT members shared relevant case information.
- Member secured information needed to fulfill responsibility by having input into the forensic interview process.
- MDT members were respectful of the perspectives and information needs of other members.
- CAC model fosters collaboration.
- MDT meetings were a productive use of time.
- Case review meetings were useful.
- MDT members demonstrated a clear understanding of each member's role and turned to that member for information, expertise, and direction as appropriate.
- The client benefitted from MDT collaboration.
- All MDT members were actively involved.
- Center provided resources that helped MDT members.
- Member agencies are supportive of the CAC concept and MDT work.
- CAC makes MDT members feel safe expressing concerns or making suggestions about the MDT.

These two outcomes, central to the mission of the CAC, are supported by literature in the field. Furthermore the CAC executive directors who participated in focus group discussions during development of the system in Texas reiterated the importance of these outcomes for the work of the centers. The critical nature of these statements are also supported by an analysis of the existing assessment instruments as found in the National Institute of Justice Special Report "A Resource for Evaluating CACs" and those previously in use in Texas centers at the time OMS was developed.

DEVELOPING THE OUTCOME MEASUREMENT SYSTEM: THE PROCESS



Outcome Measurement Statement #1:

The CAC facilitates healing for the child and the caregivers.

1: Caregiver Survey: Initial Visit

At the end of the family's first visit to the center, or immediately afterwards through off-site options (email, phone calls, mailed surveys, etc.), the caregiver is given an opportunity to share feedback and have a voice in the CAC process. The survey instrument begins with three questions that allow the caregiver to identify his or her child's gender, race/ethnicity and age. The caregiver is then asked to answer multiple choice and open-ended questions that assess the initial experience at the Center. Caregivers will answer questions about their interaction with the staff and volunteers, about the information and services received and their knowledge of what to expect following the initial visit. Each question can be answered on a 4-point scale ranging from Strongly Agree to Strongly Disagree. All questions also have an "I don't know" option. If the caregiver answers "Somewhat Disagree" or "Strongly Disagree," they are given an open-ended response box to provide further information, if they would like to do so.

If a caregiver comes to the center with multiple children, they should be asked to complete the survey with regard to the child of primary concern. If the children are of equal concern (i.e. both children required interviews), the caregiver should be asked to fill out a survey for each child, since the experience could be significantly different for one child compared to another. Your center may also choose to use a random selection technique for families with multiple children who are unwilling to complete multiple surveys. In this case, one example commonly used in research settings is to select the child with the most recent birthday and fill out one survey based on that child's experience. For the Follow-Up Survey (see below), the caregiver should be reminded to complete the survey about the same child as the Initial Survey (if applicable - caregivers are not required to fill out the Initial Survey to be eligible to take the Follow-Up, as the surveys are anonymous and not connected).

2: Caregiver Survey: Follow-up

Approximately two months after the initial visit, an additional survey instrument examines the experiences of caregivers and their children since their first contact with the center. Although there is a similarity between the Initial Visit and the Follow-Up Survey, the latter also captures the caregiver's perception of the quality of services received.

Both the Initial Visit and Follow-Up Surveys include open-ended questions that allow caregivers to describe additional services they may have liked for their children and themselves, comment on what they perceived as the best part of their visit(s), describe what, if anything, could be improved at the centers, and conclude with an open ended question allowing the client to share any additional information, if they wish to do so.

Both caregiver surveys are available in English and Spanish. Centers are free to translate paper copies of the surveys into other languages as well, but results must still be entered into the English version of the survey in the online system. If you are translating your surveys into other languages, or there are specific languages you would like to see developed, please contact us at OMScoordinator@nca-online.org. NCA is interested in expanding the library of available languages for OMS Caregiver Surveys and your suggestions will help us determine where to allocate our resources.

Outcome Measurement Statement #2:

The multidisciplinary team (MDT) approach results in more collaborative and efficient case investigations.

3: General Team Survey

All members of any of the MDTs, including any appropriate CAC staff, complete this form. This survey instrument begins with three questions that allow the respondent to identify his or her occupation, the length of time the person has been working with the CAC model and the county they serve. The county item is customizable, by request, and can be changed from a fill-in-the-blank to a multiple-choice or dropdown item, which would be necessary for filtering reports by jurisdiction (contact OMScoordinator@nca-online.org to request customizations to this item). The survey then asks 12 questions about the MDT experience taking into account all of the cases that the respondent has assisted with during the time frame established and concludes with an open-ended question where the respondent can share any additional information that he or she would like to offer. The information obtained from this instrument will allow the center to assess the overall effectiveness of the team model for the time frame established.

Each question can be answered on a 4-point scale ranging from Strongly Agree to Strongly Disagree. There is also a “Not Applicable” option for all items, which allows greater flexibility for offering the survey to an extended group of professionals, even if there may be certain procedures they are not involved in.

4: Case-Specific Survey - OPTIONAL

Members of the MDT, including the appropriate CAC staff, complete this survey. The survey instrument begins with two questions that allow the respondent to identify his or her occupation and the length of time the person has been working with the CAC model. The survey then asks 10 specific questions about the team experience. Like the General Survey, this survey concludes with an open-ended question where the respondent can share additional information. The Case-Specific Survey allows the administering CAC to monitor the effectiveness of the model relative to a specific case and/or a specific cluster of people working with the case. Results of this particular survey type are not included in state, regional, or national reports.

Reliability and Validity

Two important concepts related to survey research are reliability and validity. The concepts are both important to the integrity of a survey, but are fundamentally different from each other.

Validity refers to the capability of the instrument in question to measure what it intends to measure. For example, a ruler might be a valid instrument to measure length but not volume. The important question that concerns us is, do the individual OMS questions in part or as a whole give us information regarding the relevant outcome statements? The validity of the OMS system is ensured by theory and research, which enabled the researchers to come up with specific questions based on indicators that are relevant to the said outcomes. Every question in OMS captures one (or more) important dimension(s) of the relevant outcome(s).

Reliability refers to the extent to which the scale/survey provides consistent results when surveying similar populations. It is not statistically sound to report the reliability of an entire survey; however, it is possible to test the reliability of related categories within the surveys. The data gathered from the pilot test conducted in Texas during original development, and again when surveys were revised in consultation with the Crimes against Children Research Center at the University of New Hampshire, was used to calculate the Cronbach's alpha (a statistical method to test reliability) of the survey instruments. To be considered reliable, an instrument should have a Cronbach's alpha score of 0.7 or higher. The scores obtained from testing parts of OMS yielded results ranging from 0.88 to 0.95, indicating high reliability.

SURVEYS AND THEIR ADMINISTRATION

Overview of Roles in the OMS Process: Centers, Chapters & NCA

Appendix: Example OMS Center Participation Agreement (your state may require a signed agreement or may use an alternative agreement, but the basic responsibilities are the same)

Centers

Basic specifications of the role of the CACs participating in the project are included in the following list. We recommend checking with your Chapter for possible additional recommendations or goals specific to your state.

- **Assigning staff members to OMS**
  - There is no "one size fits all" approach to OMS, so each center must determine who the appropriate person would be to administer OMS for a center. This may be the director, an advocate, a coordinator, a case manager, or any other position. Factors to consider include availability, expertise/comfort with technology, and degree of contact with the survey participants (families and teams). Many centers have more than one contact for OMS, but each center has access to one online account that can be shared between these staff. There may also be staff (or interns, volunteers, etc.) involved in collecting surveys, while other staff are responsible for running reports. Every center is different, so we encourage you to make assignments in a way that works best for your center and the community you serve.
- **Distribute Surveys to Clients and MDT Members**
  - CAC staff and/or volunteers distribute Initial & Follow-Up Caregiver Surveys at the following points:
    - Initial Caregiver Survey: Distribute at the end of the family's initial visit (ideally as a wrap-up in the last 10 minutes) or immediately after the visit by email, phone call, or paper copies that can be mailed back to the center.
    - Caregiver Follow-Up: Distribute two months after initial contact, but this timing is flexible. Allow enough time for families to connect with follow-up services, but not so much time that families have moved on, contact information is outdated, etc.
    - Alternative sampling procedures (i.e., every 3rd client) are no longer recommended. Even at large centers, we believe EVERY caregiver should have the opportunity to share feedback.
    - Specific targets or quotas for survey collection are no longer set by NCA. Again, we believe every caregiver should have the opportunity to give feedback.

    - Certain states or individual CACs may set their own goals, but these should always be the floor, not the ceiling. Just because your center's goal is to collect 30 surveys, you should never stop offering the survey once you reach that goal.
  - CAC staff and/or volunteers distribute the General MDT Survey, as well as the Case-Specific MDT Survey, if used:
    - Note: It is recommended that the General MDT Survey be distributed twice a year, approximately 6 months apart. Some centers may decide to give the survey just once a year, but any longer than this is not recommended. For centers using the case specific survey, the exact distribution schedule is up to the center. **Use of the Case-Specific MDT Survey does NOT replace use of the General MDT Survey - it is a supplement to gain further information about your team's work on particular cases, not a replacement to collecting feedback about general functioning and satisfaction with the team.**
  - (Optional) CAC staff completes the Individual Client Needs Assessment:
    - Indicate recommended services on the form.
    - At the close of the case, indicate received services on the form.
    - Enter the final completed form into the online system.
    - These forms are not used on national reports, so your CAC can determine the exact procedure for using this tool.
- **Use online accounts & updated surveys**
  - Electronic collection methods need to be used whenever possible.
    - Paper copies of surveys should be entered into the online system in a reasonable timeframe (i.e. once or twice a month). Centers should not wait until final reminders at the end of each 6 month collection period, but reminders will be sent to enter any remaining surveys by July 15th for the January to June collection period and January 15th for the July to December collection period.
    - Up-to-date versions of the surveys must be used: electronic surveys will be automatically updated by the system and updated paper surveys are available from OMScoordinator@nca-online.org. Paper surveys are not posted online, as your center may have requested special additions and we would not want you to mistakenly use generic copies without these items.
  - Basic customization of the surveys is strongly recommended, such as including the CAC logo and contact information. This is set up for each center at the start of their participation in the program. If this information is out of date for your center, contact OMScoordinator@nca-online.org to request a change.
- **Contact the Chapter or NCA to discuss additions to the surveys, if desired.**
  - Rewording and removal of existing items are not permitted. If centers were each using different wording, we would be comparing apples to oranges, instead of apples to apples, as the saying goes. A core strength of OMS is national survey consistency.
- **Attend provided training opportunities**

State Chapters

Appendix: Example OMS State Chapter Participation Agreement (required by all Chapters, but some may make special arrangements for NCA to cover a portion of the responsibilities, especially in Chapters with limited staff/resources)

In the OMS process, the Chapter is the primary source of information for the participating CACs. Specific Chapter-related tasks include, but are not limited to, the following items. Please see your Chapter's most recent signed participation agreement for exact duties.

- **Pass on information & offer basic technical support**
    - Provide general guidelines for all participating CACs.
    - Distribute or arrange for NCA to provide online account information to CACs.
- **Provide training opportunities to all participating CACs**
    - Arrange for centers to attend webinar trainings with NCA.
    - Arrange conference call consultations for CACs with NCA, if needed.
- **Ensure participating CACs are collecting surveys**
    - Work with centers to decide on possible targets/goals.
    - Offer assistance to struggling centers.
- **Review CAC requests for additional questions**
    - Review and pass on appropriate requests for additions from CACs.
    - Decide on possible state-wide additions to surveys.
- **Work on expanding OMS participation in the state**
    - Recruit additional centers to participate, if applicable.
    - Improve the response rates of surveys collected statewide by encouraging best practices for survey collection (as covered in NCA trainings)
- **Consult with CACs regarding the implications of results**
    - Encourage CACs to monitor trends in survey results.
    - Offer feedback, when requested, on how to use results to improve CAC services.
- **Distribute results**
    - Distribute results at a state level.
    - Discuss possible distribution options for CACs based on local resources.

National Children’s Alliance (NCA)

NCA provides technical assistance, training, and other individualized support services to Chapters and CACs upon request, such as:

- **Provide OMS surveys in paper and electronic versions**
    - Provide access to electronic dashboards (one per center) to see real-time results
- **Provide training to Chapters and CACs**
    - Conduct initial and ongoing webinar trainings for Chapters & CACs.
    - Update the Administrative Guide at regular intervals, as needed.
    - Make other training materials (written or visual) available to Chapters & CACs.
- **Be available for technical assistance**
    - NCA’s OMS Coordinator will respond to technical problems within a reasonable timeframe based on the urgency of the request.
- **Implement advanced customization of surveys**
    - Add extra questions requested by CACs and State Chapters.
- **Perform ongoing testing**
    - Conduct ongoing tests to maintain and improve functionality of the online system.
    - Perform verification procedures for any survey updates.
- **Gather feedback from the field**
    - Provide routine opportunities for program feedback from CACs and Chapters.
- **Distribute results**
    - Distribute results at the national level.
    - Help Chapters & CACs find local ways to distribute results.
- **Partner with Chapters to recruit additional CAC participants**

Administering the Surveys: General Preparation

Appendix: See the OMS Quick Start Guide for a brief summary of steps you can follow when first starting the OMS program at your center.

A few key steps will greatly facilitate the administration of the surveys.

- A staff member or regular volunteer should be charged with overseeing OMS in each center. Responsibilities outlined in the section above can be divided between multiple staff, if necessary. All staff should be aware of OMS and its purpose.
- Ideally, a volunteer or a non-direct service staff member would distribute the surveys to the clients. By using a volunteer or non-direct service member, clients may feel more comfortable with answering the questions truthfully and not be biased based on having had interactions with center staff. If a direct staff member is the only person available, that person should make every effort to inform the family that their feedback will be confidential and will not impact their child's case.
- If distributed on-site, identify a private location where caregivers can complete the survey. The place should be quiet and allow privacy, but a staff member should be reasonable close by, in case the caregiver has questions while completing the survey. Although the survey only takes a few minutes to complete, be sure to provide child care assistance as necessary. It is recommended that you offer an electronic option to complete the survey (i.e. central computer/tablet or link for the caregiver to open the survey and complete it on their own smart phone), but also offer a paper version of the survey, in case a caregiver is uncomfortable with technology or cultural factors preclude the use of such technology. For paper surveys, a box or other receptacle should be available to place the completed surveys. The receptacle should be secure and private and caregivers should be informed that surveys are checked monthly, for example, so you will not know which survey belongs to them and their responses will be anonymous.
    - Some centers may choose to collect the survey directly from a caregiver and add it to the family's folder. This is not prohibited by NCA, but once entered into the system, that survey will be anonymous, as we believe feedback should be separate from identifying information. We encourage centers to weigh the pros and cons of connecting surveys to specific cases/caregivers.

General Staff and Volunteer Preparation

As with any center-wide undertaking, the staff and volunteers at the center need to be aware of the Outcome Measurement System (OMS) and understand its importance. You may want to share the information about outcome measurements included at the beginning of this Guide and provide staff and volunteers with copies of the surveys. Staff and volunteers need to understand that the information gathered from these surveys do not reflect on staff members individually, but rather this information helps the center to see how the work of the CAC positively affects the clients and the MDT. As you introduce OMS, you may want to prepare your staff by communicating the following:

- The surveys are short. Little time is required to complete the information.
- The information obtained is confidential and surveys/collection methods are designed to not be tracked back to individual clients, CAC staff, or multidisciplinary team members.
- Participation is voluntary. If someone decides not to complete a survey, lack of participation should in no way affect service continuation. Rather, participation helps the center to know the degree to which it is doing its job and enables it to constantly work to improve performance.
- Caregivers may feel free to talk with the child that is the subject of care to more effectively respond to certain questions. This means surveys should really be given at the very end of the visit, after the child has been brought back from the interview.
- There are no ‘right’ or ‘wrong’ answers. Rather, this information allows the center to improve performance and identify areas in need of improvement.
- Respondents should be provided with a private, quiet place to complete the surveys. (For paper surveys, a box or other closed receptacle should be clearly marked and visible for depositing the surveys when completed.)
- Specific staff members or regular volunteers will be charged with overseeing responsibilities for OMS in each center, but everyone needs to be knowledgeable about the system.

CAREGIVER SURVEYS
Initial Visit and Follow Up

General Caregiver Preparation - Recommendations for All Caregiver Surveys

The survey instruments themselves provide a brief explanation about OMS. Feel free to review this information with the caregiver as you ask him or her to complete the form.

- We would appreciate it if you would take a few minutes right now to complete the survey.
- Your answers will help us to improve our services.
- Your answers are anonymous and confidential.
- Your honesty is important to us.
- Your participation is voluntary.
    - Do not insist upon or require survey completion. Staff should keep notes of what caregivers identify as the reason(s) for refusal and share this with supervisors on a regular basis so that this information can be used to improve the system.
- Your answers will not be used in any legal proceedings nor will your answers in any way affect the services you receive from us now or in the future.
- Provide the caregiver will multiple options for completing the survey. For Initial Surveys or onsite Follow-Up Surveys, offer both electronic options (i.e. tablets) and paper copies. If the caregiver will be completing the survey from home, first offer to send an email with the survey link (or, if the survey is posted on your center's website, give the caregiver instructions on how to access it). If they do not have email access or would simply prefer to do the survey over the phone, proceed with the survey over the phone (a script and sample call record are available). In the rare circumstance that a caregiver requests to complete a paper survey from home, provide the caregiver with a postage-paid envelope to return the form.
- Inform the caregiver that he/she may ask the child for input on the questions about their child's experience.
- If the caregiver needs assistance with child-care while completing the survey, make every effort to assign a staff member or volunteer to the task (i.e. for caregivers visiting the center for follow-up services and completing the survey onsite).

- The caregiver is encouraged to answer questions about their child's experience to the best of their ability. If they feel they cannot speak about the child's experience at the center, they can answer "I Don't Know" or skip any item they are uncomfortable completing.
- If the caregiver is with more than one child, they are instructed to fill out the survey with regard to the child of primary concern. If both children are of equal concern, we suggest the caregiver fill out a survey for each child, since the experience could be significantly for one child compared to another. Random selection techniques can also be used, such as choosing the child with the most recent birthday.
- If you are collecting surveys on paper, you should only use NCA-created printable Word Docs for printing the survey. Do not print surveys directly from the system. You can feel free to customize the Word Doc templates by adding your center name and contact information, as those are editable fields in the documents (which are otherwise locked to prevent editing the items themselves). **Do not recreate alternative versions of the survey, especially by deleting or changing the wording of any pre-existing survey questions, as this reduces the reliability and validity of the survey.**
    - For changes to center logos, contact information and/or center names listed on online surveys, contact OMScoordinator@nca-online.org.
- Surveys are available in both English and Spanish. Online surveys have an option to switch languages at the top of the survey (i.e. you do not need a separate like for Spanish surveys). Centers are permitted to translate paper copies into other languages, as long as the translations are accurate and results are entered into the online system (under the English version). We encourage centers to contact NCA to share suggestions for developing national translations of the surveys in other languages (contact OMScoordinator@nca-online.org with any recommendations for additional languages).
- Sampling of caregivers to complete surveys is no longer recommended (i.e. giving the survey to every 3rd caregiver). Instead, EVERY caregiver should have a chance to give feedback about their experience at the center.
- The administrator should use his or her judgment regarding the ability of the caregiver to comprehend and read the survey. In cases where the caregiver cannot read the survey, the administrator can offer to assist by completing the survey verbally with the caregiver in a private location or propose to set up a later phone interview. Translator services can also be provided, using similar techniques as you would use with other standard procedures and forms at your center.

Initial Visit Caregiver Survey:

- Pilot test centers found that administration of this survey is best **after the forensic interview**, ideally after resources and information has been shared with the caregiver and the caregiver has had a chance to speak with the child.
- Since the CAC model is based on reducing revictimization, the administrator needs to be sensitive while administering the survey. If a caregiver appears particularly overwhelmed, use your best judgment about whether to 1) offer an at-home option to complete the survey or, 2) not request survey participation in some limited circumstances. Staff should NEVER restrict a caregiver's ability to share feedback based on personal bias or fear of negative feedback (i.e. staff should not decide to hide feedback opportunities from angry families).
- If your center brings clients back for assessment or speaks with them by phone within approximately 2 weeks of their first visit, the survey can be administered at this time instead. It is not recommended to wait more than 2-3 weeks for the Initial Survey. After that time, the Caregiver Follow-Up Survey should be used instead.

Caregiver Follow-Up Survey:

- The follow-up is not tied to the initial survey. A client does not have to fill out the initial survey to be eligible to fill out the follow-up survey.
- It is recommended that this survey be administered approximately 60 days (2 months) after a client's initial visit. Centers can adjust the timing based on the schedule of follow-up services (for example, allow enough time for a family to connect with counseling, if applicable), but should not wait so long that contact information becomes outdated or the family wishes to move on (which you may find if you wait longer than 3 or 4 months).
- The basic service items (i.e. Forensic Interview, Therapy/Counseling and Medical Exam) must be included, but the center can also include additional services as desired (**contact NCA or your Chapter to request these additions**).
- In the event that the client does not return to the center (if all the continued services are off-site) or scheduling an in-person follow-up survey is not possible, arrangements should be made to complete the survey by phone or send a link to the survey by email. Some centers can also choose to send home paper copies, but be sure to provide the caregiver with a postage-paid envelope.

MDT SURVEYS
General and Case Specific

MDT Preparation

We strongly recommend distributing all MDT surveys by email, as this will not limit your feedback to just the team members that happen to be in a particular meeting, for example. Sample wording for the email is included in the appendix and you can simply include your center's custom link to the MDT survey in that script and distribute the information to your MDT listserv. (Please note that an email invitation feature that was available in FluidSurveys was discontinued and in the transition to Qualtrics, given concerns about learning an extra feature and increased likelihood of invitations ending up in recipients' spam/junk folders or being bounced entirely due to the third party system configuration, which was a common issue in the FluidSurveys email invitation feature. Instead, we now suggest that you just send the email using your regular email system and remember to BCC if you are sending to multiple people and you do not want them to see each other's email addresses.)

- If you are collecting surveys on paper, you should only use NCA-created printable Word Docs for printing the survey. Do not print surveys directly from the system. You can feel free to customize the Word Doc templates by adding your center name and contact information, as those are editable fields in the documents (which are otherwise locked to prevent editing the items themselves). **Do not recreate alternative versions of the survey, especially by deleting or changing the wording of any pre-existing survey questions, as this reduces the reliability and validity of the survey.**
    - For changes to center logos, contact information and/or center names listed on online surveys, contact OMScoordinator@nca-online.org.
- Make every effort to provide a private space for the completion of the survey. While it is not necessary to provide each person with a private room in which to answer the questions, there should be several feet of space between each respondent for the purpose of privacy. Remember, to also provide a receptacle or a specific place where the MDT members can drop off the completed surveys. Do not remove the surveys from the receptacle until all of the respondents in the group have left the premises. **Keep in mind that paper options will take a significant amount of staff time to enter into the online system - we strongly recommend electronic options instead to conserve resources.**

MDT Survey Information and Administration

Each center will need to determine the most appropriate staff person to introduce OMS to the MDT. Generally speaking, the rank of the person within the center helps to set the stage for the significance of the survey system. A new measurement system presented by the Executive Director is likely to garner more commitment than a similar discussion fielded by a less senior staff member. This person does not need to be the actual ‘administrator’ of the tool, rather this person’s role is to present the importance of the survey system, answer questions and secure participation and cooperation for the actual survey administrator.

As with any information gathering process, participants generally want to know if they will see the results of their efforts. Transparency is an important attribute of most systems. Generally speaking there should be a large enough group of respondents entered into the data gathering system to ensure that the information collected preserves the confidentiality of the individual responder before the results are shared.

MDT Surveys

Multidisciplinary Team Survey (General):

- It is recommended that the general survey be administered twice a year, approximately 6 months apart. Your state may suggest a participate timeframe to do this (for example, some states ask all centers to collect the surveys in March and October), but most states give CACs flexibility on when they choose to collect the surveys.
- This survey is to be framed as assessing the respondent’s overall CAC experience over the decided time frame - i.e. general opinions about the operation of the team, not specific cases (see the Case-Specific MDT Survey, if such feedback is desired).
- Again, we strongly recommend distributing surveys by email. The same link will be used each time and filters in the reports will allow you to narrow down results to a particular timeframe. There is no need to request a new link each time you do the surveys.

Case Specific MDT Survey:

This instrument is considered optional by NCA, but may be required by your Chapter. It is NOT a replacement for the general MDT Survey above. It should only be used as a supplement, if needed for your center, in addition to the general survey.

- The Case Specific Survey is best framed in one of two ways: Have respondents think about the most recent CAC case they have closed or have respondents think about a case they are staffing at the particular meeting when the survey is given.
- Again, we recommend distributing surveys by email. If you would like the MDT members to consider a specific case, we recommend distributing the survey by email directly following that case meeting. It is important, however, that this is done randomly and with enough frequency to get a representative sample. For example, methods such as selecting every 8th case could be used.
- If you would like them to simply consider their most recent case, you can distribute the surveys at specific time-points and include these instructions in the email invitation.
- Be sure to stress the specificity of this survey. Respondents should be answering based on a specific experience each time, not their general experiences with the team, which are assessed using the general MDT Survey above.

OTHER TOOLS

Individual Client Needs Assessment

This instrument is considered optional by NCA, but may be required by your Chapter.

In addition to the surveys for caregivers and team members introduced in this Guide, the research team also developed a brief Individual Client Needs Assessment Form. It was designed to achieve better case management and output tracking, especially over Excel spreadsheets or other less rigorous case management systems. However, many newer case management systems, such as NCAtrak, will accomplish this and much more. Consider how this tool could benefit your center or if it is not necessary because the same information is already tracked elsewhere.

This form assumes that the needs of each client will be determined following the initial forensic interview. Once the needed services are determined by CAC staff and/or team members for the individual client, this brief form provides a mechanism to note these services and track their delivery. When a case is closed, or becomes inactive, a score can be computed by dividing the number of services received by the number of services recommended. These client-specific scores can be averaged and used to alert centers to their performance as well as enable centers to compare service delivery across the CAC model. Designed to enhance record keeping and track outputs, this form should be used in conjunction, not in place of, the primary outcome measurement surveys.

The Development of the Individual Client Needs Assessment

Although each Center is unique, there are certain universal core components of the CAC model. Based on the assumptions inherent in the CAC model, the expectation is that if clients actually receive the recommended services, the goals of all CACs will be more effectively achieved. This simple form is designed to help centers track and monitor the delivery of core services on a client-by-client basis.

Best Practices for Collection of the Individual Client Needs Assessment

- Pilot test centers found it best to implement this form **after the forensic interview**.
- **At this time, we recommend completing the form on paper (or in a saved Word Doc) and only entering it into the online system once the case has been closed, as edits may not be possible after entry.**

- This form can be completely customized to reflect the services available on-site at your center or off-site at other agencies. Centers can add services, change the text, or take off services that are not applicable to your respective center. All requests for changes should be submitted to your Chapter and NCA so that the online surveys can be customized. Although allowable customizations are more extensive on this form compared to the other OMS Surveys (which only allow additions, not removing or rewording items), we still ask that these customizations be within reason. If the core structure of the form does not fit your center's needs and would have to be completely redone, we would no longer consider that as truly using this tool and we would not be able to support those extensive edits.
- CAC staff and/or MDT members should decide upon the recommended services for each client.
- If the initial assessment changes or reasons for not receiving recommended services are known, it is important to document this on the form appropriately.
- After a case is closed (by the CAC) and the data has been stored, this form can be shredded if desired.
- Centers may wish to keep this form separate from client files.

Instructions for the Individual Client Needs Assessment

1. This form aims to indicate whether clients are receiving all needed services offered by the Children's Advocacy Center (CAC).
2. This form should be completed for every case that comes to the CAC.
3. The intake date will be the day when the client first makes contact with the CAC.
4. Following the forensic interview, the team and CAC staff should determine which services are recommended and check the corresponding boxes on the form.
5. This form may be updated as needed.
6. The final date will be the day when the form is scored.

The final score will be calculated* by dividing the services received by services recommended. This will yield a percentage which serves as the final score. This will facilitate comparison among the cases within the CAC.

*The score is auto-calculated in the survey system.

DATA COLLECTION FOR OMS

Introduction

In an effort to streamline the process of data collection and reporting for all participating CACs, the first online system for OMS was developed and adopted in 2014. The goal of having an online system is to improve the efficiency of collecting surveys, analyzing responses, and reporting results, as well as minimize the risk of data entry errors and decrease the amount of time and resources required for Chapters and CACs to participate in the project.

From July to August 2017, the online system transitioned to a new platform, Qualtrics, for two main reasons. First, participating centers and Chapters overwhelming stated that they wanted a simpler reporting platform, with more straightforward access to reports, without complex and unnecessary features that did not pertain to CAC users. Second, FluidSurveys was in the process of being effectively discontinued, after being purchased by competitors that were no longer willing to make improvements to the system for our members. For both of these reasons, NCA found and tested a large number of systems before selecting Qualtrics as the best new platform.

Distribution/Collection Methods

To conserve resources, we strongly encourage you to use one or more of the following electronic options to collect surveys. That being said, we recognize that each CAC is different and the families they serve have a variety of needs, so paper surveys and phone calls can serve as back-up methods for families uncomfortable with technology. Regardless of what method you use, the results will all ultimately go to the same online account for analysis and reporting.

Tablet / Computer at CAC: **Appendix:** Myths and Facts about Tablets for OMS; Guidelines for Selecting an Electronic Device for OMS

Collect data directly on-site with any Internet-connected device. Only very basic tablets or computers are needed (generally under $100 per tablet) and this equipment may be covered by various funders/grants for your specific CAC or state.

- Pros:
    - The process requires very little staff time.
    - Electronic methods are more anonymous for participants.
    - Data goes directly into the online system, reducing the risk of data entry errors.
    - Response rates are likely to be much higher compared to after-visit options.
- Cons:
    - The cost may be higher up-front (but lower in the long-run when considered the cost of staff time, paper/ink, and other expenses associated with paper surveys; many grants will also cover these costs and some State Chapters have even purchased tablets for CACs to use specifically for these purposes).
    - Tablets could be intimidating to less tech-savvy CAC staff (but survey responses will still need to be entered online anyway)
    - Some clients may not be comfortable using electronic options due to cultural reasons or personal preferences (see phone call and paper options for these circumstances).

Distribute Link by Email or Handout:

Appendix: Sample Scripts for Caregiver Follow-Up and MDT Survey Invitations

Email: Ask caregivers for email addresses and send an email with the link after the Initial Visit and/or later on for the Follow-Up. **This is the recommended method for distributing MDT surveys**, because it requires the least hands-on work for CAC staff members; the CAC likely already has a list of email addresses for the MDT members and can simply send out an email invitation with the center's custom link to the survey.

Appendix: Sample Template for Take-Home Packet

Handout: Another method for distributing surveys via your custom link is to create a handout for caregivers or team members with a brief introduction to the survey and the link for them to access it on their own computer or smart phone. Sample templates are available. This handout could be included in a take-home packet. This may be particularly effective as a supplement to on-site options. For example, if your regular method for collecting the Initial Surveys is to offer them in the last 10 minutes of the visit, but a caregiver is unable to stay for that time or is feeling too overwhelmed, the handout could be provided to them as part of their take-home packet so they can fill it out later. You could either include the direct link (which is probably preferable), or you could post the link to the survey on your website and give caregivers or MDT members the instructions for where to access it as part of other materials. A members' only area for MDT members may be preferable, to limit the possibility of misuse of the survey link if posted in public areas. Remember you can use bitly.com (a great resource if you have never used it before) to shorten any long, complex link into a short link that is easy for someone to type in.

- Pros:
    - Data goes directly into the online system. This means the surveys require less staff time, there is a lower risk of data entry errors, and there is greater anonymity for participants.
    - This allows fewer requirements for families and team members while on-site.
    - This is very cost-effective, since the CAC does not have to purchase any equipment.
    - Online surveys can be an alternative to phone interviews if caregivers say they do not have time.
- Cons:
    - Not all families have access to a home computer or other Internet-connected device.
    - Some clients may not be comfortable using electronic options for cultural reasons or personal preferences (see phone call and paper options for these circumstances).
    - Any after-visit option is likely to have a lower response rate, since caregivers may decide not to participate or simply forget, even with reminder emails.
    - Caregivers will probably be less likely to ask for assistance if they don't understand a question and/or if they want additional services. To address this, you can incorporate information in the email about who to contact if they have questions.

Phone Calls to Caregivers:

Appendix: OMS Telephone Guidelines, Script, and Sample Call Record

Since many CAC's already make follow-up phone calls to caregivers, staff could incorporate OMS as part of these calls and enter responses directly into computer while on the call.

- Pros:
    - May work better for clients with lower literacy levels. (Keep in mind that OMS surveys are approximately a 5th to 6th grade reading level, which is considered easier than most government documents.)
    - This minimizes requirements for families while on-site.
    - Up-front costs are low, since it is unlikely that new technology would be needed.
    - Caregivers uncomfortable with computers may feel more comfortable completing the survey over the phone.
    - The staff member can answer questions that might come up during the survey.
    - Volunteers and interns can be responsible for telephone surveys and they can enter results directly into the online survey or record responses on paper for later entry (although this requires more time/duplication of effort).
- Cons:
    - This requires more staff time, which could lead to larger costs in the long-run compared to the one-time cost of purchasing a computer/tablet to use on-site.
    - Out of service numbers and other contact barriers could lead to low response rates.
    - This method is less anonymous, leading to the possibility of bias, since caregivers may be less honest when speaking with CAC staff directly. This can be reduced by having a neutral person conduct the interview, such as volunteer, rather than a service provider. If there are multiple staff in a particular position (for example, two advocates), those staff could swap cases for the surveys, to address some of this potential for bias.

Paper Surveys (also called "Paper & Pencil" in some sections): Collect paper surveys and have a staff member enter responses online.

Appendix: Guide to Entering Paper Surveys

Check your OMS Start-Up Email or contact OMScoordinator@nca-online.org for printable Word Doc copies of the surveys. Copies are not posted online, in the event a center has requested extra items on their specific surveys. Make sure you are using the most recent version of the surveys - if you come across a survey with an old date, contact NCA to make sure it is the right version, just in case updates have been made since that time.

- Pros:
  - Paper surveys may seem more familiar to less tech-savvy CAC staff.
  - Surveys can be incorporated in packets with other information and completed throughout a visit, rather than setting aside a specific time at the end. However, this reduces the benefit of the survey as a wrap-up to the visit and certain items may be skipped or marked "I Don't Know" if the survey is completed too early in the visit.
  - This method allows surveys to be completed by caregivers unable to complete electronic surveys due to cultural reasons or personal preferences.
- Cons:
  - Additional staff time is required to enter responses, which could mean higher long-term costs. Staff new to the system should anticipate needing 5 minutes per survey to enter the results into the system, which can quickly add up over time. 100 surveys, times 5 minutes, equals 500 minutes or over 8 hours - an entire workday!
  - The cost of paper and ink to print large numbers of surveys could add up quickly.
  - Responses are less anonymous – caregivers may be less honest if they see that CAC staff members will be reading their responses.
  - There is a high risk of human data entry errors while entering responses into the online system or simply not being able to read someone's handwriting.
  - Since paper survey results are not immediately available for analysis until they are entered in to the system manually, in contrast to electronic surveys that are available in real time, this delays analysis and reporting.
  - Although NCA will avoid making frequent changes (our goal is to update the surveys on a national level once every 2 to 3 years, depending on needs of the field), it is more difficult to transition paper surveys, since old surveys must be destroyed and new surveys must be printed.

Online Reporting Dashboards in Qualtrics

This is only a brief overview for introductory purposes. As we develop new features in response to user feedback, the exact set-up of the dashboards may change slightly over time. For the most up-to-date and thorough training information, please watch the OMS Part Two Training Webinar: Creating Reports & Sharing Results. The most recent recordings of training videos can be found at http://nationalchildrensalliance.org/members/oms-webinars

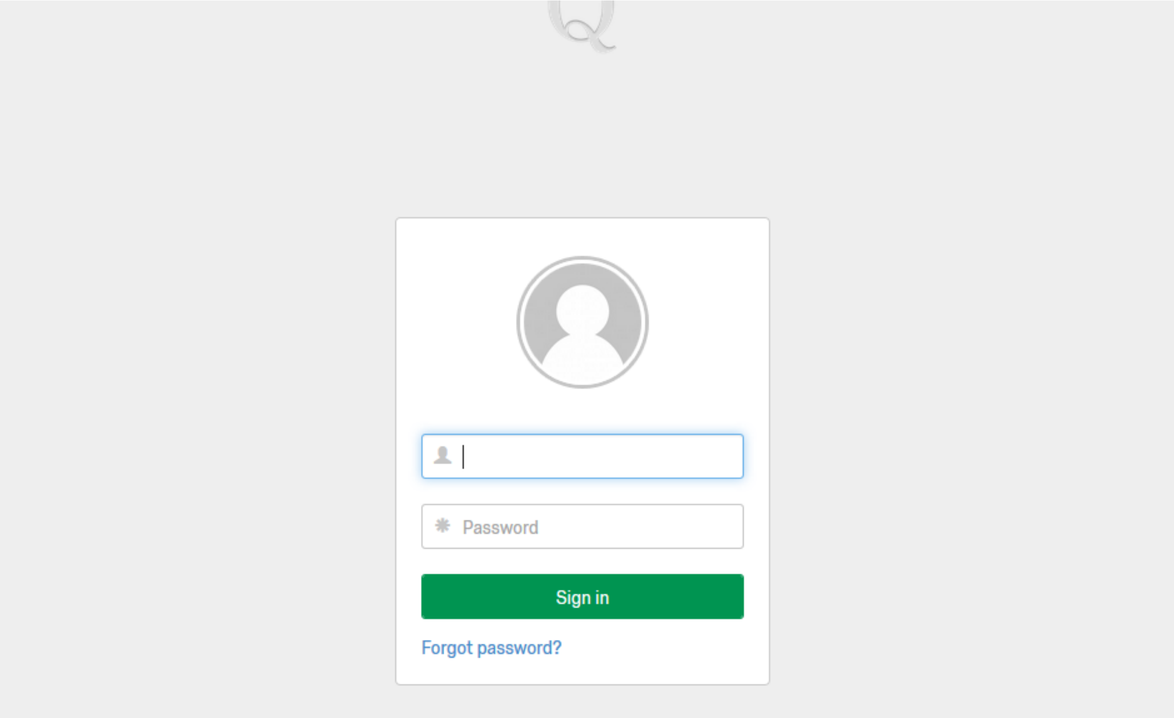
OMS training resources are on the NCA Members Only Website. If you do not have a login for this side of the website, contact membership@nca-online.org for assistance.

Logging in to Your Dashboard

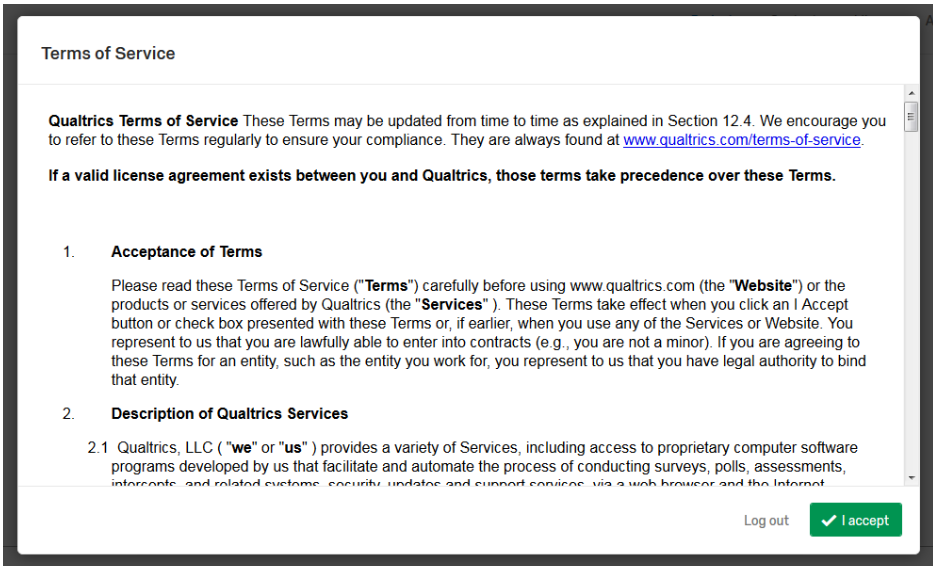
The login page is https://nca.az1.qualtrics.com/vocalize/login

Enter the login email address for your center. Each center has one set of login information. Multiple staff members working on the program must share this information; we do not have the capacity to create separate accounts for individual staff.

If this is your first time logging in to Qualtrics, enter your email address and select "Forgot password?" to set up a password to your account. You MUST use the email address currently assigned to your account. If you wish to change that address, contact OMScoordinator@nca-online.org to make the change on the NCA administrative side and then return to this step once you receive confirmation that the account has been set up.



If this is your first time accessing the dashboard, you must agree to the Qualtrics Terms of Service agreement. If you do not agree to these terms, you will not be able to access the online dashboard to view your results from the OMS program.



Qualtrics Terms of Service These Terms may be updated from time to time as explained in Section 12.4. We encourage you to refer to these Terms regularly to ensure your compliance. They are always found at www.qualtrics.com/terms-of-service.

If a valid license agreement exists between you and Qualtrics, those terms take precedence over these Terms.

1. **Acceptance of Terms**

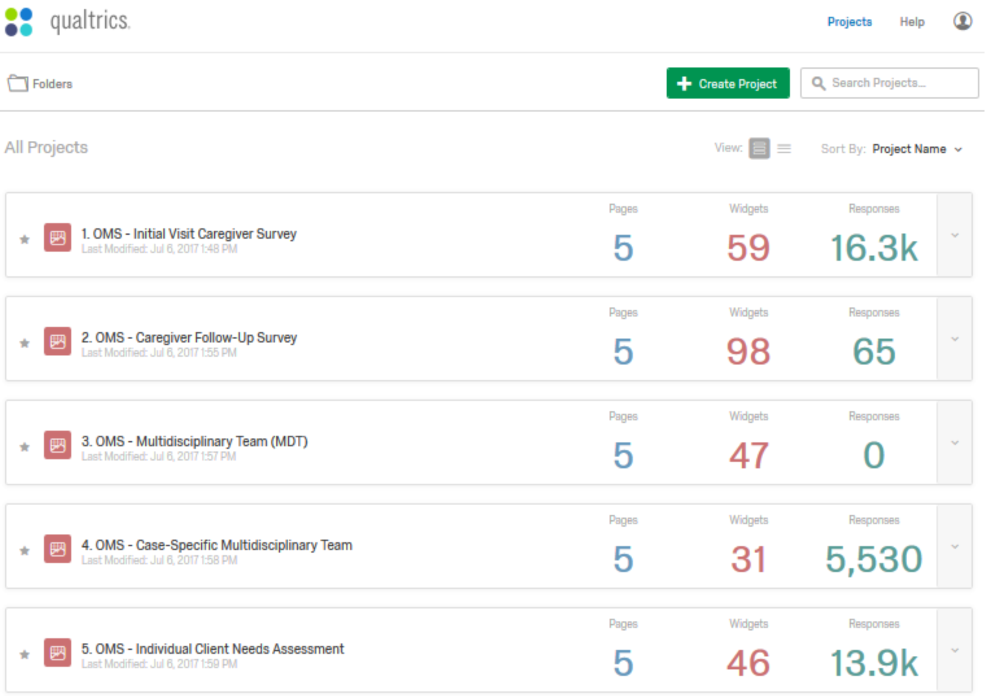
   Please read these Terms of Service ("**Terms**") carefully before using www.qualtrics.com (the "**Website**") or the products or services offered by Qualtrics (the "**Services**"). These Terms take effect when you click an I Accept button or check box presented with these Terms or, if earlier, when you use any of the Services or Website. You represent to us that you are lawfully able to enter into contracts (e.g., you are not a minor). If you are agreeing to these Terms for an entity, such as the entity you work for, you represent to us that you have legal authority to bind that entity.

2. **Description of Qualtrics Services**

2.1 Qualtrics, LLC ("**we**" or "**us**") provides a variety of Services, including access to proprietary computer software programs developed by us that facilitate and automate the process of conducting surveys, polls, assessments,

Navigating the Dashboard

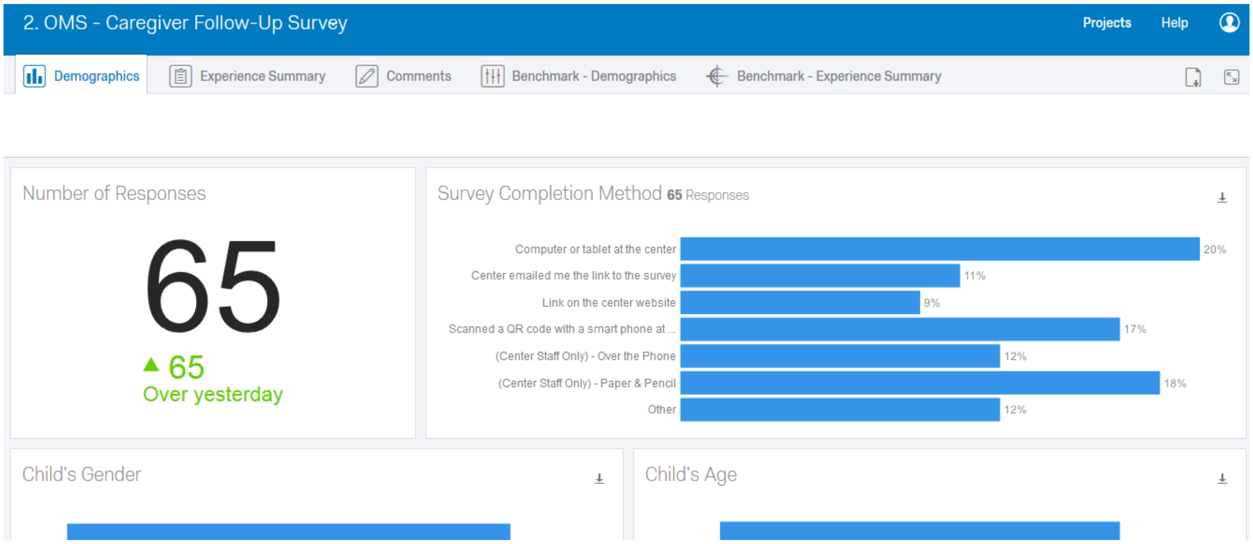
Depending on where you last left off, you will either go directly to a survey dashboard or you will see a list of "Projects" (the 5 OMS survey types) that you can choose from. You can press "Projects" in the upper right-hand portion of the page any time to return to this menu or once you are on a particular project/survey type, you can use a drop-down menu under that survey type to switch to another survey type's dashboard.



	Pages	Widgets	Responses
1. OMS - Initial Visit Caregiver Survey Last Modified: Jul 6, 2017 1:48 PM	5	59	16.3k
2. OMS - Caregiver Follow-Up Survey Last Modified: Jul 6, 2017 1:55 PM	5	98	65
3. OMS - Multidisciplinary Team (MDT) Last Modified: Jul 6, 2017 1:57 PM	5	47	0
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 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. The list below shows the name of each tab and what it does.

- **Demographics**: This is one of three tabs showing just your center's data. This particular tab shows the number of surveys collected, the completion method of the surveys, 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:** This is the second of three tabs showing just your center's data. This particular tab shows the core survey items (multiple choice, etc.) and any comments directly related to those items. This tab is called "Services" on the Individual Client Needs Assessment.
- **Comments:** This is the third of three tabs showing just your center's data. This particular tab shows comments on larger open-ended items, particularly what caregivers appreciated the most about the CAC (on the two caregiver surveys) and the open-ended items for other information/suggestions/notes on all survey types.
- **Benchmark - Demographics**: This is the first of two 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:** This is the second of two tabs benchmarking your center's performance to state, regional, and national results. This particular tab shows benchmarking to all other multiple-choice items on the survey. Open-ended items are not available for benchmarking, as written comments on surveys are considered private to each center. This tab is called Benchmark - Services on the Individual Client Needs Assessment.
- **Additional Tabs:** If your center has requested custom items to be added to your survey, they will appear here. To request additional items, contact OMScoordinator@nca-online.org. Keep in mind that existing core OMS survey items are used for state, regional, and national benchmarking, so they cannot be removed or reworded.



Instructions for using each tab, running filters, and exporting data are available in the recorded webinar trainings.

Visit http://nationalchildrensalliance.org/members/oms-webinars to watch the most recent Part Two OMS Webinar: Creating Reports & Sharing Results.

Frequently Asked Questions

I want my center, caregivers, and MDT members to benefit from using OMS, but I'm just too busy to take on this task or I'm not comfortable using computers. Can I assign this project to another staff member? Yes! We recognize that many CAC Directors and other senior staff members may have a lot on their plates and OMS might feel like more work than you can take on, even though you very much want to use these outcome measures to support the goals of your center. Similarly, you may be a hard-working advocate for children and an effective leader for your organization, but computers may not be your strong suit. In either case, it is perfectly fine to assign day-to-day responsibility for OMS to another staff member at your center who has the time or skills to more effectively manage daily responsibilities for OMS. Even if these responsibilities are assigned to another staff member, CAC Directors can still stay "in-the-loop" and use results for grant applications, staff trainings, and other tasks by requesting regular reports from the assigned staff person. Just make sure your State Chapter OMS Representative knows that both you and your assigned staff members should receive any communications about OMS.

How can we ask caregivers to complete the Initial Visit Caregiver Survey during such a stressful time? It seems like they just want to get out of here! Staff members are often hesitant to request surveys from caregivers, believing that they will be seen as an additional burden at a time when the family is under a lot of stress. However, in many cases this hesitation is due to how staff members are perceiving and approaching the survey process. A good first step is to share the resource "The Role of Advocates in the Outcome Measurement System (OMS)" in the Appendix with all staff members working on OMS.

It is important to remember that OMS surveys are different from any other paperwork the caregiver is filling out during their visit. They are not being asked for details about what happened to their child that led them to the CAC. Instead, they are being asked to reflect on the visit itself and how well prepared they feel for the future. They are asked to take an active role in improving the CAC process and services, which can be very empowering, especially when they may feel like they do not have a say in other parts of the process. Asking for a caregiver's opinion is a way to show that you care about the family's experience and you genuinely want to improve how your CAC serves them and other families. It also allows the caregiver to take a step back, consider the visit as a whole, and remind them to ask any questions they may still have.

This is a very important step in helping the caregiver to feel calm and prepared at the end of their visit. This is why all caregivers should be given the opportunity to share feedback.

That being said, the way CAC staff members approach the survey process is extremely important. At the beginning of the visit when staff members are describing the center, the interview process, and other parts of the CAC process, caregivers should be informed that there will be time set aside at the end of the visit to provide feedback and reflect on their experience. This makes the survey part of the regular process, not just an extra thing to tack on. Staff members should have an upbeat attitude when describing the purpose of the survey, be available if the caregiver has questions while taking the survey (while still keeping an appropriate distance to allow privacy), and enthusiastically thank the caregiver when they are finished.

There are so many options for collecting surveys. Which option(s) should we choose? The answer will depend on the participants as well as the survey type. We generally recommend using a variety of methods to collect surveys, especially at the beginning, so you can decide which method works best for your center. For all surveys, we recommend electronic options, because they require less staff time and reduce possible data entry errors associated with entering responses from paper. Also, electronic surveys may appear less overwhelming for participants, since only a few items are listed on each page. Electronic surveys often take less time to complete than paper surveys, since items are automatically skipped if they are not relevant to a participant. In fact, about 70% of caregivers complete the Initial Survey in less than 5 minutes when using electronic methods and 90% complete it in less than 10 minutes. CACs have historically reported that paper surveys take longer than this, so switching to electronic options could significantly reduce the time burden on participants as well as staff members.

For the Caregiver Surveys, we recommend using on-site, electronic options whenever possible (i.e. a tablet/computer at the center). Offering surveys on-site should result in higher response rates compared to after-visit options (i.e. sending the survey by email) and avoids barriers to participation such as caregivers not having access to a computer/email, changed or disconnected phone numbers, etc.

Many CACs struggle to collect Follow-Up Surveys, but you can increase participation with a little preparation and persistence. Empower families to take a positive role in the CAC process and gather vital information to improve services.

- **Inform Caregivers from the Start:** When caregivers complete the Initial Survey, inform them that there will be a Follow-Up Survey in about two months. Ask for their email address or, if they don’t have access to email, ask for their phone number to do a follow-up phone call or even their mailing address to send them a paper survey.
- **Be Flexible with Timing:** We recommend conducting the Follow-Up Survey two months after the initial visit, but this is flexible. Anywhere between 4 and 12 weeks after the initial visit can be a good time to give the survey, especially if this fits into your existing routine and will get more caregivers involved.
- **Use a Variety of Methods:** Families that return to the center can complete the survey then, but collect email addresses at the initial visit to send follow-up surveys to those who are unlikely to return, make OMS a part of your follow-up phone calls, or even post the link to the survey on your website. Try the different methods and see what works best.
- Ha**ve Interns and Volunteers Get Involved:** The OMS surveys do not contain any case-specific information or sensitive questions, so this is a great project to assign to non-staff team members. Interns and volunteers can send out email invitations and make phone calls to gather feedback from caregivers. If a caregiver has a question or needs further assistance, the message can be passed on to the appropriate staff member.

We recommend sending MDT Surveys by email. MDT members should all have access to email, so this should be an effective way to reach them. MDT members may also put more thought into their responses and answer more honestly when they complete the survey on their own, rather than rushing through a survey while on-site at the CAC. An email template/script is available.

What if a caregiver brings in multiple children? If a caregiver comes to the center with multiple children, they should be asked to complete the survey with regard to the child of primary concern. If the children are of equal concern (i.e. both children required interviews), we suggest the caregiver fill out a survey for each child, since the experience could be significantly different for one child compared to another. Your center may also choose to use a random selection technique for families with multiple children who are unwilling to complete multiple surveys. In this case, one example commonly used in research settings is to select the child with the most recent birthday and fill out one survey based on that child’s experience.

The employee who was handling OMS for our center recently left our organization. How can we make a smooth transition to a new staff person for this project? There are a few things you can do to prepare for this situation before it happens. First, we strongly recommend that at least two staff members are well-trained on how to use OMS. This may include multiple staff members viewing NCA training webinars, having access to paper copies of the surveys and written training materials, and sharing access to the center's online account. Second, all staff members should be familiar with OMS - they should have a general idea of when and how surveys are given to participants and how results will benefit the center. If all staff members understand the value of the program and the basic process to collect surveys, your center will be less likely to experience a drop in participation if the primary person assigned to OMS leaves your organization, because another staff member will understand the importance of the program and can step in to take over.

If the primary staff member responsible for OMS at your center leaves, you should immediately notify your State Chapter Point of Contact for OMS in your state and the NCA OMS Coordinator (OMScoordinator@nca-online.org). Let them know the previous person has left, provide the contact information for the new (or temporary) point of contact for OMS at your center, and give them a heads up as to whether you anticipate any disruptions in data collection. You may also wish to request a new login email address and/or pass-word for your center's online account. If a new person will need training information for OMS, please include this in your email and we will connect them with appropriate resources. We are happy to offer any assistance you might need to make this transition as easy as possible for your center!

Where can I find paper copies of the surveys? We encourage your center to use electronic methods to collect surveys whenever possible. Electronic methods like a computer/tablet on-site at the center or sending or sending the survey out in emails will take less time for participants to complete because they automatically skip some questions based on previous responses. They are also easier for centers, because results are instantly available in your online account as soon as a participant presses "Submit" at the end of the survey. Compare this to the extra time it would take for staff members to enter responses from paper surveys into the system. Electronic methods also reduce the likelihood of data entry errors when a staff member enters paper surveys. Please feel free to check out our special-topic guide in the Appendix (Guidelines for Selecting an Electronic Device for OMS) to help decide which device is best for your center.

However, centers should also have paper surveys on hand for a variety of circumstances, such as when participants do not feel comfortable using computers or your center does not have access to the time-saving electronic options mentioned above. In this case, please contact your State Chapter or OMScoordinator@nca-online.org for paper copies of the surveys via printable Word Docs - we do NOT recommend printing surveys directly from your online account, due to the formatting and large font sizes. We can provide you with specially formatted copies that take up less space and include instructions that specifically guide the participant through completing the survey on paper. Your State Chapter or individual CAC may have also added items to your surveys, so we will verify that you have the correct copies if you contact us directly. This is why we do not post copies of the surveys on the NCA Members Only website, because we would not want you to mistakenly use a generic copy of the survey if your center needs to collect additional information for a specific program or funder.

How do I enter responses from paper surveys? Every participating center has unique links to each survey type (i.e. the Initial Visit Caregiver Survey, the MDT Survey, etc.). This is the link you would send out in an email or save in a web browser on a tablet and is also the same exact link you will use to enter responses from paper surveys. See the guide for entering paper surveys in the Appendix.

What is the best way to conduct surveys over the telephone? Doing surveys over the telephone can be a great option when a caregiver is not able to complete the surveys on-site or through email. Your center can decide whether to have a staff person, intern, or volunteer conduct the surveys and work out a schedule that will work best for that person and the caregivers you serve. A sample script/guidelines and call record are available in the Appendix. We strongly recommend that you have the survey pulled up on a computer during the phone call and enter responses directly, rather than writing down responses on paper. If you choose to write the responses on paper, you should enter them into the online system as soon as possible (see previous question and the guide in the Appendix for entering paper surveys).

APPENDIX

Example OMS Center Participation Agreement

NCA Outcome Measurement System (OMS)
Children's Advocacy Center Participation Agreement through December 2019

A. **Our center is willing and has the capacity to designate an individual to be the key contact person representing the center for OMS with our State Chapter and the National Children's Alliance (NCA).** This individual is expected to utilize all available OMS-related training materials, including but not limited to webinars, in-person trainings, and written documentation.

B. **Our center is willing and has the capacity to attend trainings and request technical assistance to ensure that we are participating effectively in the program.** State Chapters and NCA staff (the OMS Coordinator) will provide this training and technical assistance.

C. **Our center understands that OMS materials may be revised periodically by NCA.** As such, our center is willing and has the capacity to ensure that we are using the most recent OMS survey materials, including the designated online system, as well as the OMS Administrative Guide and documents referring to policies and procedures

D. **Our center is willing and has the capacity to make every effort to collect data electronically and report all results electronically, regardless of the collection method used**. Electronic collection of surveys should be the default method of collecting OMS data in order to conserve CAC staff time and resources. Paper surveys should only be used as a back-up method when electronic options are not feasible or when paper copies are requested by participants. All CACs must ensure they are using the most recent paper version of the survey, as old versions may not be compatible with revised electronic versions. Even when paper surveys are used, results must be entered into the designated online system on a regular basis. If our center chooses to use paper surveys, we will have a clear procedure and timeline in place for entering those paper survey results into the OMS online system. At a minimum, this means entering the results no later than July 15th for the January to June collection period and no later than January 15th for the July to December collection period. However, best practices dictate that paper surveys should be entered much more frequently, ideally once or twice a month, to ensure feedback is being reviewed and recorded on a regular basis.

E. **Our center agrees to contact our State Chapter and/or NCA in the event of any changes to center leadership or staff working on the OMS program.** This includes notifications for the purpose of updating contact lists, as well as updates to the online system, if applicable.

F. **Our center understands that, as a membership benefit, OMS is intended to be used by NCA member CACs.** If our center is currently a non-member or drops to non-member status at any point in our participation in OMS, we must have a clear plan in place for joining (or re-joining) NCA. Our center understands that inactive non-member accounts cannot be maintained in the OMS online system for long periods of time, as NCA must ensure that an adequate number of accounts are available for NCA members.

G. **Our center is willing and has the capacity to monitor OMS performance at our center.** This will include our center using the online system to periodically review the performance indicators (number of surveys collected and average satisfaction ratings on survey items) for our center. Although there are no minimum requirements set by NCA for either the number of surveys that must be collected or the average satisfaction ratings for those surveys, our Chapter or center may set targets for these performance indicators. Our center is aware that we can request assistance from our State Chapter or NCA if these performance indicators fall below our expectations, in an effort to improve survey collection methods and/or CAC procedures related to these performance indicators.

H. **Our center understands that we may only use the OMS surveys, online accounts and other related materials for the intended purposes of this NCA OMS Program.** In the event that our center decides to permanently leave the OMS program (in the sense we will no longer provide data to NCA through the designated online system), we understand that continued use of OMS-related materials is prohibited. We understand that we must notify our State Chapter and/or NCA in writing that we will no longer be participating so NCA may deactivate our center's access to the online system. We understand that such notification should only be made to NCA if we have no intention of participating in the program in the future - i.e. official notification and deactivation of the account is not necessary if a center is experiencing a temporary lapse in participation due to staff transitions or other problems at the center. However, we understand that it is best practice to inform our State Chapter and/or NCA if such temporary barriers occur, as extra assistance may be provided. If we decide to permanently leave the OMS program, a copy of our data collected to-date will be provided within 60 days of notification to NCA. The data itself remains the property of NCA and non-identifying data may be used for aggregate State, Regional, and National reports. We understand that we may rejoin the OMS program at any time if we reconsider and are still current members of NCA in good standing. **Although OMS is a free membership service provided by NCA, my center understands that the OMS surveys and the question items they contain are the property of NCA and, as such, non-participating centers are not permitted to use NCA's OMS items (in whole or in part) to create their own alternative surveys.**

I. **Our center understands that we can request additional items to be added to our surveys, but existing items cannot be removed or reworded.** The surveys have been tested for reliability and validity in their current configuration and altering the existing items could impact their statistical integrity. Results may also be used for state and national purposes, which requires participating CACs to be asking the same core questions, otherwise results cannot be compared across locations. However, our center understands that we can contact our Chapter or NCA OMS Coordinator, Kaitlin Lounsbury at OMScoordinator@nca-online.org to request additional items for local purposes, such as requests from a specific funder or to monitor outcomes of a unique aspect of our local program.

J. **Our center is willing and has the capacity to utilize OMS results.** OMS is only effective if the results are used to improve CAC services. This may involve periodically creating reports or making presentations regarding OMS performance, such as including results in annual reports or public awareness campaigns.

K. **Our center is willing and has the capacity to participate in any future evaluation/assessment of the OMS program conducted by NCA.** This may involve completing periodic satisfaction surveys or using other outlets to provide feedback for the improvement of OMS.

By signing below, I am attesting that our center has reviewed the requirements outlined in this document in its entirety regarding participation in the NCA OMS Program, understands the expectations of centers participating in the program, and is willing and able to fulfill those expectations.

CENTER ORGANIZATION NAME: ____

CITY: ____________________________ STATE: __________________________________

CENTER DIRECTOR/AUTHORIZED AGENCY REPRESENTATIVE

NAME (Printed): __________________SIGNATURE: ________________________DATE: _________

NAME OF STAFF MEMBER RESPONSIBLE FOR OMS (Printed): ______________________________

EMAIL ADDRESS OF STAFF MEMBER RESPONSIBLE FOR OMS: ____________________________

ADDITIONAL STAFF MEMBERS/OTHER NOTES ABOUT OMS PARTICIPATION AND RESPONSIBILIES: ____

SELECT YOUR CENTER'S CURRENT MEMBERSHIP STATUS WITH NCA (Circle One):

Accredited Associate/Developing Affiliate Satellite Non-Member (see below)

Non-Members: If you are not currently a member with NCA, please note that you must have a clear plan to join the movement, approved by NCA, in order to participate in OMS, as the program is considered a membership benefit. Please use this space to tell us about your plans for NCA membership.

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Example OMS State Chapter Participation Agreement

NCA Outcome Measurement System (OMS)
Chapter Participation Agreement through December 2019

A. **Our Chapter is willing and has the capacity to designate an individual to be the key contact person representing the Chapter with NCA and participating Children's Advocacy Centers (CACs) in our state regarding the OMS program.** This individual is expected to utilize all available OMS-related training materials, including but not limited to webinars, in-person trainings, and written documentation.

B. **Our Chapter is willing and has the capacity to provide ongoing OMS technical assistance** to CACs in our state participating in the OMS Program, with support from NCA's OMS Coordinator. The Chapter should routinely access CAC-level training information provided by NCA, in order to provide effective technical assistance to participating CACs. Advanced questions can be referred to the NCA OMS Coordinator.

C. **Our Chapter understands that OMS materials may be revised periodically by NCA.** As such, our Chapter is willing and has the capacity to ensure that all CACs in our state are using the most recent OMS survey materials, including the designated online system, as well as the OMS Administrative Guide and documents referring to policies and procedures.

D. **Our Chapter is willing and has the capacity to assist CACs with the electronic collection of OMS data.** Electronic collection of surveys should be the default method of collecting OMS data in order to conserve CAC staff time and resources. Paper surveys should only be used as a back-up method when electronic options are not feasible or when paper copies are requested by participants. All CACs must ensure they are using the most recent paper version of the survey, as old versions may not be compatible with revised electronic versions. Even when paper surveys are used, results must be entered into the designated online system on a regular basis.

E. **Our Chapter is willing and has the capacity to conduct (or otherwise arrange for) trainings** on implementation and utilization of OMS for individual CACs within the state wishing to participate in the OMS program – both CACs that have already agreed to join as well as CACs that may join in the future. This includes ensuring that CACs attend all required NCA webinar/online trainings. This includes distributing information about NCA trainings to CACs.

F. **Our Chapter is willing and has the capacity to pass on information from NCA to the participating CACs.** This includes general guidelines for participation as well as specific information/announcements, when necessary. Chapters must maintain a list of participating CACs with up-to-date contacts at all times for the purpose of distributing information about OMS.

G. **Our Chapter understands that, as a membership benefit, OMS is intended to be used by NCA member CACs.** Chapters must make special requests to add non-member CACs that wish to participate in OMS and ensure that these centers are provided information about NCA membership options. The center must have a clear plan in place to join the movement, approved by NCA, before the center will be granted access to OMS and NCA will check in with this center periodically to determine the status of that plan. In addition, it is the Chapter's responsibility to ensure that non-member centers are actively participating in the program; inactive non-member accounts cannot be maintained in the OMS online system for long periods of time, as we must ensure that an adequate number of accounts are available for NCA members.

H. **Our Chapter is willing and has the capacity to manage OMS-related requests** or other information provided by CACs and pass these requests/information on to NCA, when appropriate. **In particular, if a center requests an addition to their OMS surveys, Chapters should pass this information on to NCA for actual set-up in the online system. Chapters should also pass along requests for changing login credentials and these changes should be handled by NCA to ensure the change is made correctly in all aspects of the online system.**

I. **Our Chapter is willing and has the capacity to monitor CAC participation within our state.** This will include our Chapter using the online system to periodically review the performance indicators (number of surveys collected and average satisfaction ratings) for the state, as well as individual CACs when appropriate. Although there are no minimum requirements set by NCA for either the number of surveys that must be collected or the average satisfaction ratings for those surveys, Chapters may wish to set targets for these performance indicators within their own states, depending on what is reasonable given the constraints of individual CACs. The Chapter's role may involve contacting CACs to offer assistance if these performance indicators are below what would be expected for a particular CAC.

J. **Our Chapter is willing and has the capacity to promote the use of OMS within our state.** This will involve periodic recruitment activities for CACs not already participating in OMS, as well as efforts to improve survey collection and data usage at centers already participating in the program. In particular, all members of NCA (Accredited, Associate/Developing, Affiliate, and Satellite Members) should be highly encouraged to participate. The Chapter may ask for assistance from NCA to help with these recruitment and improvement activities.

K. **Our Chapter understands that it is responsible for ensuring the OMS surveys, online accounts and other related materials are used only for the intended purposes of this NCA OMS Program.** The Chapter will communicate this expectation to its participating CACs. In the event that a CAC decides to permanently leave the OMS program (in the sense they will no longer provide data to NCA through the designated online system), the Chapter will advise the CAC that continued use of OMS-related materials is prohibited. The Chapter must notify NCA in writing that the CAC in question will no longer be participating in the program so NCA may deactivate that center's access to the online system. Notification should only be made to NCA if the CAC states that they have no intention of participating in the program in the future (i.e. notification is not necessary if a center is experiencing a temporary lapse in participation due to staff transitions or other problems at the center). A copy of the data collected to-date by that center will be provided within 60 days of notification to NCA. The data itself remains the property of NCA and non-identifying data may be used for aggregate State, Regional, and National reports. CACs may rejoin the OMS program at any time if they reconsider and are still current members of NCA in good standing. **Although OMS is a free membership service provided by NCA, my Chapter understands that the OMS surveys and the question items they contain are the property of NCA and, as such, non-participating centers are not permitted to use NCA's OMS items (in whole or in part) to create their own alternative surveys.**

L. **Our Chapter will collect and maintain records of CAC-level participation agreements for the OMS program.** Although the Chapter is not required to submit those agreements to NCA at the time of signature, they must be kept on file with the Chapter and be available to NCA in the event that copies are requested.

M. **Our Chapter is willing and has the capacity to utilize OMS results within our state.** OMS is only effective if the results are used to improve CAC services and the State Chapter should have an active role in supporting these improvements. This may involve periodically creating reports or making presentations regarding OMS performance for the state as a whole. This could also involve assisting CACs to create their own reports or using other methods to distribute information, such as incorporating OMS results into public awareness campaigns.

N. **Our Chapter is willing and has the capacity to participate in any future evaluation/assessment of the OMS program conducted by NCA.** This may involve completing periodic satisfaction surveys or using other outlets to provide feedback for the improvement of OMS.

By signing below, I am attesting that our Chapter has reviewed the requirements outlined in this document in its entirety regarding participation in the NCA OMS Program, understands the expectations of Chapters participating in the program, and is willing and able to fulfill those expectations.

CHAPTER ORGANIZATION NAME: ____

STATE: ______________________________

AUTHORIZED AGENCY REPRESENTATIVE NAME (Printed):___________________________

SIGNATURE: _________________________________ DATE: __________________

ADDITIONAL NOTES ABOUT OUR CHAPTER'S PARTICIPATION IN OMS, INCLUDING NAMES/EMAILS OF ANY ADDITIONAL CHAPTER STAFF ASSIGNED TO THE OMS PROGRAM IN OUR STATE

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OMS Quick Start Guide

1. Open the documents attached to your OMS Start-Up Email and save them on your computer for easy future reference or visit http://nationalchildrensalliance.org/members/oms-documents for copies of all current documents (NCA Members Only Website - requires login).
2. Preview the online versions of the OMS surveys using your custom links listed on your OMS Start-Up Email.
3. Attend or watch a recording of the Part One training webinar. Reference the written materials as needed (the OMS Administrative Guide and any supplemental guides) for further information and instructions for specific features. **There is no need to read all the materials in one sitting!** Just skip to the sections that are relevant to your stage in the process.
4. **Optional: If you are happy with the appearance of the surveys and you do not need to add any extra items for your center, you can skip this step and get started immediately!** If you need to make edits to custom features of your center's surveys (i.e. your center's logo at the top of each survey, your center's name or contact information, or if you need to add more items to your surveys, such as for specific funders) contact OMScoordinator@nca-online.org and we will add them for you! Existing items cannot be reworded or removed from the surveys, as this would undermine the national reporting process and statistical integrity of the surveys. However, additional items may be added to the beginning (background/demographic questions) or end of the surveys (all other questions).
5. Decide what method you will use to collect surveys, purchase any supplies/devices (i.e. a tablet for caregivers to fill out surveys), and **start collecting surveys**! If needed, you can start with one survey type and move to the other types at a later point. Keep in mind that caregivers do not need to complete the Initial Survey to be eligible to complete the Follow-Up Survey – the two surveys are both anonymous and not connected for individual participants. For more advanced tracking, we recommend adding fields for the Initial Survey and the Follow-Up Survey to your current case tracking system. This allows you to record if each survey was offered to the caregiver and then either declined or completed. This is not a requirement and you do not need to report this information to NCA, but it may help your center stay on track with collecting the OMS Surveys from caregivers.
    a. **How will you collect the Initial Visit Caregiver Survey?** We recommend using a computer/tablet on-site, but you can use paper surveys, send the caregiver an email to fill out the survey at home after their visit, or use a combination of methods. If you are using a computer/tablet on-site, add the Initial Visit

Caregiver Survey link as a bookmark/favorite on the device for easy access (do a Google search for "how to add a bookmark on [your device/web browser]" if you are not sure how to do this). A staff member should open the survey for the caregiver and then give the caregiver some space to complete it, but still be nearby enough to answer questions. As soon as the caregiver hits "Submit" at the end of the survey, they should return the tablet to the staff member and the staff member should inform them about the Follow-Up Survey (see below) and ask how they would like to receive it.

   b. When and how will you collect the Caregiver Follow-Up Survey? We recommend collecting this 2 months after the Initial Visit, but the timing is flexible. At the Initial Visit, tell the caregiver to expect the Follow-Up Survey and ask them how they would prefer to complete it. If the caregiver returns to the center for follow-up services in this timeframe (i.e. for counseling, etc.), they can take the survey on paper or a computer/tablet while they are at the center. However, many caregivers may not return to the center, so we recommend collecting every caregiver's email address and/or phone number (usually both, just in case) and then either send the email invitation or conduct the survey over the phone at the agreed-upon time (guides/scripts are available). The OMS Follow-Up Survey can be integrated into the follow-up calls you may already make, but will not replace any other follow-up procedures your center currently uses (unless you already use another survey – in which case please contact us to find out how to "merge" your survey with the OMS survey). Volunteers and interns can conduct the surveys over the phone, if needed and available, as the surveys do not contain any case-specific information or sensitive topics.
   c. How will you collect the Multidisciplinary Team (MDT) Survey? We recommend sending the survey by email (a template/sample script is available) and including a specific deadline for the team to complete the survey. The survey should ideally be given once every 6 months and results should be discussed with the MDT members. If you prefer, you can give the survey on paper at a team meeting, but you will need to enter the responses into the online system as soon as possible for tracking purposes.
6. Once you have collected a few surveys, you should attend/watch a recording of the Part Two webinar to learn how to create reports and share results with others.

If you have any questions or run into any barriers to participation in OMS at your center, please contact NCA's OMS Coordinator, Kaitlin Lounsbury, at OMScoordinator@nca-online.org or (202) 548-009 x211. We offer unlimited technical assistance at no charge to help your center make the best use of OMS!

Myths and Facts about Tablets for OMS

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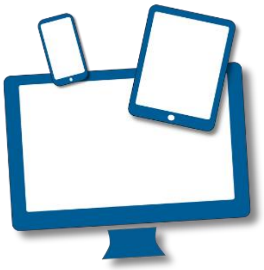


Myth: Paper surveys save staff time, because we don't have to learn something new.
Fact: It takes, on average, 5 minutes to enter each paper survey into the online system for OMS (which is required for participation in the program). If you collected 100 surveys, that would be 500 minutes or over 8 hours (an entire workday) to enter all those surveys! Setting up a tablet for OMS is as easy as opening the web browser, typing in your center's custom link to the survey, and saving it as a bookmark/favorite. After that, every time a family fills out the survey on the tablet, it is sent to the online system automatically. Even if you aren't collecting that many surveys, the peace of mind knowing that you have one less thing to do at the end of each month, quarter, or 6-month period is well worth that set-up time!

Myth: Paper surveys are faster and easier for participants.
Fact: OMS surveys are designed to be taken online. The surveys are divided into pages with just a few items, making the survey appear less overwhelming for the caregiver. The system automatically hides follow-up items that are not relevant to certain families (i.e. "If yes, then…" types of items) and skips to the next applicable item. This means the caregiver does not need to read instructions for skipping like they would on a paper survey, making the survey itself shorter and easier to read.

Myth: Caregivers don't know how to use technology.
Fact: According to the PEW Research Center, 88% of adults are using the Internet as of 2016 (http://www.pewinternet.org/data-trend/internet-use/internet-use-over-time/). Although proportions of Internet users may be slightly lower in rural areas or among certain segments of the population (i.e. older people), many of the caregivers you see at your center are likely familiar with technology - computers, cell phones, and tablets. Most caregivers can take the survey on a tablet with very little instruction. However, you can always have a paper copy on hand as a back-up method for anyone who is uncomfortable!

Myth: We would have to spend hundreds of dollars to get a tablet for our center.
Fact: The only system for OMS works on any device that connects to the Internet. In fact, the most popular device for OMS is the Kindle Fire, which costs less than $50! Many State Chapters, Regional CACs, and other organizations/funders may also be willing to purchase tablets for their members, so it never hurts to ask. Other centers have had great success getting devices donated from local businesses or individuals in their communities. With all these options available, the actual cost for your center to get a device for OMS is likely very low, if anything!

Guidelines for Selecting an Electronic Device for OMS

Question: Why should my center use an electronic device to collect surveys? We've been using paper surveys and that seems to work fine for us.
Answer: Paper surveys are still an option for collecting surveys, along with many other methods, but we strongly encourage you to consider the pros and cons of all your options. In fact, we often suggest using multiple methods, since caregivers and MDT members may prefer to use different options to share their feedback.

One of the major drawbacks of paper surveys is the amount of time they take, both for caregivers and for center staff. The surveys are designed so that certain items are only appropriate if a previous response is selected (for example, "If yes, then…" types of items asking for more information about a topic). In the online version of the surveys, these items are automatically skipped if they are not relevant based on a previous response. On a paper survey, all possible options must be available and the caregiver must read instructions to know which items to skip. The surveys thus appear longer on paper due to these items and instructions. In addition, the online version of the surveys is divided so that usually only 4 or fewer items display on each page, ensuring that response options are always visible and making each page less overwhelming compared to seeing all the items printed out in a paper survey. All of these factors contribute to making electronic surveys faster and easier for caregivers. In fact, when we analyzed results from the Initial Visit Caregiver Surveys, we found that 70% of participants completed the survey in less than 5 minutes when using electronic methods and 90% completed it in less than 10 minutes. CACs using paper surveys have historically reported that surveys can take longer than this (up to 15 or 20 minutes for some caregivers), perhaps due to the factors mentioned above, so switching to electronic options could significantly reduce the time burden on participants.

Paper surveys must also be entered into the online system on a regular basis, presenting a potential time burden for staff members. This essentially doubles the amount of combined effort per survey – the caregiver completes it on paper and then a staff member must enter the responses into the online system. Even though entering a paper survey only takes about 3 to 5 minutes to enter on average, this can certainly add up over time. Imagine that your center collected 100 Initial Visit Caregiver Surveys. This would take about 300 to 500 minutes, or 5 to 8 hours (essentially an entire workday), to enter all those surveys. The surveys also need to be entered on a regular basis, about once or twice a month, so the assigned staff member would need to frequently fit this into their schedule. On the other hand, setting up a computer/tablet only takes a few minutes at the beginning and then requires no maintenance from that point forward – results are automatically sent to your center's account as soon as each caregiver presses "Submit" at the end of the survey. In addition, entering paper surveys increases the potential for data entry errors. For example, a staff member may mistakenly check off the wrong box or have trouble reading a caregiver's handwriting in an open-ended comment.

Question: We aren't very "tech savvy" at our center. Our staff members aren't very good with computers and/or we think caregivers won't be comfortable using technology like this.
Answer: It is certainly true that not everyone finds computers easy to use. However, NCA specifically chose a survey system that is simple and intuitive. We also offer a variety of training materials, in different formats depending on how you learn best (written materials AND video demonstrations/webinars) and you are always welcome to call or email us if you would like us to talk you through something, no matter how small. We are also do most customizations for you, such as adding your center's logo, name, contact information, and extra items by request. That means all you'll need to do is type in that link on your computer/tablet (better yet, save it as a bookmark/favorite so it's easy to find and you won't have to type it in each time) and then hand the computer/tablet to the caregiver. There's no need to download special software – it is just through the web browser like any other website on the Internet. We are confident that even the least tech savvy CAC staff member can learn to use OMS and we will help you any way we can!

We know how important it is to not jump to conclusions about the caregivers we serve, right? Well this includes assuming that someone does not know how to use various types of technology. Computers and cell phones are a huge part of our society today and many people use them on a daily basis. Basing your OMS process on a potentially false perception like this does a disservice to the caregivers, as well as the center staff. Paper surveys have many drawbacks (see above), making a computer/tablet a better option for most centers. In addition, a computer/tablet can often be obtained for little to not cost to your center (see FAQs below), making it a worthwhile, low-risk option. You can certainly still have paper copies on hand for some caregivers (for example, caregivers unwilling to use technology due to religious, cultural, or other personal beliefs), but at least give caregivers the option to choose. Even if only a fraction of caregivers choose to use the computer/tablet, at least that sub-section of surveys will not need to be entered by staff members, potentially saving many hours of staff time over the course of your center's participation in the program. We specifically switched to an online program to make the process easier for our members, so please take advantage of it!

Question: Do I get a tablet from NCA? How else can we pay for OMS-related equipment?
Answer: To keep OMS a free membership benefit, NCA is unfortunately not able to purchase tablets for our hundreds of members across the country. Although NCA does cover the cost of the online system itself through your member dues and other funds, we rely on CACs to find local resources for any technology/devices you may wish to purchase for the program. Many CACs, State Chapters, and Regional CACs are able to use a variety of funds to pay for tablets. Private foundations and public funding such as VOCA may also cover such expenses, as they are used directly with your clients. For resources in your specific area, we recommend speaking with your CAC's Director or grant administrator (if you are a staff person) or CAC Directors can speak with State Chapters or Regional CACs to find out about resources to cover OMS technology costs in your area. Some CACs have even had equipment donated to their center by businesses or individuals in the local community. Remember, you do not need a high-end device to use OMS – most anything with an Internet connection will do (see next question).

Question: What features or technical specifications should we look for when purchasing a tablet or other computer equipment for OMS?
Answer: Virtually any device capable of connecting to the Internet can be used to collect surveys, so most of the features you will look for will be based on the needs of your individual center. **One very important thing to consider is whether or not you will have access to WiFi Internet in your center.** Virtually all tablets require WiFi to connect to the Internet, so if you are in a location without stable WiFi access, you may wish to consider using a laptop or desktop computer, since these regular computers will support wired connections (i.e. Ethernet cable, DSL). Overall, keep in mind that more expensive device options are not usually necessary (something in the $50 - $100 range should be more than sufficient). The most popular device choices so far across CACs have been the Kindle Fire, the Google Nexus, and other tablets based on the Android operating system. A small number of centers have chosen the iPad or iPad Mini, but these devices tend to be more expensive. If you plan on using the device for other purposes, it may be worth spending more on a higher end device, but in general we recommend that the device you purchase for OMS only be used for collecting surveys, since you will be handing this devices to potential hundreds of caregivers over time.

In general, the more important factor will be what web browser you are using on your device. Surveys will be supported by virtually any web browser, but in our experience Google Chrome and Mozilla Firefox work the best. The Silk web browser on the Kindle Fire and the Safari web browser on Apple devices also tend to work well. Chances are that you will not experience any problems with your chosen web browser. However, keep in mind that some organizations (especially hospital-based or government-based centers) may need to get approval or assistance from your IT department to download a new web browser. For example, most PCs come with Internet Explorer by default, which tends to have more glitches across a variety of websites (not just the OMS online system).

You can also use older donated devices, such as an older laptop or desktop computer. However, you may need to update the Internet option on this computer to a modern browser such as Google Chrome, Mozilla Firefox, or a newer version of Internet Explorer (9 or higher). In general, whenever you receive a donated device, you should ask your IT department to ensure that it is wiped clean and the newest version of your chosen web browser has been installed.

What size device should I choose?
Some centers may wish to have something small and portable that can be used in multiple locations. For this, you will likely want to use a small to mid-size tablet. In general 6” to 10” screen sizes are ideal, because they are large enough (without being too bulky) that the items on the screen are easy to read and the touch keyboard will have large enough buttons to make typing convenient.

However, some centers may be concerned that small tablets like this could be easily stolen. To reduce this risk, there are two main options (beyond just keeping close watch on the tablet and using common sense about the location you are having caregivers take the survey). First, you could choose to buy a larger tablet or a light-weight laptop, which would be harder to slip into a purse and walk out of the building with, for example. Second, you could purchase a specially designed case/stand or locking cable that attaches to the tablet to prevent theft. A quick search on Amazon for "tablet security" lock, cable, stand, case, etc. will bring up many relatively low-cost options (generally between $20 and $40). However, so far CACs have not experienced problems with theft by caregivers, as they administer the surveys in a secure location and they make sure that the caregivers return the tablet to them before leaving the center.

One thing that you should also consider is how to secure the tablet when it is not in use. We recommend keeping it in a locked filing cabinet or other area, especially if you are in a shared space where many different people might have access. Some devices also have security options that can help locate the device if it is stolen. Consider all your options, use your best judgment, and feel free to ask your Chapter or NCA's OMS Coordinator if you have any questions!

OMS Email Suggestions - Caregiver Surveys

This template can be used for both Initial Visit Caregiver Surveys and Caregiver Follow-Up Surveys, making sure to indicate the timeframe in the body of the email. If you are sending both Initial and Follow-Up Surveys by email, consider using slightly different subject lines and messages, so it is clear that they are separate surveys and the caregiver should complete BOTH of them.

Consider using the following sample email text, substituting your center's name where it says [Children's Advocacy Center] and personalizing any other parts of the message as appropriate for your center and the family you are contacting. Personalized messages will work best, so be sure to include the name of the center and why you value feedback from this caregiver.

Remember that the Initial Visit Caregiver Survey is best sent immediately after the visit or within a few weeks. By one month, the Initial Survey is no longer appropriate and you should instead send the Caregiver Follow-Up Survey. If your center is utilizing the Caregiver Follow-Up Survey, it should be sent to all caregivers, regardless of whether they completed the Initial Survey on-site at their visit, afterwards by email, or not at all. In other words, a caregiver does not have to complete the Initial Survey to be eligible to receive the Follow-Up Survey; they are separate.

Sender: [Send the invitation from the CAC Director, Advocate, or another staff member the caregiver will recognize]

Subject: Please tell us about your experience with [the Children's Advocacy Center]

Body:

Dear Caregiver,

[Approximately X days, weeks, months ago], you and your child visited [the Children's Advocacy Center]. We would like your feedback on the services provided to your family by the center, how well-supported you and your child have felt by the center staff, and how we might be able to improve the services we offer to families. We believe every caregiver should have a voice in the process at our center, so please take this opportunity to share your opinions!

Please use the following link to fill out a survey about your experience: [Invite Link]

If you have any questions about the survey or anything else related to your experience at [the Children's Advocacy Center], please contact [Staff Member] at [email address] or [phone number].

Thank you!

[Children's Advocacy Center Staff]

Sample Email Suggestions – MDT Surveys

You will get the best results if you include a personal message that reminds the MDT member why they are receiving this survey and how the results will be used. Be sure to personalize the invitation so the team members will be more likely to participate. It is also helpful to include a deadline for filling out the survey – 2 or 3 weeks works well for most teams. If you plan to present the results to the team, be sure to mention this as well.

Sender: [Send the invitation from the CAC Director, MDT Coordinator, or another staff member the team will recognize]

Subject: Please tell us about your experience with [the Children's Advocacy Center, Multidisciplinary Team, etc. - customize for your center]

Body:
Dear Team Member,
As a valued member of [the Children's Advocacy Center Multidisciplinary Team], we want to hear your opinions and suggestions about the work of the team. Your feedback will help us find out what is working well, what changes are needed, and how we can continue moving forward in a positive direction.

Please use the following link to fill out a brief survey about your experience: [Invite Link]

Please complete this survey by [Date]. We plan to discuss the results of these surveys at our meeting on [Date].

If you have any questions, please contact [Staff Member] at [email address] or [phone number].
Thank you!

[Children's Advocacy Center Staff]

Sample Template for Take-Home Packet Handout

YOUR
LOGO
HERE

Please tell us about your visit to [Children's Advocacy Center Name Here]

Did you feel supported? Were your questions answered? Did you receive information about additional services available for you and your child?

Please tell us how we did and how we can improve our services for children and families!

Please use the following link to take an anonymous online survey about your experience at the center:
[Your Center's Customized Link to the Initial Survey Here]

***Consider using bitly.com to make a short, customized link that will be easy for a caregiver to type in on their computer or smart phone.

Contact Information for Questions or Concerns:
Phone: 123-456-7890
Email: fake-email@example.com

NATIONAL
CHILDREN'S
ALLIANCE®

OMS Telephone Guidelines, Script, and Sample Call Record

General Guidelines for Conducting a Phone Interview

Note: “Surveyor” refers to the staff member, intern, or volunteer conducting the survey for the center. “Respondent” refers to the caregiver for OMS Caregiver Surveys or the MDT Member for the Multidisciplinary Team Survey.

Honor Confidentiality

Confidentiality is important for the respondent. You want them to feel comfortable answering honestly. It would be ideal if the surveyor and respondent have not had prior contact with each other, to ensure confidentiality and eliminate bias. We realize, however, that this may not be feasible. Using interns, volunteers, or a staff person that is not assigned to the case can help increase confidentiality. If this is not possible and the staff member doing the interview is assigned to the case, staff should emphasize to the caregiver that their responses will not impact the case. The staff member should not allow answers on the survey to impact their own work on the case.

Emphasize Duration

Stress that the interview is short and will only take a few minutes of their time. Alternate days/times and methods (i.e. emailing them the survey) can also be offered.

Stress Survey Importance

Use strong language to stress the importance of the survey and how it will help them, the center, and the community.

Stick to the Script

It is important that the surveyor sticks to a set script and asks the core questions in the exact way they are worded. This will prevent the surveyor from biasing questions in any way. There are select questions (such as optional comment boxes below multiple-choice items) that do not need to be read out loud (these are just to record any spontaneous comments a caregiver might make while answering the core multiple-choice item). You should only reword or explain an item if, after reading the existing item, the caregiver says they do not understand. Make a note of this in the optional comment box and, if it seems appropriate, provide this feedback about the wording of the survey item to your supervisor and/or the OMS Coordinator.

Understand question – comprehension

There is a link between how the surveyor understands a question and how the respondent will understand that same question. Therefore a surveyor’s understanding of a question is important. If you do not understand a question, ask your supervisor and/or the OMS Coordinator.

Remain Neutral

It is important to remain neutral when interviewing. You must be careful not to give the impression that there are right and wrong answers. When asked to clarify a question, do not reformulate it in a leading way.

Read Questions Slowly

Read questions slowly so that respondent can understand them. The surveyor will also appear more confident, legitimate, and in control. This will in turn help the respondent take the survey seriously.

Provide Feedback

Providing proper feedback on a phone interview is extremely important. This will help keep the respondent interested. It is important that proper feedback is used (i.e. matches the caregiver's tone). The feedback should generally keep to neutral language such as: 'that is helpful' or 'that's useful.' Note any comments they might make about an item, either positive or negative, and assure them you are listening by saying "I will make a note of that"; do not gloss over a problem by simply saying "OK" and moving on to the next question. If the caregiver expresses a problem, it is a good idea to ask if they would like someone to contact them or at least indicate that you will pass the feedback on to the appropriate personnel.

Control Conversation

You want to keep the interview moving and keep the respondent focused. Some people can get chatty on the phone and start telling stories instead of actually answering the question. If a respondent starts talking about how nice everyone was when she came in and so forth, the surveyor can make a note of this in any applicable comment boxes, but must be able to politely get back on track. Again, stick to neutral feedback and keep the interview moving. Saying something like "That is really helpful. The next question is…" is a polite, but firm way for moving forward.

Controlling the non-response and refusal rates

It is important to control the non-response and refusal rates to get a more representative sample. There are a number of reasons why respondents might refuse to participate in the survey. A soft refusal (i.e. "I don't really have time right now") will constitute reasons which in the surveyor's perspective might be temporary. In such cases it is worthwhile to try again later. On the other hand, if a potential respondent is harsh and makes it very clear that he/she absolutely does not want to be a part of the study then they should be taken off the list. An example of a hard refusal will be someone asking you not to call them again. Use your judgment to determine the nature of the refusal.

Call Record

See the sample call record and instructions. You are welcome to edit the call log to fit the needs of your center. The staff/intern/volunteer can either fill out the call log electronically or print a copy. Some centers may find that an Excel spreadsheet is preferable to a Word Doc for electronic record keeping. In general, we recommend attempting to contact the caregiver a minimum of 3 times, but this can be through a combination of phone and email attempts, if you are using multiple methods to distribute surveys at your center. If you are using a hybrid attempt combining email and phone calls, be sure to check whether the caregiver has already completed the survey by email before attempting to do the survey over the phone.

Phone Interview Script (English & Spanish)

The following script should be used as a guide for completing surveys with caregivers over the phone. However, your center may wish to edit this script to meet the needs of your center and the caregivers in your community. Edits of this type are fine, as long as you read the actual survey items exactly how they are written (with the exception of optional comment boxes mentioned earlier under General Guidelines – Stick to the Script). You should also read the introductory text at the beginning of each survey to ensure the caregiver understands the voluntary nature of every survey item and the confidentiality of their answers.

We strongly recommend that the staff/intern/volunteer fill in the caregiver's responses in the online version of the survey, rather than writing down the answers on a paper copy (which will then need to be entered online later, adding to the time it takes to complete the survey process). Typing is also usually faster that writing, so you should be better able to capture open-ended responses. When using the online version of the survey, be sure to fill in the first item on each survey that says "How did you reach this survey?" If you are on the phone with the caregiver, use the "(Center Staff Only) – Over the Phone" option. If you choose to write down the caregiver's answers on paper during the interview and then enter them online later, you must select the "(Center Staff only) – Paper & Pencil" option and fill in the month and year the survey was actually completed (this is especially important if there is a significant delay between when you completed the survey on the phone and when you enter the responses online.

The following is a sample script. However, it is important to keep your tone natural and use language that will be welcoming for the caregiver. Feel free to reword these opening statements/questions to better fit your needs, as long as the actual survey items are read exactly as they are written.

If someone answers the phone:

Hello, my name is ___________. I'm calling from ___________. Can I speak to___________?

If you have reached the caregiver, proceed with the script below. If the person on the phone needs to go get the caregiver, wait and then proceed with the caregiver. If the caregiver is not present, ask when would be a better time to reach them (use your best judgment or the policies at your center if you decide to leave a message with someone – in many cases, it is preferable to call back another time rather than leave a message, given the nature of a CAC's work).

(As I said) My name is ___________ and I'm calling from __________.Thank you for taking the time to speak with me today. We are interviewing caregivers who have received services through our center. This is a very important survey. We want to make sure we are doing the best we can with the services and programs available to families at our center. The survey is anonymous, and will only take 10 - 15 minutes of your time. Would you be willing to spend a few minutes of your time to participate?

If **No:** I understand that you might not want to do the survey over the phone. Would you prefer if I email the survey to you so that you can take it whenever is most convenient for you?
*If they still say **No**, thank them for their time and remind them of the number for the center in case they change their mind or have any questions.*

If **Yes**, then proceed.

Before we start, I would like to explain how the survey will go and answer any questions you might have. We are interviewing clients who have received services through our center. I would like to ask you some questions about you and your child's experience with the___________.

Introductory text from the survey (altered slightly for the phone interview):

The information you provide in this survey will help us to improve our services and better assist our clients. The information you provide is confidential. Your answers will not be traced back to you, nor can this information be used in any legal proceedings. Your participation in the survey is entirely voluntary – if you do not wish to answer a particular question, let me know and we can skip that question.

We will not be discussing your child's case in particular, just your experience at the center and any services, programs, or other resources that you and your child were offered. Please only consider your experience with the center itself, not with other agencies you might have had contact with as part of your child's case (for example, law enforcement or child services).

[*If applicable (interns/volunteers/staff not assigned to the case):* I am not assigned to your child's case, so I will not be able to answer questions you may have about that.]

However, if you would like someone to follow up with your regarding your answers to this survey or any other questions about the center, please let me know and I will make a note for the appropriate person to call you back.

Please remember that there are no correct answers. We value your opinion, and it will help us improve our service.

Do you have any questions before we begin?

Possible questions and responses:

How long will this take?
Approximately 10-15 minutes.

Haven't I already filled out a survey?
You may have filled out an Initial Survey. Now that it has been several weeks since your first visit and you have had a chance to use some of the services or programs we offered to you and your child, we would like to follow up on your experience.

Why do you need this information?
This information will help us to more effectively serve you and your child along with other families in the future.

Will this information affect my child's case?
No. This information will be used to help us serve our clients better. Your answers will not be used in any legal proceedings nor will your answers in any way affect the services you receive from us now or in the future.

Possible reasons for refusal and suggested responses:

I'm not interested.
The results of this survey will have a direct impact on the services provided by our center. Your opinions and insights are very important to us. It will only take about 10 minutes of your time.

I don't have time for this.
The survey only takes about 10 minutes and I can assure you that your responses are valuable to us and will impact the services provided by our center. I can also call back at a time that is more convenient for you or I can send you the survey by email. *[If they select this option, collect the email address and give them an approximate timeframe for when to expect the email – preferably within 24 hours.]*

I don't like answering questions over the phone.
I understand your concern but we're actually just looking for general opinions. Why don't I try reading you a few questions and we'll see how it goes? Of course, if there are any questions you don't want to answer, just let me know and we can skip those.

I can also send a link to the survey to your email address. Would you prefer to do the survey online? *[If so, collect the email address and give them an approximate timeframe for when to expect the email – preferably within 24 hours.]*

I only do surveys through the mail, just send it to me.
The reason we do surveys over the phone is because it's much faster and more accurate, and because I will be available to answer any questions you many have about the survey itself. It only takes about 10 minutes.

I can also send a link to the survey to your email address. Would you prefer to do the survey online? *[If so, collect the email address and give them an approximate timeframe for when to expect the email – preferably within 24 hours.]*

[If the caregiver still requests the survey to be mailed, mail it to them along with a self-addressed, stamped envelope.]

I'm satisfied with things the way they are / I don't have any complaints.
We're very interested in speaking to people who are satisfied as well as dissatisfied, so that we can identify what types of programs and services should be continued or expanded as well as those that should be discontinued or changed.

I wouldn't know anything about that / I don't use those services.
Most of the questions are just about your general experience, not specific services. If you did not receive a particular service, we can skip that question. It's still very important that we get your opinion, because we are interested in knowing what people should be informed of as well as what they already know. "Don't know" is a valid answer to any of the questions.

Just put me down as being happy with everything.
I'm sorry, but I need to ask the questions individually. We have questions on many different aspects of our services, some of which are Yes or No questions about your particular experience that I don't have the answers to. It is important that we record all your opinions accurately.

OMS Caregiver Follow-Up Survey Call Record for Staff/Interns/Volunteers

Instructions (see next page for the call record):

Caregivers should be called 3 times before being marked as non-responsive. If you reach a caregiver, you should offer to either do the survey at that time over the phone or send them a link to the survey by email, whichever they prefer. If they request to receive the survey by email, the email invitation should be sent within 24 hours.

Codes for Each Attempt:

Use the following format: **MM/DD/YY - Code**

Final Codes:

- **1 - Completed by Phone:** Caregiver completed the survey over the phone
- **2 - Requested Email:** Caregiver requested to receive the survey by email
- **3 - Refusal:** Caregiver does not wish to complete the survey (Hard refusal – i.e. “I do not want to take the survey” or “Please do not call me again” NOT soft refusals like “I don’t have time right now.” For soft refusals, offer to call another time or email the survey.)
- **4 - Non-Responsive:** After 3 temporary codes below (or Code 9 with no other number available), use this as the final code.

Temporary Codes:

- **5 - Call Another Time:** Caregiver agrees to take the survey, but asks you to call another time. Make a note of the time they have requested.
- **6 - Left a Message**: Leave a voicemail or a message with another person who answers the phone with a number to call back.
- **7 - No Answer:** No one answered the phone – voicemail unavailable.
- **8 - Out of Service:** Automated message saying the number is out of service. **Try again after a few days – the number could have been temporarily shut off and may be activated again.**
- **9 - Wrong Number:** Another person answers the phone and says you have the wrong number (no one there by the caregiver’s name). **See if there is another number in the records for this caregiver. If not, mark this caregiver as non-responsive.**

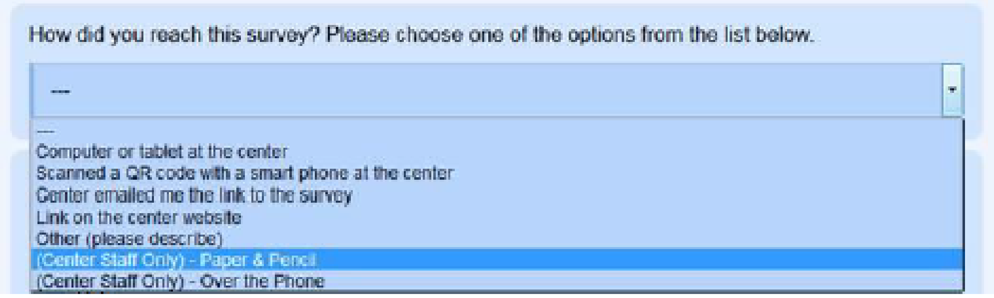
OMS Call Record

Caregiver Name	Phone Number	Attempt #1	Attempt #2	Attempt #3	Final Code

Entering Paper Surveys for the Outcome Measurement System (OMS)

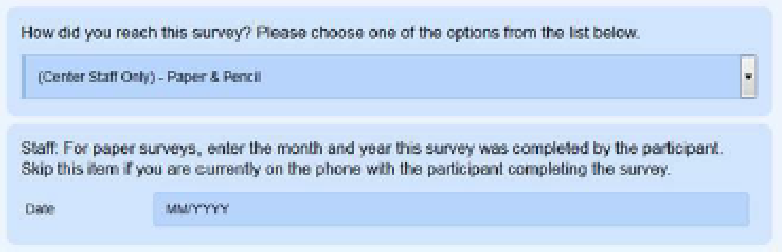
1. Open the survey with your center's custom link for the appropriate survey type. If you do not know your center's custom links, contact omscoordinator@nca-online.org or search your email, or ask a colleague who may have received the links originally (custom links are emailed to the designated OMS contact person at each center at the beginning of participation in the program or in the event of any changes). Consider saving the links as bookmarks/favorites in your web browser (save them BEFORE entering any responses) for easy future access. Please note that the exact color scheme and format of the item may differ slightly depending on which version of the online system you are using.

2. In the first item on the survey "How did you reach this survey? Please choose one of the options from the list below," select "(Center Staff Only) – Paper & Pencil"



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

2. Once selected, another item will appear to enter the date (month/year) the participant completed the survey.
   a. In FluidSurveys, this appears as a new item on the same page. Click where it says MM/YYYY to bring up a calendar to select the year. Once the year is selected, another calendar will display to select the month. **If you are not sure of the exact month the survey was completed, but you know, for example, that it was completed between July and December 2015, please select a month within that range, such as December 2015, as the date.** All paper surveys MUST have a date selected to be included in state, regional, and national reports for the correct collection period. Once you click the month, the calendar pop-up will go away and the date will be listed in the MM/YYYY box.

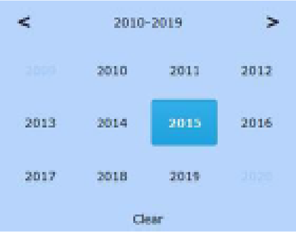


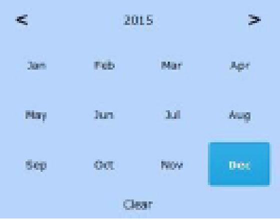
How did you reach this survey? Please choose one of the options from the list below.

(Center Staff Only) - Paper & Pencil

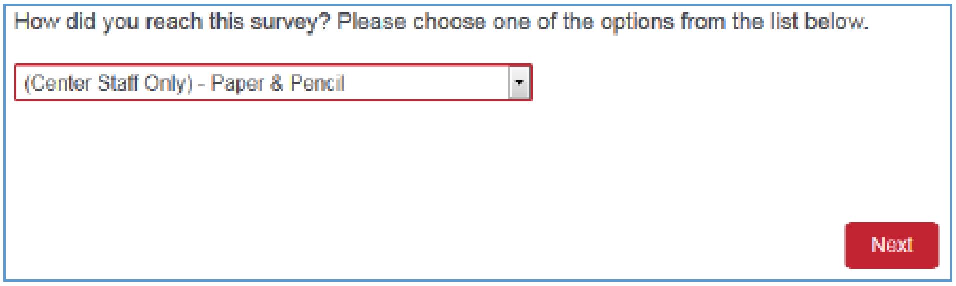
Staff: For paper surveys, enter the month and year this survey was completed by the participant. Skip this item if you are currently on the phone with the participant completing the survey.

Date MM/YYYY





   b. In Qualtrics, click "Next" after you select the collection method and a calendar will appear on the next page. You can select the exact date, if you know it. Or you can select any date within the correct month, if you only know the month.



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

(Center Staff Only) - Paper & Pencil

3. Fill in the remainder of the survey based on the responses provided on the paper copy. Click "Submit" at the end and close the page once you receive a blue "thumbs up" indicating the survey was submitted.
4. Re-open the survey using the appropriate link and enter the next survey - repeat until you are finished entering all paper surveys.

Depending on the record-keeping policies at your center, you may need to retain the paper surveys for a specific period of time. If your center has no such policy, we recommend at least keeping the paper surveys until you have confirmed that the surveys were accurately entered and results are visible in your center's online reporting dashboard.

The Role of Advocates in the Outcome Measurement System (OMS)

The purpose of the Outcome Measurement System (OMS) is to help CACs evaluate their programs to:

1) Increase the quality of services provided to children and families, and
2) Improve the collaborative efforts of multidisciplinary team (MDT) members.

OMS was introduced by NCA in 2012, after being developed and used in the state of Texas starting in 2009. These research-based, standardized surveys have been repeatedly tested to ensure high reliability and validity. Nationally, almost 200,000 OMS surveys have been collected by over 635 CAC locations.

There are three primary surveys in OMS:

- **Two Caregiver Surveys**: one given at the initial visit and the follow-up survey given approximately 2 months after the first visit
- One **MDT Survey:** given to all team members approximately twice a year, six months apart.

Each survey takes only a few minutes to complete and can be done on a computer/tablet at the center, by smart phone, by email invitation, over the phone, or on paper (on-site or mailed).

How Do CACs Use OMS?

Chapters and CACs use the data from OMS in many ways to support the mission of their organization.

- To improve service delivery:
  - ✓ Boost staff/team morale by demonstrating areas of excellence.
  - ✓ Redirect unsuccessful work practices by identifying areas for improvement.
- To benchmark an individual CAC's results to state, regional, and national data.
- To give clients and MDT members a voice in the CAC process.
- To increase the likelihood of securing funding:
  - ✓ Many funders now require measurable outcomes to ensure that their investments are resulting in quality services for clients.
- To enhance the CAC's public image by including results in public awareness campaigns.

What is the Role of Advocates in OMS?

Victim advocates (also known as family advocates, victim support specialists, etc.) play an important role in the CAC process. According to the NCA Accreditation Standards, **"victim advocates are available to provide needed crisis intervention, safety planning, referrals for additional services, ongoing support, information and case updates, and court advocacy in a timely fashion. Victim advocates allow the MDT to anticipate and respond to the specific needs of children and their families more effectively, lessen the stress of the court process, and increase access to resources needed by the child and family, including access to victims of crime funding."**

For advocates to most effectively help families, they need to know what support will be most helpful. The best way to find out what families need is to *ask* them.

Advocates already do this when meeting with families individually, but caregivers also need opportunities to share opinions, concerns, and suggestions anonymously. The OMS caregiver surveys allow advocates to have a voice in the CAC process and their experiences can help advocates improve services for all families.

OMS should be viewed as a tool for advocates to help improve their work. Positive feedback helps advocates know what techniques are working best, so they can be sure to continue those practices. Negative feedback will help advocates grow and improve in their role.

In many centers, OMS is specifically assigned to advocates and they serve as the main user of the program for the center. The advocate is responsible for learning to use the program through available trainings, ensuring that surveys are offered to every family in an effective and appropriate way, and monitoring survey results and reporting those results to CAC Directors and colleagues.

Although many items on OMS focus on the role of the advocate, there are several items that involve other staff/team members. Advocates need to pass along this feedback, either as it comes up or all together at regular intervals, such as once a quarter.

Some advocates will be directly responsible for distributing MDT Surveys in addition to caregiver surveys. Other centers may assign MDT Surveys to another staff member, such as an MDT Coordinator or the CAC Director. In such cases, staff should work together to ensure tasks are divided appropriately.

Ultimately, every staff member should be aware of OMS and why these surveys are being collected from caregivers and MDT members. This can be accomplished by routinely discussing the program at meetings and other activities.

It is also important to remember that OMS may be used for external purposes, such as reporting to funders or including results in public awareness campaigns. Advocates should be mindful of this and ensure that their process of administering and reporting on the surveys will meet these needs.

Collecting Surveys in a Sensitive Way

Many advocates express concern about asking caregivers to complete surveys at a time when families are understandably emotional and under stress. Thankfully, advocates are specially trained to help families navigate this process and hopefully this will reduce a caregiver's stress by the time the surveys are administered. In many cases, we find that hesitation to administer surveys is due to how staff members perceive and approach the survey process.

It is important to remember that OMS surveys are different from other paperwork the caregiver is filling out during their visit. They are not being asked for details about what happened to their child that led them to the CAC. Instead, they are being asked to reflect on the visit itself and how well prepared they feel for the future.

Caregivers are asked to take an active role in improving the CAC process and services, which can be very empowering, especially when they may feel like they do not have a say in other parts of the process. Asking for a caregiver's opinion shows that you care about the family's experience and you genuinely want to improve how your CAC serves them and other families.

OMS can help caregivers to process the information they have learned at the CAC. The surveys specifically outline what we hope to accomplish in the course of a family's interaction with a CAC. It reminds the caregivers what assistance they have received and may prompt them to ask questions about topics that they missed.

This is an important step in helping the caregiver to feel calm and prepared at the end of their visit. This is why all caregivers should be given the opportunity to share feedback. If a caregiver is too overwhelmed to complete the survey on-site, advocates can use their best judgment and give other opportunities to complete it, such as sending a copy home or calling a few days later and doing the survey over the phone.

That being said, the way advocates approach the survey process is extremely important. When staff members are describing the center, the interview process, and other services, caregivers should be informed that they will have a chance to provide feedback and reflect on their experience. This makes the survey part of the regular process, not just an extra thing to tack on.

Staff members should have an upbeat attitude when describing the purpose of the survey, be available if the caregiver has questions while taking the survey (while still keeping an appropriate distance to allow privacy), and enthusiastically thank the caregiver when they are finished.

For assistance, contact:

Kaitlin Lounsbury
OMScoordinator@nca-online.org

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Additional Resources for OMS can be found on the NCA Members Only Website:

Training: http://nationalchildrensalliance.org/members/oms

Documents (Guides, etc.): http://nationalchildrensalliance.org/members/oms-documents

Most Recent Webinars: http://nationalchildrensalliance.org/members/oms-webinars

National Reports: Healing, Justice & Trust - OMS Annual Reports

Public: http://www.nationalchildrensalliance.org/measuring-cac-outcomes

Members Only: http://nationalchildrensalliance.org/members/oms-resources-members

Contact OMScoordinator@nca-online.org for all questions, concerns, and suggestions for continuing to improve OMS for all Children's Advocacy Centers and the families you serve!